SYSTEMS OF TRAUMA | LGBTQ+ Trauma

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This issue brief will explore how systemic oppression against LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, and other identities) populations upholds and contributes to family violence. In order to do so, the brief will review structurally embedded inequalities that lead to LGBTQ+ populations experiencing violence and suggest strategies for individuals, communities, professionals and organizations to prevent and mitigate traumatic-stress caused by this violence.

Note: The acronym LGBTQ+ will be utilized here for brevity. We acknowledge the difficulties in including all identities within any chosen acronym. The aim is not to intentionally disregard the experiences of individuals outside of lesbian, gay, bisexual, transgender, and queer identities.

There are a variety of terms utilized for sexual orientation, gender identity, and expression (SOGIE) that continue to evolve. Below are some commonly used terms that will be referenced throughout the brief. This list is not intended to be exhaustive and we encourage professionals to continue educating themselves about various LGBTQ+ identities. Due to varying definitions, the best practice is to honor the language that an individual has selected for themselves rather than adhere to a strict definition.

GLOSSARY OF SEX/GENDER TERMS

Sex - Usually assigned at birth based on primary sex characteristics such as one's genitals. While this is often referred to as a female and male binary, there are a variety of chromosome pairings that include intersex individuals.

Gender Identity - Refers to the way an individual perceives themself. Existing on a continuum, there are multiple possibilities including: woman, man, agender, genderfluid, etc.

Gender Expression - The way an individual outwardly expresses themself through clothing, hairstyle, or mannerisms. It is important to note that gender expression does not equal identity. For example, someone who identifies as a woman may enjoy wearing more masculine clothing.

Gender Roles - A societal prescription of traits and characteristics that are expected of someone based on their perceived gender identity.

Cisgender - When an individual's gender identity matches their sex assigned at birth. For example, a female assigned at birth who identifies as a woman.

Transgender - An individual whose sex assigned at birth does not match their gender identity. For example, a transgender woman who was assigned male at birth.

Gender Binary – A classification system for gender that assigns individuals into one of two categories: man or woman.

Non-binary - Individuals who do not identify within the gender binary. This could mean a lack of gender (agender) or identifying with multiple genders at varying times (genderfluid).

Two-spirit - A term used in some Indigenous communities to describe someone who has both masculine and feminine spirits.

Gender Pronouns - Pronouns are the part of speech that we use to refer to another person when not using their name. Ex. she/her, he/him, they/them, ze/zir, etc. Note: a person's pronouns do not equate with their gender identity. Individuals may use certain pronouns for a variety of reasons that are unrelated to their gender.

Intersex - An individual whose sex assigned at birth does not match their chromosomal make up, hormonal levels, or genitalia. Currently, only 16 states, and the District of Columbia allow the option of a non-binary sex at birth.[1]

GLOSSARY OF SEXUALITY TERMS

Sexual Orientation - Refers to who an individual is interested in developing a sexual relationship with.

Lesbian - A woman or non-binary individual who is attracted to other women and/or non-binary people.

Gay/homosexual - An individual who is attracted to individuals of the same gender.

Bisexual - An individual who is attracted to two (or more) genders.

Pansexual - An individual who is attracted to people regardless of their gender.

Queer - Often used as an umbrella term to include anyone who doesn't identify as straight/heterosexual. This term has been reclaimed after a history as a slur.

Questioning – An individual who is in the process of exploring or discovering their sexual orientation or gender identity.

Asexual - An individual who does not experience sexual attraction. They may still be romantically attracted to others.

Straight/heterosexual - An individual who is attracted to individuals of the opposite gender.

Plus – The "+" in LGBTQ+ refers to additional non-heterosexual or transgender identities that are not included in the acronym.

Socioecological Model

The Centers for Disease Control and Prevention (CDC) utilize the socioecological model to illustrate the complexity and interwoven nature of risk factors that lead to violence. The overlapping model showcases how each level (individual, relationship, community, and societal) influences the others and thereby exacerbates trauma. The model suggests that achieving the largest impact requires simultaneous prevention efforts across all levels.

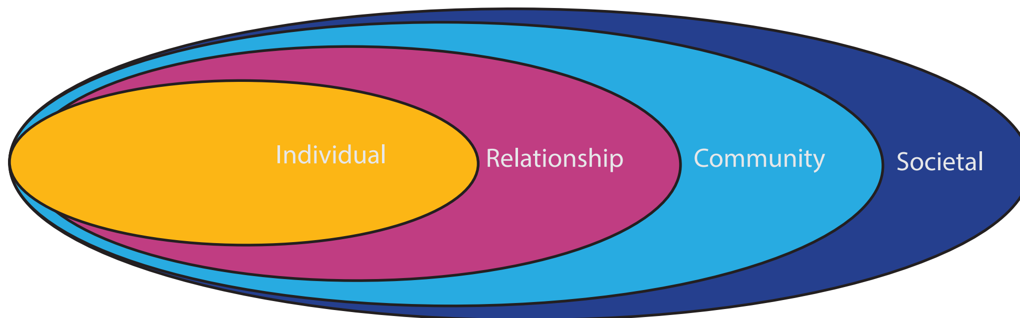
The Socioecological Model of Prevention includes:

Individual Level: Interventions that address biological risk factors or personal history that increases the likelihood of being a perpetrator or victim of violence (age, income level, substance use, prior history of abuse, etc.);

Relationship Level: Interventions with close circle of friends, family members, and partners who influence behavior;

Community Level: Interventions at the community level that focus on settings where individuals spend time making relationships (schools, work, neighborhood, doctors' offices); and

Societal Level: Interventions that allow for cultural transformation, thereby changing the climate that encourages violence (policies, economic systems, cultural norms around gender, media).



When systemic oppression is upheld at the societal and community levels, we see the impact within our relationships and ourselves. Accordingly, because the societal expectations of the gender binary support a system where LGBTQ+ individuals are viewed as less valuable, violence against LGBTQ+ people continues to be tolerated.

Types of Trauma

Traumatic experiences occur in many forms such as a singular event, prolonged incidents over time, or the historical impact of discrimination. The following types of trauma are explored throughout this brief to provide a broader lens to examine the experiences of LGBTQ+ people.

Acute Trauma: A singular event such as a natural disaster, witnessing or experiencing an act of violence, or sudden loss of a loved one.[2] For LGBTQ+ individuals, this could include a hate crime directed at an individual or experiencing a targeted act of violence within a large group of LGBTQ+ people such as the recent ClubQ shooting in Colorado Springs.

