

# Supporting LGBTQ+ Youth is Violence Prevention

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A PUBLICATION BY

The National  
**RESOURCE CENTER**  
for **REACHING VICTIMS**  
*Helping those who help others*

**FORGE**



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## ABOUT THE PUBLISHERS

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### About the National Resource Center for Reaching Victims

Funded by the federal Office for Victims of Crime, the National Resource Center for Reaching Victims (NRC) is a one-stop shop for victim service providers, culturally specific organizations, justice system professionals, and policymakers to get information and expert guidance to enhance their capacity to identify, reach, and serve all victims, especially those from communities that are underrepresented in healing services and avenues to justice. The NRC is working to increase the number of victims who receive healing supports by understanding who is underrepresented and why some people access services while others don't, designing and implementing best practices for connecting people to the services they need, and empowering and equipping organizations to provide the most useful and effective services possible to crime victims.

The NRC is a collaboration among Caminar Latino, Casa de Esperanza, Common Justice, FORGE, the National Children's Advocacy Center, the National Center for Victims



of Crime, the National Clearinghouse on Abuse Later in Life, Women of Color Network, Inc., and the Vera Institute of Justice.

The NRC's vision is that victim services are accessible, culturally appropriate and relevant, and trauma-informed, and that the overwhelming majority of victims access and benefit from these services. To learn more about the National Resource Center for Reaching Victims, visit [ReachingVictims.org](https://reachingvictims.org).

## About FORGE

FORGE is the nation's leading organization focused on violence against transgender/non-binary individuals, founded in 1994. Since 2009, FORGE has held multiple federal contracts to provide direct services nationwide to transgender/non-binary victims of crime and to provide training and technical assistance to the victim service providers who work with transgender/non-binary victims and loved ones.



FORGE provides professionals with a wide range of support, including one-to-one technical assistance, virtual trainings, presentations at conferences, customized in-person intensives, and site visits to increase cultural competency. In addition to recorded trainings, FORGE has created and hosts a large, free, online library of publications, fact sheets, and other printable resources for providers.

FORGE's mission is to create a world where *all* voices, people, and bodies are valued, respected, honored, and celebrated and where every individual feels safe, supported, respected, and empowered. FORGE's work focuses around the following four central beliefs: (1) trans people and loved ones are resilient (but may still benefit from some reminders and skills); (2) service providers have the profession-specific skills they need to serve trans people, but simply need additional trans-specific knowledge and confidence; (3) every person is valuable and has a great deal to contribute to society; and (4) binary systems and thinking create arbitrary lines between people and communities, which damage spirits and resilience.

FORGE is the lead collaborative partner with the National Resource Center for Reaching Victims, focusing on LGBTQ+ populations. To learn more about FORGE, visit [forge-forward.org](https://forge-forward.org).





## ACKNOWLEDGEMENTS

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We are thankful, too, for the many LGBTQ young people who made it to adulthood, all those who nurture or nurtured LGBTQ youth, and those who are currently LGBTQ youth. [Hang in there; the world needs you and wants you.]



Thank you to the Vera Institute of Justice who carefully coordinates and lifts up the many underserved communities represented under the National Resource Center for Reaching Victims.

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## OVERVIEW

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The statistical evidence is overwhelming: lesbian, gay, bisexual, transgender, and queer (LGBTQ+<sup>1</sup>) Americans are far more likely to be victims of violence than the general U.S. population. Moreover, this violence is often repetitive: once someone experiences violence, they are more likely to be re-victimized. That means the violence that LGBTQ+ youth and teenagers experience needs to be addressed not only for its own sake, but also because that early violence often sets the stage for lifelong problems. This paper explores these LGBTQ+ pathways to polyvictimization, but also—and more importantly—discusses simple and effective ways victim service providers, school personnel, and members of the general public can intervene and make a huge difference.

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1 In this publication, LGBTQ+ refers to lesbian, gay, bisexual, transgender, and queer people, as well as all those whose sexual orientations and gender identities (or the lack thereof) do not conform to societal norms. In some direct quotations, other versions of the acronym are used.

## LGBTQ+ ADULTS EXPERIENCE MORE VIOLENCE

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In 2010, during the small window of time in which the U.S. federal government was willing to ask about the well-being of its lesbian, gay, and bisexual citizens, *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (NISVS) came out.<sup>1</sup> NISVS was the first time sexual assault and intimate partner violence rates by gender (male/female) and sexual orientation (heterosexual/gay/lesbian/bisexual) had ever been studied in a nationally representative way.

