



ISSUE BRIEF SERIES



Adopting a Trauma-Informed Approach for LGBTQ Youth

A Two-Part Resource for Schools and Agencies

Part 1: Why Use a Trauma-Informed Approach With LGBTQ Youth?

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I. Introduction

“There is in every child at every stage a new miracle of vigorous unfolding, which constitutes a new hope and new responsibility for all.”

—Erik Erikson

School-age youth who are lesbian, gay, bisexual, transgender, or questioning their sexual orientation and/or gender identity (LGBTQ) face unique experiences and challenges in their schools and communities. Many LGBTQ youth are surrounded by loving caregivers, friends, teachers, service providers, and community members whose support helps to foster positive development and resilience in the face of external adversity. However, for far too many LGBTQ youth, traumatic experiences such as discrimination, bullying, violence, and rejection are a daily reality with profound consequences.

Historically, youth-serving systems have supported youth exposed to trauma without acknowledging, understanding, or addressing the impact of trauma or tailoring responses to address trauma-related needs. This is particularly true among LGBTQ youth, who often move through educational and service environments that, at best, do not understand what they need and at worst, cause harm. As awareness of the prevalence and impact of trauma in the lives of youth has grown, so has the recognition that all educators and service providers have a responsibility to help build environments and relationships that promote resilience, prevent or minimize the effects of trauma, and support healing. This includes identifying and adopting specific strategies for preventing and addressing the trauma among LGBTQ youth. Adopting a trauma-informed approach means changing the practices, policies, and culture of a school or agency to ensure an environment that is conducive to health and wellness for all, particularly those exposed to trauma.

This brief is the first in a two-part series titled *Adopting a Trauma-Informed Approach for LGBTQ Youth*, which is designed to help schools and community agencies to (1) understand why adopting a trauma-informed approach for LGBTQ youth is needed; and (2) create trauma-informed environments that consider the unique trauma-related needs of LGBTQ youth. Part 1 addresses (1) the prevalence and impact of trauma among LGBTQ youth; (2) what it means to adopt a trauma-informed approach in youth-serving systems; and (3) why this universal approach is needed, particularly for LGBTQ youth. The second brief in the series offers a framework for adopting a trauma-informed approach that includes specific strategies for working with LGBTQ youth; the framework and strategies can be applied to a variety of youth-serving settings.

II. Definitions of Sexual Orientation and Gender Identity

Gender identity—A person’s internal sense of being male, female, or something else.

Gender expression—How people express their gender identity, for example, in the way they dress, the length of their hair, the way they act or speak, and in their choice of whether or not to wear make-up.

Gender nonconforming—People who do not follow other people’s ideas or stereotypes about how they should look or act based on the female or male sex they were assigned at birth.

Sexual orientation—The desire for intimate emotional and/or sexual relationships with people of the same gender/sex, another gender/sex, or multiple genders/sexes.

Lesbian—Female-identified people who are attracted romantically, erotically, and/or emotionally to other female-identified people.

Gay—Individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to men who are attracted to other men and can be used as an umbrella term to refer to a broad array of sexual orientation identities other than heterosexual.

Bisexual—A person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

Transgender—A person whose gender identity/expression is different from that typically associated with their assigned sex at birth. A transgender person “transitions” to express gender identity through various changes (e.g., wearing clothes, adopting a physical appearance that aligns with their internal sense of gender). Sexual orientation varies and is not dependent on gender identity.

Questioning—Individuals who are uncertain about their sexual orientation and/or gender identity.

Cisgender—A person whose gender identity and biological sex assigned at birth align (e.g., a person who was born as male identifies as a man).

Intersex—Individuals born with a reproductive/sexual anatomy that does not fit the typical definitions of male or female; frequently “assigned” a gender at birth, which may differ from their gender identity later in life.

Two-spirit—An inclusive term created specifically by and for Native American communities (American Indians and Alaska Natives) to recognize individuals who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western ways, using tribal terms and concepts and/or (b) define themselves as LGBTQ and Intersex in a native context.

Other terms—Youth also may use other terms to describe their sexual orientation and gender identity such as homosexual, queer, gender queer, non-gendered, and asexual.

Sources: Green & Peterson, 2004; Poirier, J. M., Francis, K. B., Fisher, S. K., Williams-Washington, K., Goode, T. D., & Jackson, V. H., 2008; Poirier, J. M., Fisher, S. K., Hunt, R. A., & Bearse, M., 2013.