Chronic Trauma: Incidents of trauma that happen over a prolonged period of time such as intimate partner violence, ongoing homelessness, or chronic bullying.[2]

Complex Trauma: Trauma that occurs continuously during childhood development and is often related to caregiver relationships (either the caregiver is the threat or is unable to protect the child from the threat). Due to the trauma occurring during key phases of childhood development, complex trauma results in long-term effects that impact the person well into adulthood.[2]

Historical Trauma: A form of trauma that affects entire communities. It refers to cumulative emotional and psychological harm, as a result of group traumatic experiences, transmitted across generations within communities and families. Experiences of historical trauma within a community, such as the government's (lack of) response to the HIV crisis, coupled with individual traumatic experiences can contribute to survival strategies that both reflect a community's resilience while also reflecting heightened risks for experiencing community level stressors.

Intersectionality

Long before there was common language, individuals have acknowledged that different pieces of their identities overlap and intersect. The concept of intersectionality was coined by Kimberlé Crenshaw in 1989 as a call to acknowledge the ways that race and sex interact to create a unique experience for Black women. Today, intersectionality has expanded to examine the ways that different forms of oppression are interconnected and should not be examined separately.[3] LGBTQ+ discrimination and trauma impacts individuals differently based on their multiple and intersecting social positions. Even within LGBTQ+ communities there is wide variation in experiences. As such, rather than dividing this brief by identity type, we will apply an intersectional lens throughout. And because the interwoven pieces of social identities are vast and frequently understudied, this brief focuses on available data and makes a call for additional research on different intersecting identities. While each community in the acronym experiences unique struggles, the root of oppression against the whole population comes from cisheteropatriarchy (the system of power created for cisgender, heterosexual men), which brings these communities together in solidarity.
For more about the impact of the patriarchy, check out our previous issue brief on Sexism and Trauma.

Historical LGBTQ+ Trauma

There is a long documented history of LGBTQ+ individuals and relationships existing, whether they were accepted or persecuted. Across the globe, many individuals freely expressed themselves through same-sex relationships and presentation of gender. As European colonization began, colonizers brought with them rigid ideals of masculinity and femininity that were frequently derived from biblical interpretation.[4] Criminal codes crafted in European countries to prohibit the free expression of sexuality and gender identity were enforced broadly. These codes impacted not only LGBTQ+ individuals but also cisgender heterosexual women who were limited to certain occupations, in their clothing choices, and excluded from many leadership positions. *More about the impact of rigid gender roles on women can be found in our previous issue brief on Sexism and Trauma.*

Sodomy Laws

In the late 13th and early 14th century, the Fleta and Britton treatises established sodomy as an offense against God punished through burning or burying alive.[5] Sexual acts between same-sex individuals first became secularly criminalized under Henry VIII through the Buggery Act of 1533. This Act prohibited sexual activity that would not result in procreation and made the offense punishable by death. While the definition of buggery or sodomy did not exclusively target consensual sex acts between same-sex individuals, these convictions were the most common. The Buggery Act of 1533 set a precedent for sodomy laws that were carried across the world through colonization. In 1791, the French Penal Code decriminalized same-sex activity under the belief that private acts between individuals should not be controlled by the state. The Napoleonic Code soon followed, utilizing the same principle, and heavily influenced the creation of criminal codes across the world that did not include same-sex activity. However, in England, the Offences Against the Person Act of 1828 focused specifically on sexual activity between men being punishable by death. Capital punishment for this activity continued until 1861 when it was replaced with life imprisonment.

Due to the significant English influence on the United States, all thirteen colonies had provisions that made sodomy punishable by death.[6] As the U.S. grew, each new state adopted laws against sodomy. While the severity of punishment diminished over time, it wasn't until 1961 that Illinois became the first state to remove sodomy from their criminal code.[7] Idaho became the second state to remove sodomy; however, when gay activists celebrated the removal, legislators repealed the previously approved action. In 1986, Bowers v. Hardwick brought the subject of sodomy to the Supreme Court which ruled that the Constitution does not protect the right for "homosexuals to engage in acts of consensual sodomy." In 2003, sodomy was once again brought to the U.S. Supreme Court in Lawrence v. Texas which ruled that the fundamental right to privacy is protected under the Due Process Clause. Recently, the Lawrence v. Texas decision re-surfaced with Justice Clarence Thomas' concurring opinion on Dobbs v. Jackson Women's Health Organization in 2022.[8]

Stories of LGBTQ+ Resistance: Stonewall & Pride

The Stonewall Riots are commonly seen as the birth of the LGBTQ+ rights movement in the United States. The Stonewall Inn is a popular LGBTQ+ bar in New York that was subjected to ongoing police raids. On June 28, 1969, police raided the bar and arrested 13 people for disorderly conduct and violating New York's gender appropriate clothing statute.[4] Frustrated with the repeated harassment, patrons of the bar refused to disperse and fought back against the police. The riots, led by transgender women of color, lasted for multiple days. Today, the Stonewall riots are regarded as a tipping point for the LGBTQ+'s rights movement, with the first pride parade occurring on its first anniversary.

Prior to Stonewall, San Francisco had its own uprising. Compton's Cafeteria was a 24-hour restaurant frequented by drag queens and transgender women.[11,12] The owners of the cafeteria would repeatedly call the police to arrest patrons for "female impersonation." In August 1966, a riot erupted after a trans woman threw coffee in an officer's face during arrest.[11] The Compton's Cafeteria riot is an often forgotten moment in history that perpetuates the erasure of transgender women's involvement in LGBTQ+ resistance.

Marriage Laws

One year after the Stonewall Riots, a gay couple in Minnesota was denied a marriage license.[9] After appealing their case to the U.S. Supreme Court and being rejected, the issue of marriage equality was passed onto individiual states. In 1973, Maryland became the first state to define marriage as between a man and woman and Virginia quickly followed suit in 1975. Marriage-like relationships between same-sex couples have existed within a variety of cultures prior to these legal battles. Early Spanish colonizers documented Indigenous marriage practices between men in the early 1500s.[10] Various European colonizers documented the "strange" nature of same-sex marriages throughout their journeys, and these encounters were used as a rationalization for European intervention as a means of establishing order. The existence of "female husbands" documented in newspapers were commonly marked with quotations to indicate the impossibility of said marriages.