The results surprised many.

Despite the widespread assumption that intimate partner violence and sexual assault are behaviors men use to attempt to assert power and control over women, these new data showed that the picture is actually far more complex.

Nearly two-thirds (61.1%) of bisexual women reported that sometime in their lifetime they had experienced rape, physical violence, and/or stalking by an intimate partner. Close to half (43.8%) of lesbian women also reported experiencing such intimate partner violence (IPV). Both of these rates were significantly higher than those reported by the “traditional” IPV victim, heterosexual women: 35.0%.

Perhaps most shocking was that the 2010 report revealed that the lifetime IPV rate of bisexual *men* was also higher than heterosexual women: 37.3% of bisexual men reported such violence (slightly higher than the heterosexual women’s rate of 35.0%). Though less prevalent, heterosexual and gay men also reported significant experiences with IPV: 29.0% of

heterosexual men and 26.0% of gay men reported one or more experiences of IPV.

The survey's measures of sexual violence other than rape, including being forced to penetrate someone else (the type of sexual assault most likely to be experienced by men), also shake the traditional view of "[men's] violence against women."<sup>2</sup> Bisexual women reported the highest lifetime rates of non-rape sexual violence victimization—74.9%—followed by bisexual men (47.4%). Lesbian women were slightly more likely than heterosexual women to report sexual violence other than rape (46.4% vs. 43.3%), and gay men's rates were only slightly behind, at 40.2%, distantly followed by heterosexual men's rates, at 20.8%.



NISVS is the largest and most representative study finding disparate victimization rates for lesbian, gay, and bisexual adults, but it is not the only documentation of these disparities. A 2015 study of students from eight New England universities found that lesbian, gay, and bisexual students were 2.3 times more likely than heterosexual students to experience sexual assault in the prior six months.<sup>3</sup> In the largest transgender survey to date (n=6,400), Injustice at Every Turn (2011), 23% of transgender people had experienced at least three types of violence or significant discrimination during their lifetime; 47% had been sexually assaulted.<sup>4</sup>



## The Problems Start in Childhood— Adverse Childhood Experiences (ACEs)

To begin tracing how and why LGBTQ+ adults experience higher rates of victimization, we need to start in childhood. In his ground-breaking study of adverse childhood experiences (ACEs), Dr. Vincent J. Felitti developed an impressive set of data proving that childhood trauma accompanies us throughout our lifespan, affecting physical as well as mental health, including how long we live. Indeed, he proclaimed ACEs are “the most important determinant of the health and well-being of our nation.”<sup>5</sup>

The importance of Felitti’s findings cannot be over-emphasized. Violent victimizations are sometimes thought of as one-off events, random and certainly unrelated to childhood legacies. This is not the case. There are clearly identified pathways between certain childhood experiences and higher rates of victimization as an adult. The theory behind the linkages between children’s victimization and their victimization as adults provides even more insight.

To date Felitti’s ACEs study has been replicated by many researchers and has involved tens of thousands of participants. Each participant has been asked if they experienced any of the following ten adverse childhood experiences:

1. A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
2. A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.

3. An adult, relative, family friend, or stranger who was at least five years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, or attempted to have any type of sexual intercourse with you.
4. Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
5. A household member was a problem drinker or alcoholic or a household member used street drugs.
6. A household member was depressed or mentally ill or a household member attempted suicide.
7. Your parents were ever separated or divorced.
8. A household member went to prison.
9. You often or very often felt that no one in your family loved you or thought you were important or special.
10. You often or very often felt that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you.<sup>6</sup>