III. Prevalence and Impact of Traumatic Stress in the Lives of LGBTQ Youth

What Is Trauma?

The term *trauma* is used to describe an **event**, series of events, or set of circumstances that is **experienced** as physically or emotionally harmful or life-threatening, overwhelms one's ability to cope, and has lasting adverse **effects** on a person's mental, physical, social, emotional, or spiritual well-being (National Child Traumatic Stress Network, n.d.; SAMSHA, 2014a). Whether an event is "traumatic" depends not just on the event itself but on our experience of the event. We cannot say that a particular experience, such as witnessing violence, is always traumatic for everyone. How youth respond to potentially traumatic events is influenced by many factors, including their internal coping resources, external supports, and broader community, cultural, and societal factors that shape how they understand and respond to these experiences (Brom, Pat-Horenczyk, & Ford, 2009; Layne, Briggs, & Courtois, 2014; Masten, 2014; SAMHSA, 2014a). Traumatic experiences may have short- or long-term effects and can alter how youth view themselves, others, and the world around them by challenging their belief that the world is a safe place and other people can be trusted.

Types of Trauma

Traumatic experiences come in many forms and range from one-time events such as an accident, natural disaster, or single experience of violence to experiences that are chronic or even generational and include abuse, neglect, exposure to family and community violence, and the cumulative and historical impact of poverty, racism, and oppression.

Types of Traumatic Experiences

Acute trauma: Traumatic events that occur at a particular time and place and are usually short-lived, such as witnessing or experiencing a single act of violence, sudden loss of a loved one, a serious accident, or a natural disaster (The National Child Traumatic Stress Network, n.d.). For LGBTQ youth, this may include single experiences of verbal or physical harassment related to sexual orientation or gender identity or one-time experiences of large-scale violence like the recent shooting in Orlando, Florida.

Chronic trauma: Traumatic experiences that occur repeatedly over long periods of time (The National Child Traumatic Stress Network, n.d.). Examples include chronic abuse or neglect; ongoing domestic or community violence; chronic bullying; long-term illness; chronic homelessness; forced displacement; chronic exposure to poverty and deprivation; and ongoing experiences of oppression, discrimination, and isolation such as those related to race, ethnicity, and sexual orientation or gender identity.

Complex trauma: Trauma that (1) begins in childhood during key stages of development; (2) continues over time; (3) often occurs within caregiving relationships where a caregiver is either a source of threat or unable to support, nurture, or protect a child from threat; and (4) leads to immediate and long-term difficulties in many areas (Cook et al., 2005). Examples include chronic interpersonal violence in the form of physical, emotional, and sexual abuse or witnessing domestic violence as well as ongoing neglect and other forms of violent victimization or loss without adequate adult support to manage these experiences. For LGBTQ youth, potentially traumatic experiences related to sexual orientation or gender identity may include rejection by family members and chronic experiences of harassment, violence, isolation, instability, and lack of secure attachments and support during childhood and adolescence.

Historical trauma: The collective and cumulative trauma experienced by a particular group across generations. Examples of historical trauma include violent colonization and assimilation policies; slavery; segregation; racism; homophobia; and discrimination and oppression. The negative effects of these experiences continue to impact the affected communities in the present in ways that may include struggles with violence, suicide, substance abuse, and other risk-taking behaviors; feelings of low self-worth or aggression; and a mistrust of systems, including education and behavioral health (The National Child Traumatic Stress Network, 2013a; The National Child Traumatic Stress Network, 2013b; The National Child Traumatic Stress Network, 2014).

Racial trauma: Potentially traumatic experiences related to race may include (1) direct experiences of racial harassment including threats of harm or injury and being humiliated; (2) witnessing racial violence toward others such as hate crimes or violence by law enforcement; and (3) experiencing discrimination and institutional racism. Racial trauma includes “microaggressions”—brief, everyday verbal or behavioral exchanges that intentionally or unintentionally communicate hostile, derogatory, or negative racial messages or insults (Bryant-Davis & Ocampo, 2005; Carter, 2007; Sue et al., 2007). Examples include racial slurs; being followed in a store; communications that convey rudeness and demean a person’s racial identity; or exchanges that negate or deny thoughts, feelings, or the experiential reality of a person of color. Among LGBTQ youth of color, trauma may be related to both racial or cultural identity and gender identity/expression.