In 1989, domestic partnerships were recognized and honored same-sex couples in San Francisco. These domestic partnerships allowed certain benefits such as hospital visitation.[9] As some states began to question the validity of denying same-sex marriage, the U.S. Congress passed the Defense of Marriage Act (DOMA) in 1996. While marriages could still occur in accepting states, DOMA prevented same-sex couples from receiving federal benefits, such as filing taxes jointly or receiving spousal social security benefits. In 2003, Massachusetts became the first state to legalize gay marriage in Goodridge v. Department of Public Health. In the decade following this ruling, multiple states, including Virginia in 2006, approved constitutional amendments that defined marriage as between a man and woman. In 2013, the U.S. Supreme Court struck down Section 3 of DOMA that limited the definition of marriage. While this extended the opportunity for federal benefits to married couples, DOMA still allowed states to ignore same-sex marriages from other states. DOMA finally lost all power in 2015 with the U.S. Supreme Court decision in Obergefell v. Hodges. However, the fight for marriage equality still continues. Many states, including Virginia, have yet to remove state constitutional amendments that narrowly define marriage. If Obergefell v. Hodges is re-examined, as suggested by Justice Thomas' concurring opinion in Dobbs v. Jackson Women's Health Organization, marriage equality laws could be removed in these states.[8] In July 2022, United States Congress members reintroduced the Respect for Marriage Act (RFMA) which would codify the Obergefell decision, along with Loving v. Virginia which protects interracial marriage. At the time of publication, the RFMA is returning to the House of Representatives for approval of Senate amendments.

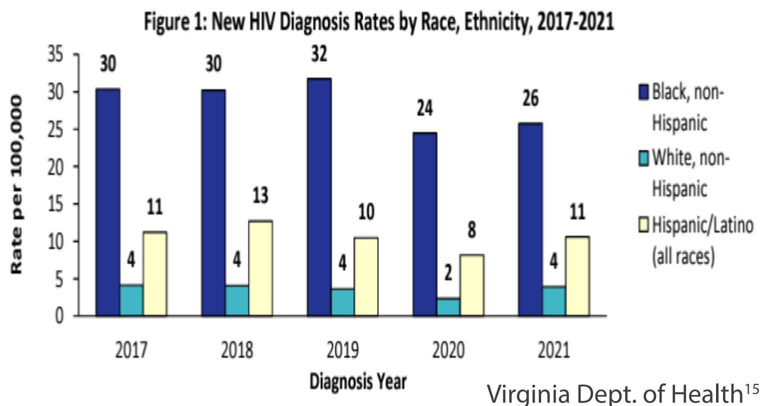
HIV Crisis

In 1981, the first reported cases of what would later be called Acquired Immune Deficiency Syndrome (AIDS) were published in Los Angeles.[13] A month later, 26 cases of Kaposi's sarcoma, a rare cancer, were reported among gay men in New York. Due to the commonality among the individuals' sexual orientation, AIDS was mislabeled as a gay-related disease, which brought stigma that still exists today. In 1982, as heterosexual women, infants, and blood transfusion patients developed similar symptoms, the connection between transmission with blood and sexual contact and developing AIDS was suspected.

The Centers for Disease Control (CDC) identified four risk factors for the human immunodeficiency virus (HIV) that leads to AIDS: male homosexuality, intravenous drug use, Haitian descent, and hemophilia. In an effort to reduce transmission through blood supply, guidelines prevented men who have sex with men from donating blood. While these restrictions have loosened to only include men who have had sexual contact with men in the last three months, gay men still face stigma during blood donation.[14] Due to the association between AIDS and homosexuality, the epidemic helped close the gaps between the lesbian and gay community movements. As gay men became ill and were dying, lesbians stepped up; they became blood donors, served as nurses for AIDS patients when other providers refused care, and led political action.[101] These acts of solidarity are frequently cited as the reason for changing the acronym from GLBT to LGBT.

It wasn't until 1985 that then-President Ronald Reagan mentioned AIDS publicly for the first time to defend against criticism for lack of research funding. At this time, there had been an 89% increase in AIDS diagnoses, compared to 1984. A travel ban was instituted in 1987 to prohibit those with HIV from entering the United States. This ban stayed in effect until 2009. By 1994, AIDS became the leading cause of death for Americans ages 25-44 and as the crisis continued throughout the 1990s, HIV/AIDS diagnoses among women and gay men of color became more predominant.

While HIV diagnoses have been declining since the early 2010s, Black residents and men who have sex with men continue to be disproportionately impacted in Virginia.[15] In 2021, Black individuals accounted for over 50% of new diagnostic cases and men who have sex with men accounted for 46% of new cases. As a result of stigmatization, HIV is frequently criminalized. In 1989, Virginia's General Assembly criminalized the donation or sale of blood from an individual with HIV.[16] This was amended in 2017 to exclude organ transplant where the recipient consents. Sexual contact with the "intent to transmit infection" became a felony in 2000; however, this statute included sexual behavior that does not transmit infection and did not consider the individual's treatment or virally suppressed status. Further, in 2004, a misdemeanor charge was added for those who do not disclose their status, regardless of intent to transmit infection. After repeated legislative advocacy, Virginia removed the misdemeanor charge and amended the felony statute to include additional sexually transmitted infections, and require that transmission actually occur in order for prosecution to occur. Similar to diagnosis rates, Black Virginians are overrepresented in HIV-related offenses. In 2019, Black Virginians represented 58% of individuals living with HIV but 68% of those arrested for HIV-related offenses. The Williams Institute estimated in 2021 that Virginia has spent at least $3.2 million in direct incarceration costs as a result of HIV-related convictions.[16]



Virginia Dept. of Health[15]

Stories of LGBTQ+ Resistance: AIDS Quilt

In 1987, Cleve Jones crafted the first panel of the AIDS Memorial Quilt in memory of Marvin Feldman who died from AIDS in 1986.[17] The panel was 3-feet wide by 6-feet long to resemble a typical grave plot. Volunteers began sending crafting supplies and panels for loved ones across the country to continue the quilt. At the grand unveiling in 1987 at the National March on Washington for Lesbian and Gay Rights, the quilt had 1,920 panels. After the initial display, the quilt went on a national tour for four months and resulted in its expansion to over 6,000 panels. By 1996, the quilt covered the entire Washington D.C. National Mall. In 2013, a special project, Call My Name, was created to call attention to the continuing HIV/AIDS impact on the Black community. Today the National AIDS Memorial takes care of the 50,000 panel quilt and has created an interactive online tool to explore its history.[18]

LGBTQ+ Youth

Social transition for transgender youth has been found to be beneficial.[19,20] This form of transition includes allowing youth to use a name, pronouns, and gender expression that matches their gender identity. Often, fears of having youth detransition later in life are cited for preventing social transition; however, most youth who socially transition continue to identify that way for many years.[21] Over a five year period, only 7% of youth detransitioned, including 1.3% who eventually retransitioned back to their transgender identity. In 2015, the U.S. Transgender Survey of 28,000 individuals found only 8% reported some form of detransition.[22] Of those who reported detransition, 62% reported that it was temporary due to financial, family, or societal pressures.