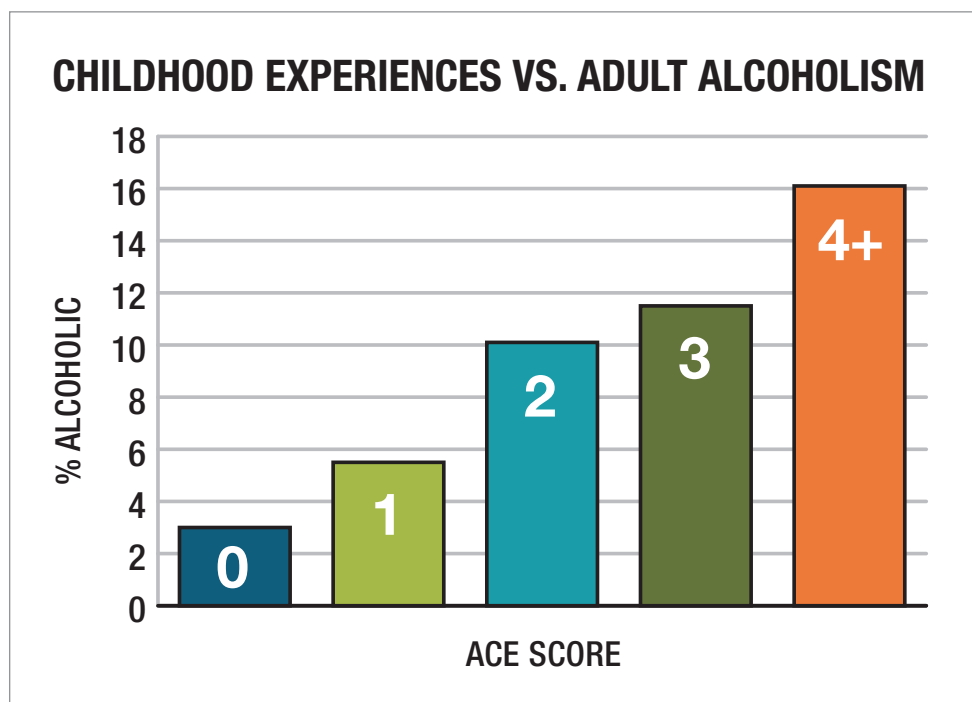
Each of the specified adversities a person experienced as a child gets a score of 1, so overall scores range from 0 to 10. Even though the ACEs studies do not measure the intensity or duration of a given adverse event, the results' implications are unequivocal: the more types of adversities

a person has experienced in childhood, the higher their risk for experiencing the following range of health and violence issues or risk factors as an adult:

- Intimate partner violence
- Sexual violence
- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Poor work performance
- Financial stress
- Sexually transmitted diseases
- Smoking
- Suicide attempt
- Unintended pregnancy
- Early initiation of smoking
- Early initiation of sexual activity

- Adolescent pregnancy
- Poor academic achievement<sup>7</sup>

For example, consider the following chart. About 3% of adults with no history of ACEs have an alcohol use problem. By contrast, about 10% of adults with two ACEs are assessed as alcoholic at some point, and about 16% of adults with four or more ACEs have an alcohol use problem.