Trauma Among LGBTQ Youth

“It’s very easy to look at me and tell I’m Gay and it makes me feel afraid to walk around knowing there are people here in my hometown that hate me . . .”

—Human Rights Campaign (2012)

Rates of childhood trauma are alarmingly high, and experiences of violent trauma are particularly common. In the United States, more than two-thirds of children report experiencing a traumatic event by age 16, such as a serious accident, natural disaster, or experiencing or witnessing violence (Copeland, Keeler, Angold, & Costello, 2007). Approximately 2 out of 3 children and youth ages 17 and younger were exposed to some form of violent victimization at home or in the community in the past year; 50% had more than one exposure (Finkelhor, Turner, Shattuck, & Hamby, 2015). Among LGBTQ youth, rates of exposure to potentially traumatic events are even higher than for their heterosexual peers (Coker, Austin, & Schuster, 2010; Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016; Kosciw, Greytak, Palmer, & Boesen, 2014).

LGBTQ youth often face adversity related to their sexual orientation or gender identity that includes bullying, harassment, and violent victimization, and experiences of stigma, discrimination, and social isolation (Institute of Medicine, 2011; Kosciw et al., 2014; Koscow et al., 2016). Systemic discrimination plays out in many forms, large and small. Pervasive “microaggressions” related to gender identity/expression include using the term “gay” to describe something negative, derogatory looks or comments about someone’s gender identity or expression, or being told not to “flaunt” one’s sexuality. Beyond these daily insults is the very real threat of violence toward LGBTQ individuals and groups that can be seen across the United States. More than half of LGBT people are concerned about being the victim of a hate crime (Marzullo & Libman, 2009). Despite federal legislation, sexual orientation is the third highest motivator of hate crimes, and sexual orientation crimes are often more personal and violent in nature (Marzullo & Libman, 2009). Although the number of attacks on gay institutions have decreased, we have only to look at the Orlando nightclub shooting to imagine what an adolescent or teen who is preparing to come out is feeling given the level of violence toward individuals and groups of sexual minority youth.

Many LGBTQ youth feel unsafe in their schools and some do not feel accepted in their families and communities because of their sexual orientation or gender identity (Human Rights Campaign, 2012; Kosciw et al., 2014; Koscow et al., 2016;). LGBTQ youth who fear coming out to their families face stress associated with hiding their identity and possible rejection by those closest to them. In addition to fear of rejection, the prevalence of sexual and physical abuse is higher for LGBTQ youth than for their heterosexual peers (Institute of Medicine, 2011; Roberts, Rosario, Corliss, Koenen, & Austin, 2012; Saewyc et al., 2006). Family strain, conflict, abuse, or rejection related to sexual orientation or gender identity can severely disrupt positive development among LGBTQ youth and increase the risk for additional stressors such as entering the child welfare system or becoming homeless.

“Being transgender in high school is almost impossible because of how much harassment we receive.”
—2013 National School Climate Survey (Kosciw et al., 2014)

The term “LGBTQ” encompasses a range of subpopulations with varying types and degree of exposure to trauma. For example, transgender youth experience higher levels of victimization than their LGBTQ peers (Burdge, Hyemingway, & Licona, 2014; Greytak, Kosciw, & Diaz, 2009; Kosciw et al., 2014; Kosciw et al., 2016; Roberts et al., 2012). LGBTQ youth of color face stressors associated with multiple minority status such as race, ethnicity, and gender (Isaacs, Jackson, Hicks, & Wang, 2008; Kosciw et al., 2014). Native American LGBT or “two-spirit” youth may experience current trauma related to their sexual or gender minority status as well as the negative effects of intergenerational or historical trauma still impacting their communities (Bearse, 2012). Youth growing up in more conservatively religious families and communities may be at higher risk for negative messages or rejection related to their sexual orientation or gender identity, which can cause additional strain (Ream & Savin-Williams, 2005; Schope & Eliason, 2000).