No adverse outcomes have been associated with allowing social transition during childhood or adolescence.[23] While those who socially transitioned during adolescence reported higher rates of suicidality compared to those who socially transitioned in adulthood, these results were no longer significant when adjusted for harassment experienced in K-12 education due to gender identity. These results suggest that social transition in adolescence is not harmful on its own, but rather, the harm is the product of an unsupportive school environment. Preventing youth from socially transitioning decreases their autonomy and can lead to damaged relationships between the youth and their caregivers.[24]

While medical intervention is not recommended for pre-pubescent youth, the American Academy of Pediatrics and the Endocrine Society recommend use of puberty blockers for youth who experience gender dysphoria.[25,26] Puberty blockers put a “pause” on the development of secondary sex characteristics, such as breast growth and facial hair, and are reversable when treatment ends. This allows youth more time to explore their gender without added stress of bodily changes that do not align with their identity. Use of puberty blockers in transgender youth has been associated with greater mental health.[27] Additionally, youth who did begin medical transition, such as puberty blockers, reported low rates of stopping treatment. Reasons for stopping medical transition could be due to similar reported pressures for detransitioning.[21]

Family Dynamics

Family acceptance or rejection of LGBTQ+ youth is strongly associated with lifelong impacts. When LGBTQ+ youth experience high levels of family acceptance, they report higher levels of support, self-esteem, and general health outcomes.[28] They are half as likely to report suicidal thoughts or attempts and have a lower risk of substance use.[29,30,31] Conversely, LGBTQ+ youth who are rejected by their families report higher rates of stress and poor mental health.[32,33] Often, LGBTQ+ youth dealing with rejection from their family are forced to leave home, resulting in higher rates of youth homelessness and entry into the foster care system.[34,35]

Schools

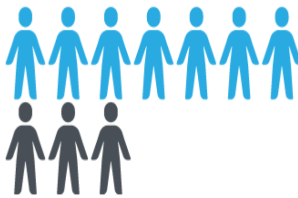
A stable and supportive relationship with an adult is one of the most important protective factors against adverse childhood experiences (ACEs).[36] If a child’s guardians are unable to provide a resilience-building relationship, that child’s school staff is uniquely positioned to provide that support. Positive teacher-student relationships have resulted in improvement in school, as well as in social development.[36] While studies are limited, school connectedness among students with multiple ACEs was found to be correlated with lower suicide risk and psychological distress.[37]

Adverse Childhood Experiences (ACEs) are traumatic experiences during childhood, such as experiencing violence and abuse or witnessing violence, that impact children's sense of stability and safety. ACEs are linked to chronic health problems and mental illness in adulthood. While the original ACEs study did not address differences in gender identity and sexual orientation, a 2022 study by Vanderbilt University Medical Center found that 83% of lesbian, gay, bisexual, and queer individuals reported experiencing at least one ACE, compared to 64% of heterosexual adults.[38] Over half of these respondents had experienced three or more ACEs. Additionally, a recent study revealed that transgender youth experience higher numbers of ACEs compared to their lesbian, gay, and bisexual peers.[39] Protective factors, such as social support, inclusive policies, and LGBTQ+ role models, can increase resilience for LGBTQ+ youth.[40] This resilience helps to mitigate the negative impacts associated with discrimination, rejection, and victimization.

Multiple studies have found that LGBTQ+ youth often experience discrimination in their school environment. The lack of awareness and acceptance of LGBTQ+ identities contribute to an unsafe community environment that affects LGBTQ+ youth, both as an individual and within their close relationships.

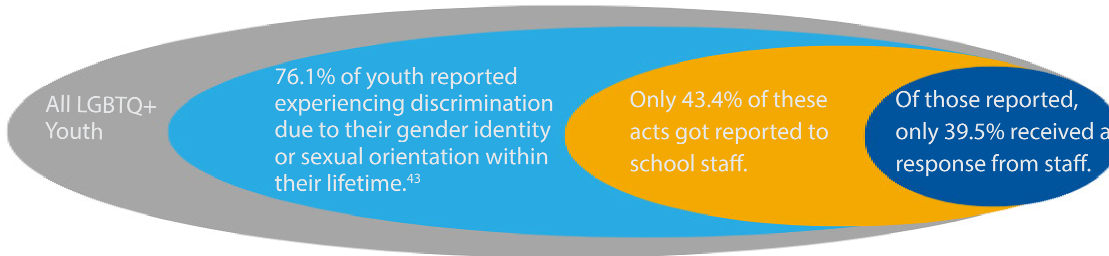
Harassment & Violence

Lesbian, gay, and bisexual high school students experience more bullying, threats, and feelings of being unsafe at school compared to their heterosexual peers.[42]



68.7% of LGBTQ+ students experience verbal harassment due to their sexual orientation and 56.9% based on their gender expression.[41]

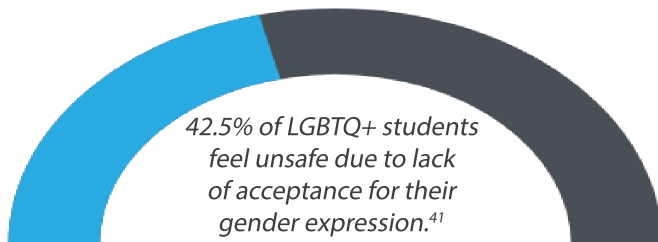
Over 90% of LGBTQ+ students had heard homophobic or transphobic comments while in school. Over half heard these comments frequently. Only 13.7% of students reported that school staff intervened "most of the time" when hearing homophobic comments and only 9% reported intervention for remarks about gender expression.[41]