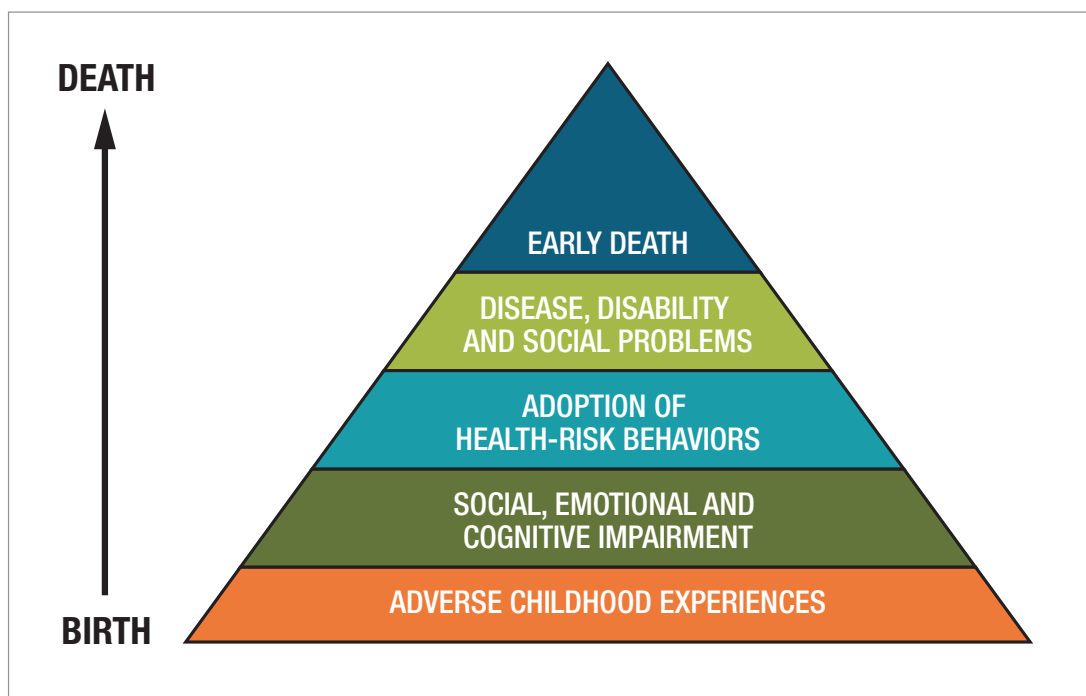


The illustration below summarizes the pathway that researchers believe leads from ACEs to adult experiences of violence, illness, disability, and death. Children's brains develop in relationship to other people, especially caregivers. When those caregivers are abusive, neglectful, or dealing with their own severe problems, the children in their care end up necessarily focusing their cognitive and emotional resources on coping with and surviving



their threatening environment, to the detriment of their neurodevelopment. Children with these social and emotional disadvantages understandably experience social, emotional, and cognitive problems. At odds with their life stage development and surrounding social environments, the problems youth experience as a direct result of having stress-diminished social and emotional skill reservoirs often lead to symptom management behaviors that are in themselves health risks. A pernicious cycle is set off beyond the control of the child as they try to manage an unmanageable situation through behaviors such as acting out, substance use, and engaging in high-risk sex. These coping strategies in turn lead to higher risks of sexual assault, intimate partner violence, disease, disability, social problems, and even early death.<sup>8</sup>

ACEs are very common in the United States. An estimated 64% of all U.S. adults have experienced one or more ACEs and 40% have experienced two or more.



## Higher LGBTQ+ Childhood Victimization Rates

As important as the ACEs studies are, they have their weaknesses. Most importantly, they only partially reflect the extensive variability inherent in some adverse childhood experiences, and they overlook others entirely. For example, Felitti's construct does not measure the impacts of racism, poverty, or other types of social trauma. These experiences sometimes show up indirectly when patterns of ACEs are examined across populations. The largest and most diverse study of U.S. adults' ACEs scores found higher than average scores among people with a range of marginalized or stigmatized identities, including African Americans, Hispanics, multiracial individuals, those who did not complete high school, those with an income of less than \$15,000 per year, unemployed people, and lesbian, gay, and bisexual individuals.<sup>9</sup>

**"Much of the distress that LGBTQ children and adolescents experience is not the result of their gender non-conformity or LGBTQ identity—in other words, it is not being LGBTQ that causes the distress, but rather the way they are treated for being LGBTQ that does."<sup>10</sup>**

ACEs studies fail to directly explain why marginalized populations often have higher ACEs scores, although there is ample documentation of these disparities. The studies do not, for example, explain why LGBTQ+ youth are 3.8 times more likely to experience childhood sexual abuse and 1.2 times more likely to experience parental physical abuse than their non-LGBTQ+ peers.<sup>11</sup> ACEs studies also do not explain why LGBTQ+ youth experience higher rates of emotional

abuse (47.9% vs. 29.6%) and exposure to domestic violence (24.1% vs. 15.4%).<sup>12</sup>

Nor do ACEs studies measure culturally specific adverse childhood experiences. In the case of LGBTQ+ children and youth, two of the most common of those are bullying in school and at home. To fill this knowledge gap, the rest of this paper will discuss those risk factors and what can be done to mitigate their potentially catastrophic effects on LGBTQ adults' victimization and health disparities.

## **School-Based Bullying**

An estimated one in three U.S. students are bullied at school.<sup>13</sup> In comparison, 65 to 85% of LGBTQ+ students report experiencing harassment or bullying based on their perceived or actual sexual orientation, gender identity, or gender expression.<sup>14</sup> Types of bullying range from being threatened or injured with a weapon (reported by 10% of LGBTQ+ students),<sup>15</sup> being sexually harassed (reported by 57.3% of LGBTQ+ students),<sup>16</sup> and being physically assaulted (reported by 10 to 12% of LGBTQ+ students).<sup>17</sup> Relational aggression—being deliberately excluded or left out by other students or having rumors spread about you—was reported by 89.2% of LGBTQ+ students in one study.<sup>18</sup> Homophobic and transphobic terms such as “dyke,” “faggot,” “he/she,” and the negative use of “gay”; inaccurate pronouns, and negative remarks about another student’s gender expression are commonplace: “almost all” LGBTQ+ students reported these at school, and 91.8% reported feeling “distressed” as a result.<sup>19</sup> More than half of LGBTQ+ students reported feeling unsafe at school.<sup>20</sup>