Experiences of LGBT Youth (Kosciw et al., 2016)

“I’m so used to being called a ‘fag’ and ‘queer’ that it stopped hurting as much.”
—2013 National School Climate Survey (Kosciw et al., 2014)

According to the 2015 School Climate Survey of students ages 13–21, many LGBTQ youth experience victimization and discrimination in school:

- Approximately 57.6% felt unsafe at school because of their sexual orientation and 43.3% felt unsafe because of their gender expression.
- The majority of LGBTQ youth (85.2%) experienced verbal harassment (e.g., were called names or threatened) because of their sexual orientation (70.8%) or gender expression (54.4%).
- LGBTQ students were physically harassed because of their sexual orientation (27%) or their gender expression (20.3%).
- More than half of LGBTQ students (59.6%) were sexually harassed in the last year at school.
- 63.5% of students who did report an incident said school staff did nothing in response or told the student to ignore it.
- Nearly all LGBTQ students (98.1%) heard “gay” used in a negative way (e.g., “that’s so gay”) frequently or often at school, and 95.8% heard other homophobic remarks (e.g., “dyke” or “faggot”).
- More than half of LGBTQ students (56.2%) reported hearing homophobic remarks from their teachers or other school staff, and 63.5% of students reported hearing negative remarks about gender expression from teachers or other school staff.
- Transgender youth reported higher levels of harassment, assault, and discrimination than all other students, and the majority (75.1%) felt unsafe in school because of their gender expression.
- Gender nonconforming youth reported experiencing biased behavior by adults including harsh discipline and being blamed for their victimization (Burdge et al., 2014).

For too many LGBTQ youth, experiences of discrimination and rejection extend to families and communities (Human Rights Campaign, 2012):

- 33% of LGBTQ youth said their family is not accepting of LGBTQ people.
- About half said they had an adult in their family they could turn to for help if worried or sad, compared to 79% of non-LGBTQ youth.
- Among LGBTQ youth experiencing homelessness, 43% were forced from their homes due to conflicts related to sexual orientation or gender identity; 32% have experienced physical, emotional, or sexual abuse at home related to their sexual orientation or gender identity.
- Nearly half of LGBTQ youth did not feel that they fit in in their communities.
- 4 in 10 said that the community in which they live is not accepting of LGBTQ people.

Impact of Trauma on LGBTQ Youth

“I’ve been so viciously tortured in public school that I now have severe anxiety and can no longer cope with the panic attacks and thoughts that plague me while I’m there.”

—Cisgender male student, 11th grade, Wisconsin,
2013 National School Climate Survey
(Kosciw et al., 2014)

Resilience—the capacity to positively adapt to adversity—develops over time through interactions between individual characteristics and external circumstances (Center the Developing Child at Harvard University, 2015). How youth respond to a traumatic event is influenced by individual factors such as age, gender, history of exposure, level of internal resources and skills for coping, and environmental factors such as the nature of the event, level of support, and parental responses. Combined environmental and individual characteristics that help children achieve positive outcomes in the face of adversity include (1) the availability of at least one stable, caring, and supportive relationship with an adult; (2) a sense of mastery over life circumstances; (3) strong executive function and self-regulation skills; and (4) affirming faith or cultural traditions (National Scientific Council on the Developing Child, 2015).

Many youth, including LGBTQ youth, have the internal resources and external supports to develop in healthy ways and positively adapt to adversity. Most youth exposed to trauma do not develop significant mental health issues (American Psychological Association, 2008). However, LGBTQ youth are more likely than their heterosexual peers to face challenges that can compromise resilience such as greater risk of exposure to traumatic stress, absence of adult support or affirming communities, and lack of control over external circumstances and responses. Experiences of discrimination, violence, and lack of support or rejection by caregivers, peers, and communities place LGBTQ youth at increased risk for depression, posttraumatic stress disorder, suicide-related behaviors, substance abuse, HIV, and relationship difficulties (Bostwick et al., 2014; Horvath, Remafedi, Fisher, & Walrath, 2012; Institute of Medicine, 2011; Lazear & Gamache, 2012; Roberts et al., 2012).

Suicide and LGBTQ Youth

(Sources: Suicide Prevention and Resource Center, 2008; Haas et al., 2011)

- Lesbian, gay, and bisexual (LGB) youth are nearly 1.5 to 3 times more likely to have reported suicidal ideation than non-LGB youth.
- High school students who identify as LGBT are 2 to 7 times more likely to have reported attempting suicide than non-LGBT youth.