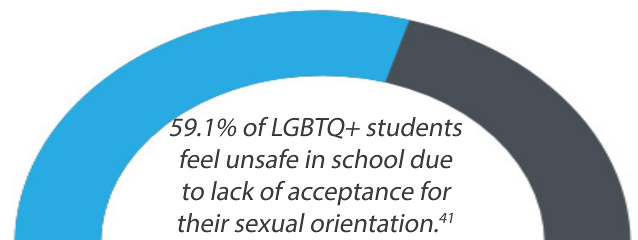
LGBTQ+ students who reported high levels of discrimination were three times as likely to have missed school within the past month and had lower grade point averages (GPAs) compared to those who experienced lower levels of discrimination. They also reported lower levels of school belonging and self-esteem and higher rates of depression.[41]

Approximately 1/3rd of LGBTQ+ students missed at least one day of school in the past month due to feeling unsafe.[41]

Almost 1/5th of LGBTQ+ students reported having to change schools due to feeling unsafe in their environment.[41]



42.5% of LGBTQ+ students feel unsafe due to lack of acceptance for their gender expression.[41]



59.1% of LGBTQ+ students feel unsafe in school due to lack of acceptance for their sexual orientation.[41]

When broken down by race, Black LGBTQ+ students more frequently reported feelings of being unsafe at school and Indigenous LGBTQ+ students reported the highest rates of victimization.[41] Additionally, LGBTQ+ students in rural environments or the Southern United States reported more hostile school climates and were the least likely to have LGBTQ+ school resources or supports compared to urban and suburban schools or other regions.[41]

School Policies

In addition to facing discrimination from students and staff, over half of LGBTQ+ students (59.1%) reported experiencing discrimination from policies or practices set by their schools.[41] Students reported being unable to access a bathroom that aligned with their gender identity (28.4%), prevented from using a locker room that aligned with their identity (27.2%), and prevented from using their chosen name or pronouns (22.8%). Students reported avoiding bathrooms (45.2%) and locker rooms (43.7%) due to discrimination or fear of discrimination. This extended to school functions (77.6%) and extracurricular activities (71.8%). Nearly one-third of LGBTQ+ students who considered dropping out of school cited a hostile environment created by school policies and practices. Recently, across the country, legislation has impacted transgender students' ability to exist as themselves. When asked about the impact that anti-transgender legislation has on their mental health, 93% of trans/non-binary youth worried about their access to medical care and 91% worried about access to the correct restroom.[43] Similarly, 83% stated that they were worried about their access to sports due to state or local laws.

93% of trans/non-binary youth worried about their access to medical care

91% of trans/non-binary youth worried about their access to the correct restroom

83% of trans/non-binary youth worried about their access to sports

When LGBTQ+ students feel safe and supported within their school environment, they have better educational outcomes. Students who reported having a Gay-Straight Alliance/Gender and Sexuality Alliance (GSA) at their school were less likely to miss school due to safety concerns and experienced lower levels of discrimination.[41] These students also reported a higher number of supportive school staff and felt a greater sense of belonging to their school community. When students reported 11 or more supportive staff at their school, they were less likely to report that they may not graduate high school and were more likely to plan for post-secondary education, compared to peers who had five or less supportive staff. LGBTQ+ students who reported an LGBTQ+ inclusive curriculum also had higher GPAs and were more likely to pursue post-secondary education. Transgender and non-binary students who were in schools with supportive transgender/non-binary policies or guidelines were less likely to experience discrimination or miss school and felt a greater sense of belonging.[41] Studies have shown that when detailed policies that are inclusive to LGBTQ+ students are present, school staff is more supportive and more likely to intervene when hearing anti-LGBTQ+ comments.[44] These policies are also associated with LGBTQ+ students feeling safer at school and less at risk for suicide and substance use.[45,46]

Child Welfare System

In 2016, a systematic literature review from the Annie E. Casey Foundation found that, across multiple studies, LGBTQ+ youth are disproportionately represented in the child welfare system.[47] Rejection from their biological families was commonly reported as the reason for entering the system. When analyzed by race, over 50% of LGBQ youth in out-of-home care are youth of color.[48] In addition to overrepresentation in foster care, these LGBTQ+ youth experience poorer outcomes compared to their cisgender and heterosexual peers. They are more likely to experience multiple placements and are less likely to reach permanence.[49,50] They are also at increased risk for substance use, HIV and other sexually transmitted infections, depression, and suicide.[51] These outcomes are mitigated when LGBTQ+ youth are placed in an accepting foster family which youth have reported makes them feel empowered.[52]

LGBTQ+ youth who are in out-of-home care often continue to experience verbal or physical violence and more frequent hospitalizations.[53] Additionally, they are less likely to experience supportive relationships with adults that contribute to resilience building.[54] LGBTQ+ youth in foster care reported engaging in more fights at school, higher rates of victimization and higher rates of mental health problems compared to heterosexual youth in foster care and to LGBTQ+ youth in stable housing.[55]

Housing Instability

Lack of support from their own family or foster family can lead to LGBTQ+ youth leaving home and experiencing homelessness. In 2021, The Trevor Project found that 28% of LGBTQ+ youth reported experiencing homelessness at some point in their lives with Indigenous and multiracial youth reporting the highest rates (44% and 36% respectively).[56] Additionally, transgender and non-binary youth reported higher rates of homelessness (over one-third) compared to cisgender LGBQ+ youth (23%). Over half of LGBTQ+ youth who ran away from home reported doing so due to mistreatment or fear of mistreatment due to their identity. Fourteen percent of LGBTQ+ youth reported being kicked out of their home. While family rejection is frequently a factor resulting in LGBTQ+ youth homelessness, most youth report an escalation of family conflict over time while also experiencing poverty, violence, or housing troubles as a family.[57] The Voices of Youth Count survey report (2018) found that LGBTQ+ youth were over twice as likely to experience homelessness in the past year and rates were disproportionately high for Black LGBTQ+ young men.