By no means are these problems all peer-based. More than half of LGBTQ+ students reported hearing homophobic remarks from their teachers or other school staff, and more than two-thirds reported hearing negative remarks from adults in school about a student's gender expression.<sup>21</sup> A significant percentage—8.9%—reported that school staff members were actually part of the harassment or assault they experienced.<sup>22</sup>

Not surprisingly given the overall levels of explicit homophobia and transphobia being shown by adults in schools, most (55.3%) LGBTQ+ students who are harassed in school do not report the incidents to school staff.<sup>23</sup> Of those who do report, 60.4% said school staff did nothing in response or told the student to ignore the bullying.<sup>24</sup> Just over a quarter reported that staff "effectively addressed" the problem, but one in five were told to change *their* behavior.<sup>25</sup> Some students are even told the bullying is their fault.

**"I got thrown down stairs, punched, and threatened with rape by boys for coming out as bi. They said raping me would take away the lesbian parts. I'd tried several times to complain to the principal. I reported what these guys were doing, but all he said was that since I'd done this foolish thing and come out, he could guarantee no protection, I'd brought it on myself. So when these losers saw my complaining wasn't getting me anywhere and they weren't getting in trouble, they got worse and worse."**

LGBTQ+ students report significant negative effects of bullying. A study of LGBTQ+ students who had been bullied in 2015 found that 19% said that bullying had "somewhat"



or “a lot” of a negative effect on how they felt about themselves.<sup>26</sup> Fourteen percent (14%) reported that bullying had a negative effect on their relationships with family and friends and on their schoolwork, and 9% reported negative effects on their physical health.<sup>27</sup>

Other documented effects of bullying include:

- Loneliness
- Depression
- Adjustment difficulties
- Truancy
- Poor academic performance
- Dropping out of school
- Violent behaviors<sup>28</sup>

Most LGBTQ+ students report avoiding school functions (75.4%) and extracurricular activities (70.5%) because they feel unsafe or uncomfortable.<sup>29</sup> More than one in ten—11.3%—report that school staff or coaches prevented or discouraged them from playing sports because they were LGBTQ+.<sup>30</sup> Nearly a fifth (19.0%) of LGBTQ+ students have changed schools as a result of feeling unsafe or uncomfortable.<sup>31</sup>

**“I have been physically and verbally harassed and assaulted by students. I was outed by other students and was not safe at my school. I was forced to leave school in the middle of the year for the fear of my own life. I cannot describe the emotional toll this put on me.”<sup>32</sup>**

Transgender and gender non-conforming children and youth face particular concerns, with bathrooms and locker rooms leading the list. A 2015 study found that 60% of transgender students were forced to use a bathroom or locker room that did not match their gender identity/presentation, and 70% said they had avoided bathrooms because they felt unsafe or uncomfortable.<sup>33</sup> Avoiding bathrooms can have serious health effects. Besides the distraction that unmet bladder and bowel needs can cause students in the classroom, 54% of transgender people report some sort of physical problem from trying to avoid using public restrooms, such as dehydration, kidney infections, and urinary tract infections.<sup>34</sup>

Another population-specific concern is addressing students with their correct names and pronouns. In 2015, half of transgender students were not permitted by school officials to use their chosen name, and 28% were prevented from wearing clothes that matched their identity.<sup>35</sup> Are these truly serious problems for transgender and gender non-conforming young people? The overwhelming consensus by experts across disciplines is yes. A 2016 study published in the medical journal *Pediatrics* found that transgender children who were allowed to socially transition at school (meaning being called by their chosen name and pronouns, allowed to choose their own clothing, and permitted to choose their bathroom and locker room) had "developmentally normative levels of depression and only minimal elevations in anxiety" compared to transgender children who were not allowed to transition socially.<sup>36</sup>

**"I have encountered verbal harassment in the bathroom, and people peeping into the stalls saying 'look it's a girl' and other similar incidents that made me feel unsafe."<sup>37</sup>**

## Family-Based Bullying

Bullies don't just come from others' families; some LGBTQ+ children and youth are bullied by their own family members, as well. We use the term "family-based bullying" to cover three different (but related) types of problems: rejection at home, parental ambivalence, and conversion therapy.