Family acceptance or rejection is a particularly impactful mediating factor for healthy development and well-being among LGBTQ youth. According to the Family Acceptance Project, lesbian, gay, and bisexual (LGB) youth who come from highly rejecting families are more than eight times as likely to have attempted suicide as LGB peers with little to no family rejection (SAMHSA, 2014b). The risk of family rejection also further jeopardizes support networks for LGBTQ youth, which can lead to unstable support networks and other traumas such as homelessness or out-of-home care (Durso & Gates, 2012; Kenney, Fisher, Grandin, Hanson, & Winn, 2012; Poirier, Murphy, Shelton, & Costello, 2013). The top causes of homelessness among LGBTQ youth include (1) family rejection resulting from sexual orientation or gender identity; (2) physical, emotional, or sexual abuse; (3) aging out of the foster care system; and (4) financial and emotional neglect (Durso & Gates, 2012).

LGBTQ youth are overrepresented in the child welfare and homeless service systems (Gates, 2011; Ray, 2006; Wilson, Cooper, Kastanis, & Nazhad, 2014). They are also at higher risk for negative outcomes in both of these systems. LGBTQ youth are at higher risk for being treated poorly by the foster care system when compared with their heterosexual counterparts (Wilson et al., 2014). While homeless, LGBTQ youth are also at greater risk for traumatic experiences including exchanging sex for basic needs, which often results in sexual assault; being bullied and victimized; and dropping out of school (Cray, Miller, & Durso, 2013; Kenney et al., 2012).

Subpopulations of LGBTQ youth face particular challenges based on the degree and type of trauma exposure. For example, transgender youth are more likely to be diagnosed with a mental health issue such as depression or anxiety or engage in suicidal or self-harm behaviors (Reisner et al., 2015). Youth exposed to multiple layers of harassment are also at greater risk for negative outcomes. LGBTQ youth of color who are harassed in school based on sexual orientation and race are more likely to miss school and had significantly lower grade point averages (Diaz & Kosciw, 2009).

LGBTQ youth who have experienced ongoing discrimination, rejection, and violence are more likely to view the world and other people as unsafe. Those who have been repeatedly hurt by others may come to believe that people cannot be trusted. Youth who are further traumatized within schools or service settings that do not recognize, understand, or address their needs face increasingly negative outcomes. For example, LGBTQ youth who experience unsupportive conditions in schools are more likely to (1) have higher rates of absenteeism; (2) have been disciplined at school; (3) have lower grade point averages; (4) drop out of school; (5) have higher rates of depression and anxiety; and (6) have lower self-esteem (Kim, 2009; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Kosciw et al., 2014; Koscow et al., 2016). School victimization in adolescents is linked to young adult mental health issues and increased risk for STDs and HIV (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011).

Effects of Chronic Exposure to Trauma

When children are exposed to chronic interpersonal trauma from an early age, the impact on brain development becomes increasingly profound, leading to a host of future challenges (Cloitre et al., 2009; Cohen, Perel, DeBellis, Friedman, & Putnam, 2002; National Scientific Council on the Developing Child, 2005/2014; National Scientific Council on the Developing Child 2010a; Perry, 2001; Perry & Pollard 1998; DeBellis & Zisk, 2014). The effects of chronic trauma include increased medical and mental health problems; learning difficulties; difficulty planning and anticipating; problems with boundaries; difficulties with peers; self-destructive or self-injurious behaviors; oppositional behavior; difficulty managing rules and limits; learning difficulties and poor academic performance; and low self-esteem, shame, and guilt (Cook et al., 2005; D'Andrea, Ford, Stolbach, Spinnazzola, & van der Kolk, 2012; Fairbank & Fairbank, 2009; Finkelhor, Ormrod, & Turner, 2009; National Scientific Council on the Developing Child, 2010b; Shonkoff, 2012).

Trauma that goes unrecognized and unaddressed in childhood has long-term individual and societal implications. The groundbreaking Adverse Childhood Experiences (ACE) Study highlights the significant connection between childhood exposure to potentially traumatic events (e.g.,

physical or sexual abuse, witnessing violence) and challenges in adulthood including high-risk behaviors like smoking and unprotected sex; mental illness; chronic physical illnesses such as heart disease, obesity, autoimmune disorders, and cancer; and heightened risk of early death (Felitti et al., 1998; Felitti & Anda, 2010).

IV. Trauma-Informed Youth-Serving Systems

What Is a Trauma-Informed Approach?