LGBTQ+ youth in unstable housing reported decreased school functioning, poorer mental health, and higher use of substances compared to heterosexual youth and youth in stable housing.[55] Black and Indigenous LGBTQ+ youth were disproportionately impacted by the effects of unstable housing compared to other groups. LGBTQ+ youth who reported housing instability or homelessness had two to four times the likelihood of reporting depression, anxiety, self-harm, and considering/attempting suicide.[56] Additionally, they were more than three times as likely to be physically threatened or abused due to their identity. While youth experiencing homelessness already have higher rates of early death compared to peers who are stably housed, LGBTQ+ youth were over twice as likely to experience early death.[57]

While facing homelessness, LGBTQ+ youth experience barriers to services that prolong their time without housing. Many youth feel unwelcome or misunderstood while seeking services due to lack of supportive staff and comprehensive inclusive policies.[58,59] Harassment and violence while receiving services is frequently dismissed by staff or leads to isolation of the LGBTQ+ youth.[58] The 2015 U.S. Transgender Survey found that 70% of transgender youth in shelter experienced mistreatment and over one-quarter of respondents avoided shelters due to fear of mistreatment.[22] Due to typical sex segregation within shelters, LGBQ+ youth have reported being forced into opposite gender housing (ex. gay boys placed with girls) to prevent "inappropriate conduct." Additionally, transgender youth are frequently housed with others with their sex assigned at birth rather than their gender identity. These experiences contribute to isolation and harassment experienced by LGBTQ+ youth seeking services and prolong their experience of homelessness.

Connection to Economic Instability in Adulthood

Lack of access to stable housing is linked to poverty for all youth and adults; however, LGBTQ+ individuals face additional factors leading to economic instability. A 2019 analysis across 35 states found that more than 20% of LGBTQ+ adults were living in poverty, compared to 15.7% of cisgender heterosexual adults.[60] Nearly one in three transgender adults and bisexual women and 19.5% of bisexual men were facing poverty. While LGBTQ+ people of most races experienced higher rates of poverty than their cisgender heterosexual peers, LGBTQ+ people of color also experienced higher rates compared to their LGBTQ+ white peers. After controlling for age, race, region, and employment status, LGBTQ+ adults were 15% more likely to experience poverty than cisgender heterosexual adults.[60] The lack of discrimination laws that prevent discriminatory firing from jobs or eviction from housing contribute to poverty risk.

Gaining employment while experiencing housing instability is already difficult; however, even after LGBTQ+ individuals find employment, they face additional challenges. Utilizing data from the 2021 LGBTQ Community Survey, The Human Rights Campaign found that LGBTQ+ workers made approximately 90 cents for every dollar earned by a cisgender heterosexual worker.[61] This disparity differs based on identity with transgender men, non-binary, and two-spirit workers earning approximately 70 cents per dollar and transgender women earning only 60 cents per dollar. In addition to lower income, LGBTQ+ individuals are more likely to work in lower paying industries such as restaurants, hospitals, and education, which are among the least likely to offer medical benefits or paid leave.[61,62] The Center for American Progress (2020) found that 36% of LGBTQ+ adults had experienced discrimination at work within the past year.[63] Of those respondents, 29% of LGBQ+ respondents and over half of the transgender respondents reported that the discrimination significantly impacted their financial well-being.

More about the impact of financial instability and the gender pay gap can be found in our previous issue briefs on Economic Trauma and Sexism & Trauma.

LGBTQ+ youth experiencing homelessness are more likely to engage in survival sex work.[64,65] Survival sex work involves the exchange of sex for necessities such as money, food, clothing, and housing. Homelessness, particularly for LGBTQ+ youth, is the main factor for teens and young adults turning to survival sex work. It is estimated that 10-50% of youth who are homeless have engaged in survival sex work. One study from the Institute of Medicine and National Research Council (2013) found that more than 50% of sexual minority males who were homeless engaged in survival sex work.[66] A 2007 study of LGBTQ+ teens in New York found they were seven times more likely to engage in survival sex and transgender teens were eight times more likely.[67] A similar New York study in 2013 found that 50% of youth who exchanged sex for shelter would not have done so if they had alternative options.[68] While conducting in depth interviews, the Voices of Youth Count (2018) found that 27% of LGBTQ+ youth reported exchanging sex for basic needs and 38% reported being forced to have sex.[57] Individuals who engage in survival sex work are at increased risk for HIV, depression, suicide, and victimization.

Mental Health

LGBTQ+ communities have been closely linked with the field of mental health throughout history. Famous psychoanalyst Sigmund Freud believed that homosexuality was due to "immaturity" that resulted in childhood sexual instincts into adulthood.[69] Similarly, Sandor Rado believed that homosexuality was caused by inadequate parenting which led to a phobia of heterosexual activity. However, not all mental health professionals contributed to the psychopathology of homosexuality. Through the development of the Kinsey scale, by Alfred Kinsey, and Evelyn Hooker's work on the similarities of homosexual and heterosexual participants, homosexuality came to be seen as human expression similar to heterosexuality.[69]

Due to psychiatry's reliance on psychoanalytic theories, Freud and Rado's understandings were accepted over Kinsey and Hooker's. After activism by gay and lesbian groups in the early 1970s, the American Psychiatric Association removed homosexuality from the Diagnostic Statistical Manual (DSM) in 1973.[69,70] The World Health Organization followed suit in 1990 by removing homosexuality from the International Classification of Diseases (ICD). Still, many individuals believe that homosexuality is not an innate trait and can be changed by offering conversion therapy.

Conversion therapy is used with the intention to change an individual's sexual orientation or gender identity in the context of mental health care or religious practice.[71] Conversion therapy has been documented since the late 1800s and continues today. The techniques frequently used are talk therapy, cognitive reframing, or creating physical distress while becoming aroused by same-sex images. The American Psychiatric Association, National Association of Social Workers, American Counseling Association, American Academy of Pediatrics and the American Medical Association have released public statements calling conversion therapy tactics ineffective and detrimental.[72,73,74,75,76]

In 2019, Ipsos/Reuters conducted a poll which found that only 18% of adults believed conversion therapy should be legal.[77] Support for banning conversion therapy conducted on youth was seen across the United States regardless of age, region, or rural/urban environment. As of 2022, twenty states and the District of Columbia have banned conversion therapy for youth.[78] In 2020, Virginia became the first southern state to prohibit conversion therapy.[79] An estimated 10,000 LGBTQ+ youth have been protected from conversion therapy due to these state bans; however, religious leaders are often exempt thus leaving an open doorway for the estimated 57,000 youth who experience conversion therapy from a religious figure prior to the age of 18. Nearly 700,000 LGBTQ+ adults in the United States have undergone conversion therapy, with half receiving the treatment during adolescence.[71] In 2022, the Trevor Project reported that 17% of LGBTQ+ youth reported being threatened with or subjected to conversion therapy.[43] Of all LGBTQ+ youth who had attempted suicide in the past year, 28% of them were subjected to conversion therapy.