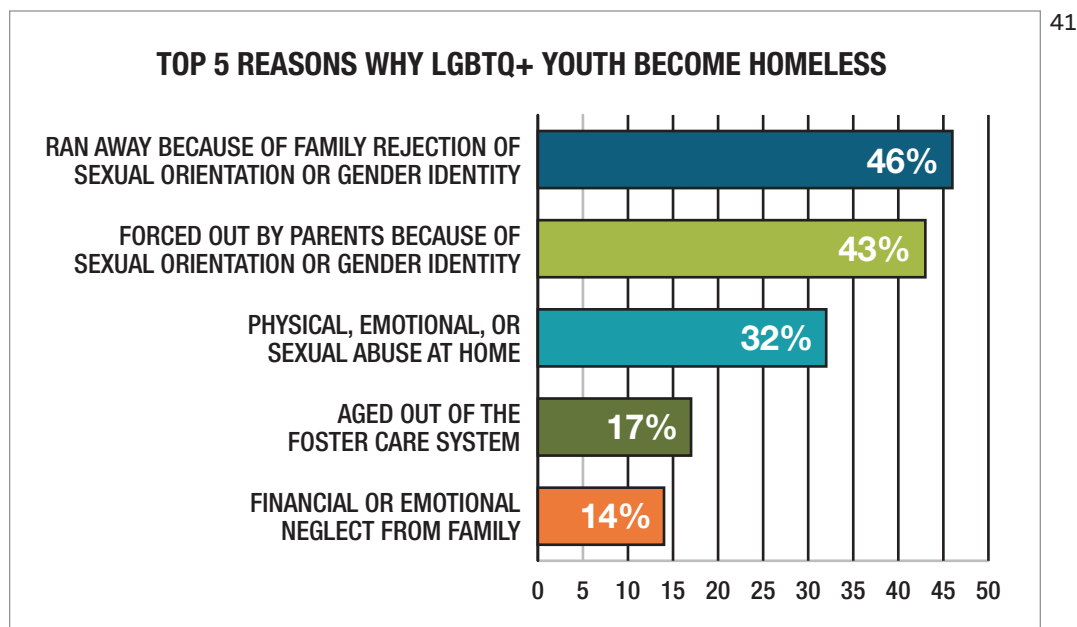
### REJECTION AT HOME

Sadly, significant numbers of parents believe that being lesbian, gay, bisexual, transgender, or queer is so horrible that they feel compelled to abandon their children. Statistics on how often this happens to LGBTQ+ children and youth when they reveal their identity to their parents are hard to find, but it is clear that significant numbers of LGBTQ+ youth are homeless. One of the few studies that has looked at the issue, the Massachusetts Youth Risk Behavior Survey, found that 25% of teens who identify as lesbian or gay are homeless.<sup>38</sup> Other available data are from homeless youth programs, which report that although LGBTQ+ youth make up somewhere between 5% and 7% of the youth population, they represent 40% of the homeless population.<sup>39</sup>

In practice, it can be hard to distinguish between LGBTQ+ youth who are thrown out of their parents' home and those who leave on their own. A 2012 survey of 354 U.S. homeless youth providers outlined the top five



(sometimes overlapping) reasons why LGBTQ+ youth became homeless.<sup>40</sup>



The report summarized the results this way: "Overall, respondents indicated that nearly seven in ten (68%) of their LGBTQ+ homeless clients have experienced family rejection and more than half of clients (54%) had experienced abuse in their family."<sup>42</sup>

## PARENTAL AMBIVALENCE

Certainly social attitudes are changing rapidly, but many parents still feel at least "ambivalent" when their LGBTQ+ children and youth come out to them. One study found that parents of lesbian, gay, and bisexual children typically had "difficulty" with their child's sexuality for two years.<sup>43</sup> The Family Acceptance Project (FAP) has been devoted to studying and helping these families. What FAP has found in this work is critically important: parents who are opposed to

or ambivalent about their children's LGBTQ+ identity often unknowingly harm those children and raise their risks of a whole range of negative outcomes, including suicide.