Growing awareness of trauma and its impact on children and youth has challenged all who serve youth to consider the role they play in addressing this public health issue. Supporting youth exposed to trauma can take many forms ranging from providing therapeutic interventions that address trauma-related symptoms to adopting systemic approaches to ensure that entire organizations or schools are equipped to recognize and respond to trauma (Magruder, Kassam-Adams, Thoresen, & Olf, 2016). Consensus is growing that, in addition to evidence-based treatment for PTSD and other trauma-related responses, universal approaches are needed to address the magnitude of violent trauma affecting youth. Interventions to address trauma must target the individual *and* the larger context in which support is offered (DeCandia & Guarino, 2015; Magruder et al., 2016).

In a trauma-informed organization or school, all aspects of a service or education delivery system—from how the workforce is trained to what procedures and policies are adopted—are grounded in an understanding of trauma and its impact and designed to promote healing and resilience.

Adopting a trauma-informed approach in youth-serving systems includes four key elements: (1) **realizing** the prevalence of trauma in the lives of the children and youth being served; (2) **recognizing** the impact of trauma on youth, staff, and communities; (3) **responding** in ways that are informed by an understanding of trauma and what is needed to support recovery and resilience; and (4) **resisting** engaging in practices that are re-traumatizing for youth (SAMHSA, 2014a). Often this requires changes to the practices, policies, and culture of an entire school or agency.

Changes to policy and practice in a trauma-informed organization or school may include (a) providing regular staff training on trauma and its impact; (b) reducing practices that may trigger or re-traumatize; (c) creating physical and emotional safety in relationships and in the environment; (d) considering trauma in all assessment protocols and behavior or treatment plans; and (e) ensuring youth voice, choice, and empowerment (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009; Hopper, Bassuk, & Olivet, 2010; SAMHSA, 2014a; Guarino, 2014). Finally, a trauma-informed approach takes into account the secondary impact that working with trauma survivors has on educators and service providers and includes practices to create a culture that supports staff resilience and care.

Guiding Principles of a Trauma-Informed Approach

A trauma-informed approach is driven by a set of core principles that reflect the fundamental attitudes, values, and beliefs needed to provide adequate support for all youth exposed to trauma, including LGBTQ youth. Here we outline guiding principles of a trauma-informed approach that are applicable across youth-serving settings. Core principles inform all aspects of daily practice agency- or school-wide.

Guiding Principles of a Trauma-Informed Approach in Youth-Serving Settings
(Cole, Eisner, Gregory, & Ristuccia, 2013; Guarino et al., 2009; SAMHSA, 2014a)

Understand trauma and its impact	All staff in a school or agency share a common understanding of trauma and its impact on youth, families, and providers/educators and a joint mission to create environments that acknowledge and address trauma’s impact and support healing and resilience.
Believe that healing happens in relationships	The school or agency demonstrates the belief that establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma and build resilience for all. This includes relationships among and between staff, youth, and families
Ensure physical and emotional safety	The school or agency is committed to establishing a safe physical and emotional learning and service environment where basic needs are met, safety measures are in place, and staff responses are consistent, predictable, and respectful.
Support choice, control, and empowerment	The school or agency supports youth choice and control whenever possible within the school or service environment and looks for ways to empower youth by building skills that enhance sense of control and mastery. This focus on choice, control, and empowerment extends to families and staff.
Strive for cultural competence	The school or agency strives for cultural competence in all aspects of education or service delivery. This includes respecting diversity within the school or agency; considering the relationship between culture, traumatic experiences, safety, healing, and resilience; and using approaches that align with the cultural and linguistic backgrounds of youth, families, and the broader community.
View youth holistically	The school or agency understands the interrelated nature of life experiences, including traumatic events and emotional, physical, relational, and spiritual health and academic success and looks to build youth skills in all areas.
Use a collaborative approach	The school or agency uses a collaborative approach with youth and families and among staff. This includes sharing power and decision making across all levels of the school or agency and seeing youth and families as partners.

Why Adopt a Universal Approach to Addressing Trauma?