The Trevor Project's 2022 National Survey on LGBTQ+ Youth Mental Health captured the experiences of approximately 34,000 youth ages 13-24.[43] The survey found that 58% of youth surveyed experienced symptoms of depression and 73% experienced symptoms of anxiety, with transgender boys and non-binary youth experiencing the highest rates of symptoms. When examined by race, Indigenous youth reported the highest rates of anxiety and depression, followed by Middle Eastern and Latine/x youth. Among all youth surveyed, 60% stated that they wanted mental health care in the past year but were unable to receive it with 45% stating concerns with obtaining parent/caregiver permission.

In one study, 45% of LGBTQ+ youth seriously considered suicide in the past year.[43] Nearly 1 in 5 trans/non-binary youth attempted suicide in the past year and youth of color reported higher rates than white youth. Youth who live in an accepting community reported significantly lower rates of attempting suicide. Unfortunately, only 37% of LGBTQ+ youth reported their home as an affirming space and 32% of trans/non-binary youth reported their home as gender-affirming. The most commonly reported ways that youth felt supported were: caregivers accepting their LGBTQ+ friends/partners, talking respectfully about LGBTQ+ identity, and using their correct name and pronouns. Trevor Project CEO, Amit Paley, responded to this data with optimism: "the fact that very simple things… can have such a positive impact on the mental health of an LGBTQ+ young person is inspiring, and it should command more attention in conversations around suicide prevention and public debates around LGBTQ+ inclusion."[43]

Violence Against the LGBTQ+ Community

Hate Violence

A 2021 analysis of victimization data by the Williams Institute found that transgender men and women had higher rates of violent victimizations (107.5 and 86.1 per 1000 persons, respectively) when compared to cisgender men and women (19.8 and 23.7 per 1000 persons, respectively).[80] Hate crimes were suspected in 1 in 4 victimizations against transgender women. According to Federal Bureau of Investigation data collected between 2011 and 2018, between 15.8% and 20.4% of all hate crimes were directed at someone's sexual orientation. In a 2017 study conducted by the National Coalition of Anti-Violence Programs, 57% of individuals reported that they knew the perpetrator of the hate violence.[81] In 2019, the Human Rights Campaign and the Transgender People of Color Coalition reported 157 homicides of transgender people in the previous six years.[82] Of these victims, 81% were transgender women of color. Black transgender women accounted for 122 deaths. Of the homicides reported in 2019, 49% were committed by someone the victim knew, such as an intimate partner, family member, or friend.

Laws about hate crimes vary from state to state and many do not cover the full range of LGBTQ+ identities. Twenty-eight of the 45 states with hate crime laws do not include gender identity as a motivating factor and 12 do not include sexual orientation. This prevents hate-motivating violence against LGBTQ+ individuals from being charged under hate crime statutes. In 2020, Virginia updated the hate crime legislation to include gender, disability, gender identity, and sexual orientation.[83]

LGBTQ+ Panic Defense

The gay and trans panic defense are legal strategies utilized in an effort to reduce sentencing for someone convicted of a crime against an LGBTQ+ individual.[84] The LGBTQ+ panic defense seeks to claim temporary insanity, due to the victim's sexual orientation or gender identity, that resulted in violence. It has also been used in court to argue self-defense and provocation due to unwanted sexual advances. On October 7th, 1998, Matthew Shepard was brutally attacked, due to his sexual orientation, and died from his injuries a few days later. During the 1999 murder trial, it was argued that the perpetrators "pretended to be gay" in order to coax Shepard into their car and attacked him, during a moment of temporary insanity, once he reciprocated the advances. The murder trial of Shepard is, historically, one of the most recognized uses of the LGBTQ+ panic defense, even though it was unsuccessful. Unfortunately, the LGBTQ+ panic defense is still used in courts today. In 2018, a man in Texas successfully used the LGBTQ+ panic defense to reduce his sentence for stabbing his neighbor to death.[85] Seventeen states have banned the LGBTQ+ panic defense, including Virginia, which recently banned the defense in 2021.[84] However, the LGBTQ+ panic defense was recently utilized in the 2022 case of Isimemen Etute who was charged with the murder of an individual in Blacksburg, Virginia, and later found not guilty.[86] While the law was passed prior to the incident, the judge ruled that since the law was not in effect at that time, the defense could be used in court.[87]

Sexual Violence

The National Center for Injury Prevention and Control published a study utilizing the 2010 National Intimate Partner and Sexual Violence Survey that found bisexual women experienced higher rates of sexual victimization compared to individuals of other sexual orientations.[88] Almost half of bisexual women (46.1%) had experienced rape in their lifetime compared to 17.4% of heterosexual women and 13.1% of lesbian women. Additionally, bisexual women experience stalking at twice the rate of heterosexual women. In 2015, the largest survey of transgender people in the U.S. reported that 47% of respondents had been sexually assaulted in their lifetime.[22]

Intimate Partner Violence

The 2010 National Intimate Partner and Sexual Violence Survey revealed that bisexual men and women were the most likely to experience intimate partner violence (IPV) compared to those of other sexual orientations. Incidents of severe physical violence through IPV were higher among bisexual women (49.3%) when compared to lesbian (29.4%) and heterosexual women (23.6%).[88] A 2013 analysis in California reported gay men were two and half times more likely to experience IPV within the past year and in their lifetime compared to heterosexual men.[89] The 2019 Youth Risk Behavior Survey found lesbian, gay, and bisexual high school students experienced higher rates of IPV (13.1%) when compared to their heterosexual peers (7.2%).[90] The same survey in 2017 found that transgender students were more likely to experience dating violence (physical and sexual) compared to their cisgender peers. Over half of transgender respondents in the 2015 U.S. Transgender Survey reported experiencing IPV in their lifetime.[22] Additionally, 34% of those who reported being sexually assaulted were assaulted by their current or former partner.