**"When my daughter was little I spent so much time fussing over how she looked. I should have been concerned about how she felt. We didn't know about transgender—but I know how sad and depressed she got right before middle school. The school helped us find a counselor and that's when we found out how hopeless she felt. I wanted to make sure she wasn't rejected by others, but instead, I was the one who was rejecting her. I'm so grateful I could change things before it was too late."<sup>44</sup>**

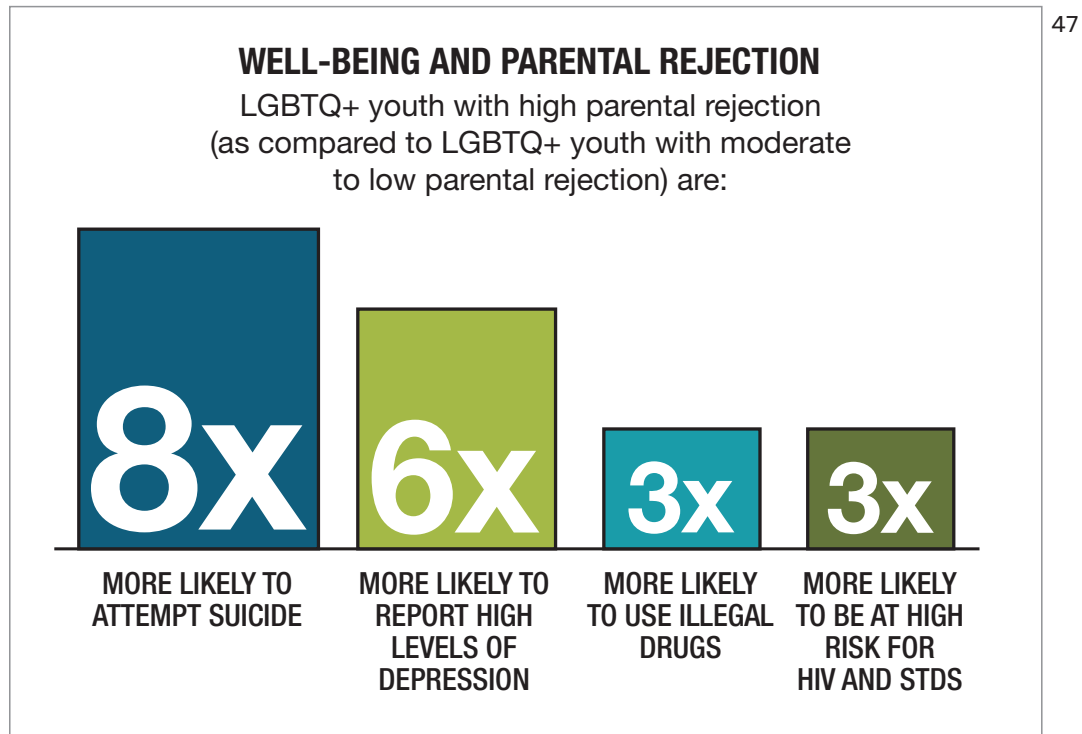
In its research, FAP studied families with LGBTQ+ youth and identified 106 specific behaviors related to the parents' acceptance or rejection of their children's identity.<sup>45</sup> Here is one summary of the findings:

*Parents and caregivers don't understand how their LGBT children experience family reactions to their LGBT identity. Many are shocked to learn that behaviors they thought were helping their LGBT children—that are motivated by care and concern, and trying to help their children have a "good life" and be accepted by others—are instead related to high levels of serious and life threatening health behaviors.<sup>46</sup>*

One of the common behaviors FAP examined included not talking about or discouraging a teenager from talking about their LGBTQ+ identity. Parents might say, "It's just a phase," "He'll grow out of it," "How could she possibly know?" or



“They’re just confused.” Their children, however, view these statements as markers of rejection by their parents. Feeling rejected, FAP’s research shows, is highly threatening to an adolescent’s well-being. FAP compared children of families they perceived as highly rejecting to children of families perceived to have low rejection and found the following.



Reporting on FAP’s work, the Movement Advancement Project has found that many parents are willing to change their behavior once they understand its implications.

*We have found that families can learn to support their LGBT children when information is presented in ways that resonate with their values and beliefs—to protect their children and to help them have a good life, to strengthen and keep their families together. In essence, what we have done is to give families a different way*

*of thinking about their LGBT children by shifting the discourse on homosexuality from morality to health and well-being.*<sup>48</sup>

We will return to FAP's insights in the sections below on what adults can do to help prevent LGBTQ+ victimization.