There are several key reasons why youth-serving systems such as education, child welfare, behavioral health, and juvenile justice are adopting a universal approach to addressing trauma:

1. **Rates of childhood trauma are high.** A significant number of youth have been or continue to be exposed to traumatic experiences that can have a significant impact on health, well-being, behavior, and learning. Among LGBTQ youth, rates of exposure to trauma are even higher than in the general population.
2. **There is increased risk of doing harm when trauma responses are overlooked.** Youth who have experienced prolonged trauma have developed survival skills to manage their experiences that can be confusing and easily misunderstood by school or agency staff. Traumatized children and youth may be difficult to redirect, seem emotionally out of control, avoid taking responsibility, engage in risk-taking behaviors, and appear oppositional and disruptive or disconnected and indifferent. Without understanding the connection between trauma and current behaviors, school staff and social service

providers may see these behaviors as purposeful and label a youth as “manipulative,” “oppositional,” “attention-seeking,” or “unmotivated,” when these behaviors are better understood as survival responses. Schools and service settings run the risk of misunderstanding student behaviors and challenges, recreating environments that are further traumatizing, and even misdiagnosing youth based on these behaviors.

- 3. Schools and community organizations play a critical role in mitigating the impact of trauma, helping children heal, and preventing future challenges.** Protective factors that buffer the effects of trauma include relationships with caring adults and learning environments that are safe and supportive. With an awareness and understanding of trauma and its impact, educators and service providers can work to create environments where all children feel safe, connected, and supported, and the skills critical to building resilience are modeled and taught. Schools and organizations that are prepared to recognize and respond to trauma are also in a better position to identify youth who need more intensive supports and connect them to services to minimize the risk for long-term difficulties. A universal approach for LGBTQ and other youth can normalize differing sexual orientation and gender expressions, reducing the negative effects of adversity. The creation of supports like gay/straight alliances (GSAs) and safe space programs can promote an accepting school environment for all students as well as build skills to support resilience among LGBTQ students.
- 4. Adopting a trauma-informed approach benefits youth and the adults who serve them.** Schools that are implementing trauma-sensitive practices report positive effects for students and schools such as a decrease in office referrals, a significant drop in suspensions, and improvements in test scores. In social service settings, preliminary outcomes associated with trauma-informed care include decreased emotional reactions for program participants, decreased crises in programs, enhanced sense of safety, and greater collaboration among service providers (Cocozza et al., 2005; Morrissey, Ellis, & Gatz, 2005; Noether et al., 2007; Hopper et al., 2010). Additional research is needed to understand how a school- or agency-wide approach to addressing trauma influences outcomes for youth exposed to trauma and more specifically for particular groups such as LGBTQ children and youth.

Why Is a Trauma-Informed Approach Needed for LGBTQ Youth?

Alongside the growing awareness of the need for trauma-informed care, there is also an increased focus on understanding and addressing the needs of LGBTQ youth as a population at high risk of negative outcomes because of bias, stressors, and other experiences (Fisher, Blau, & Poirier, 2012). A critical component involves building systems of care that offer services and supports tailored to the specific and diverse needs of this population (Fisher et al., 2012). In particular, providers working with LGBTQ youth need to be aware of the specific experiences and traumas this population may experience due to gender identity and sexual orientation.

When youth-serving systems do not have the capacity to provide appropriate, culturally and linguistically competent care for LGBTQ youth, they risk exacerbating negative outcomes young people may already be experiencing. In community-based settings, youth may choose not to access services in settings they consider unsafe or unwelcoming, which reduces program efficacy. In school settings, youth may avoid school altogether in response to an ongoing lack of safety in the school environment. Adopting a trauma-informed approach necessitates an understanding of the population served, including providing professional development among all staff about LGBTQ youth and gender expressions, types of trauma among LGBTQ youth, anti-bullying approaches, and proactive

programming (GSAs) as well as LGBTQ-friendly behavioral health and social service practices for addressing and mitigating the impact of adversity and supporting resilience and healing.

V. Conclusion

LGBTQ youth face a number of stressors in schools and communities that are directly related to sexual orientation and gender identity. Even with support, many of these stressors can be overwhelming, particularly when they involve the threat of or direct exposure to violence. LGBTQ youth are at increased risk for rejection by family members, peers, and other adults, whose support is essential to healthy development and positive coping. Schools and community agencies play a critical role in supporting resilience and minimizing the risk and impact of trauma among LGBTQ youth. Service providers and educators must be prepared to identify and address trauma that, if ignored, can impact quality of care, degree of trust in providers and teachers, academic success, service use, and ultimately, health outcomes. Once youth-serving systems recognize the need to adopt a trauma-informed approach, the next step is to adopt the practices that support this culture shift. The next brief in this two-part series includes a framework for adopting a trauma-informed approach and concrete strategies for addressing the trauma-related needs of LGBTQ youth that can be adopted across a range of education and service settings.

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