Violence against LGBTQ+ Population Creates Traumatic Stress

Most of the stress that individuals encounter on a day-to-day basis is tolerable because individuals have coping skills and supportive relationships. However, exposure to stressful and adverse experiences over a long period without positive mitigating factors can become toxic. When an individual perceives a threat, the brain's limbic system, or "survival brain," sends out a red alert signal that releases stress hormones. This response is the normal physiological reaction that keeps humans and animals alive; however, when individuals experience toxic stress, there is a constant stream of stress hormones signaling that the individual should remain hyper-vigilant to their unpredictable and sometimes dangerous environment. Further, simply anticipating traumatic events will switch on the body's stress response systems. Minority Stress Theory suggests that marginalized groups experience stress that is unique, chronic, and socially-based (Meyer, 2003). Living in this continuous state of stress typically drives them to lead a life of hypervigilance. This toxic stress increases wear and tear on the body; the sustained release of stress hormones can lead to multiple health issues including high blood pressure, high glucose levels, and a weakened heart and circulatory system.[98]

Barriers to Support

In addition to the general barriers that individuals experience when reporting violence to law enforcement, a history of law enforcement discrimination toward the LGBTQ+ community has contributed to the lack of trust. Black, Indigenous, Latine/x, and multiracial transgender people were the most likely to experience police mistreatment. The Transgender Law Center reported in 2019 that 52% of respondents of color experienced high-intensity violence by police.[91] Moreover, over 50% of transgender individuals who interacted with police reported experiencing disrespect or discrimination.[22] When evaluating stop and frisk interactions in New York City, LGBTQ+ people were heavily targeted for their actual or perceived identities.[92] Additional studies across the United States have found an increase in recent years in negative police contact for LGBTQ+ individuals.[93,94,95,96] Lambda Legal reported in 2014 that of LGBTQ+ survivors who reported their IPV to the police, 41% said that the police did not fully address the concern.[93]

LGBTQ+ survivors also face additional barriers from service providers, including 43% who were denied shelter services, one-third of which were denied due to their gender identity.[81] Even when services are available, LGBTQ+ survivors are likely to perceive these providers as unwelcoming or unable to provide competent care.[97] The fear of being "outed," when an individual's LGBTQ+ identity is disclosed against their will, serves as an additional barrier. Threatening to "out" an individual is frequently used as an abusive tactic to keep survivors in their relationship. When seeking services, the survivor may feel forced to "out" themselves in order to seek care which could carry additional consequences within their family and community.

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Implications for Practice

Trauma-informed care involves understanding, anticipating, and responding to the impact of trauma. It includes increasing awareness about addressing existing trauma and preventing retraumatization. When using a social equity lens that is informed by historic and contemporary systems of discrimination against LGBTQ+ people, it is possible to apply the tenets of trauma-informed care to better address mental health needs.

Even for organizations with mature diversity, equity, and inclusion (DEI) programs, the goal of providing trauma-informed care is aspirational and ongoing. A truly trauma-informed organization understands that the behaviors of those with a history of trauma will sometimes be messy, chaotic, and unexpected. The delivery of trauma-informed care requires leadership commitment, ongoing staff training and buy-in, and a comprehensive, research-informed, strategic plan such as those provided by Virginia HEALS and Virginia Center for Inclusive Communities.[99,100]

- Trauma Awareness - An understanding of trauma, including the types of trauma endured by LGBTQ+ individuals and how it affects their physical and mental health. This can include educating individuals about the historical context of the discrimination against the LGBTQ+ community and how the system creates traumatic stress through upholding violence against them. Additionally, awareness includes understanding the unique challenges and resilience that come with being in the LGBTQ+ community, and the impact they have on individuals.
- Safety - Trauma survivors often feel unsafe and may be in danger. A trauma-informed approach works towards building physical and emotional safety. Creating an environment that feels not only accepting but also welcoming for LGBTQ+ people can contribute to the safety they feel. This also includes policies that prohibit harassment and violence and provide staff response that is consistent and respectful.
- Respect - Due to previous experiences with unwelcoming/hostile organizations, LGBTQ+ communities may not initially trust your organization. Upholding the trauma-informed tenet of respect is crucial to building trusting relationships. This could include: telling clients how their confidential information will be used and shared, involving clients' input in improving programs and policies, and ensuring you are using clients' correct names and pronouns.
- Control & Choice - Because control is often taken away in traumatic situations, it is important to honor people's control and choices. This can look like encouraging choices whenever possible. Instead of asserting yourself as an expert, you can offer support based on your knowledge as they navigate the issue with you. For LGBTQ+ people, allowing control over the name and pronouns used for them gives back autonomy that is frequently taken away from them. Avoid assumptions about name and pronouns by creating a safe space for clients to provide this information through forms or conversation.
- Strengths-based Approach - Trauma-Informed care is strengths-based rather than deficit-oriented. Rather than focusing on real or imagined limitations, a trauma-informed approach focuses on skill-building and resilience. A strengths-based approach is encouraged, but it is important not to deny or diminish the individual's experiences with discrimination. Acknowledging the systemic disadvantages they face can provide a broader context to what they are experiencing.

Program Spotlights

Virginia Anti-Violence Project

The Virginia Anti-Violence Project (VAVP) is a statewide non-profit that works to end violence within and against the LGBTQ+ community within Virginia. VAVP provides advocacy and support by assisting individuals who are navigating challenging life circumstances like housing and transportation instability. They also provide emotional support, safety planning, and accompaniment services. In partnership with the Virginia Sexual and Domestic Violence Action Alliance, they support the LGBTQ Partner Abuse & Sexual Assault Helpline (1-866-356-6998). In addition to individual-level services, they provide training and outreach to increase community education on anti-violence practices. For more information, visit https://virginiaavp.org/

LGBT Life Center

The LGBT Life Center provides extensive support for the HIV and LGBTQ+ communities in Hampton Roads. They provide LGBTQ+ rapid re-housing for those suddenly experiencing homelessness and provide permanent housing for folks while building economic stability and better health. The LGBT Life Center has dedicated staff to provide crisis intervention, safety planning, and accompaniment services to those experiencing intimate partner violence. They also provide HIV case management, as well as, prevention through HIV education and testing through their clinic collaboration with CAN Community Health. Visit https://lgbtlifecenter.org for more information.

He She Ze and We

He She Ze and We is a non-profit focused on building a community of families with transgender and non-binary loved ones. They provide educational meetings in Central VA, Fredericksburg, and New River Valley for adult family members to learn more about how to support their loved one. Recently, they launched social programs in Hampton Roads, Central VA, Blue Ridge and New River Valley that host fun gatherings for families to practice gender affirming behaviors and build community. For more information, visit https://heshezewe.org/

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