## CONVERSION THERAPY

Conversion therapy is any religious, therapeutic, or other type of program that is intended to change a person's actual or perceived sexual orientation, gender identity, or gender or sexual expression. Nearly 700,000 U.S. adults have received conversion therapy at some point, about half of whom received it as adolescents.<sup>49</sup> Conversion therapy typically goes hand-in-hand with parental behaviors designed to discourage a child's LGBTQ+ identity.

**"Homosexuality took over the whole framework of my relationship with my parents. There was no more parenting. No more looking at a report card or calling a teacher or figuring out a bank account or teaching me how to become a functioning adult. All of that stopped and it became about conversion and religion and gayness and damnation versus salvation."**<sup>50</sup>

Conversion therapy in the United States is over 100 years old.<sup>51</sup> In its early days, its practices included institutionalization, castration, and electroconvulsive shock therapy. Today, conversion therapy is more likely to focus on training individuals to conform to gender norms, teaching heterosexual dating norms, and using hypnosis to redirect

desires.<sup>52</sup> Religious beliefs are often asserted, and some programs encourage individuals to reject their parents, who presumably “caused” the problematic sexual orientation or gender identity.<sup>53</sup> The National Center for Lesbian Rights describes these programs as “deeply harmful, victimizing the individual who has been convinced that a core part of their being is unacceptable to God and to the community.”<sup>54</sup>

That’s not all. The American Psychological Association includes the following in its list of potential consequences to survivors of conversion therapy:

- Decreased self-esteem and authenticity to others
- Increased self-hatred and negative perceptions of homosexuality
- Confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, and suicidality
- Anger at and a sense of betrayal by conversion therapy providers
- An increase in substance abuse and high-risk sexual behaviors
- A feeling of being dehumanized and untrue to self
- A loss of faith
- A sense of having wasted time and resources
- Self-blame, including feelings of weakness and lack of effort, commitment, faith, or worthiness in God’s eyes
- Intrusive images and sexual dysfunction<sup>55</sup>

**“Every major medical, psychiatric, psychological, and professional mental health organization, including the American Psychological Association, the American Psychiatric Association, the National Association for Social Work, the Pan American Health Organization, and the American Academy of Child and Adolescent Psychiatry” has publicly stated its opposition to conversion therapy, and a growing number of jurisdictions are outlawing it.<sup>56</sup>**

Let’s turn now to how these forms of bullying increase an LGBTQ+ child or youth’s risk of additional violence.



## HOW SCHOOL- AND FAMILY-BASED BULLYING INCREASE THE RISK OF VIOLENCE

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Many pathways can increase an LGBTQ+ child's or youth's chances of being victimized as an adult. Here we discuss five of them.

### Victims are more likely to be re-victimized

As already noted, some types of school- and family-based bullying are in themselves violent. Alarming, 36.7% of LGBTQ+ students reported being physically assaulted at school in 2015.<sup>57</sup> Sexual assault is particularly high for transgender and non-binary students. One recent study found a sexual assault 12-month prevalence rate of 17.6% for non-binary youth assigned female at birth, 18.5% for transgender girls, 26.5% for transgender boys, and 27.0% among nonbinary youth assigned female at birth (the comparable figures for non-trans students were 15% for girls and 4% for boys).<sup>58</sup> As noted above, LGBTQ+ youth are 3.8 times more likely to experience childhood sexual abuse and 1.2 times more likely to experience parental physical abuse than their non-LGBTQ+ peers.<sup>59</sup> "The 12-month prevalence of sexual assault was 26.5% among transgender boys, 27.0% among nonbinary youth assigned female at birth, 18.5% among transgender girls, and 17.6% among nonbinary youth assigned male at birth.

In general, people who experience violence are 2 to 3 times more likely to experience another form of victimization.<sup>60</sup> For example, one study found that women who were sexually abused in childhood were 2 to 3 times more likely to be sexually assaulted in adulthood than were women who



had not experienced childhood sexual assault.<sup>61</sup> Therefore, statistically we can reasonably expect that LGBTQ+ kids assaulted in school or at home will experience a higher incidence of violence as adults, as well.

## LGBTQ+ youth face harsher discipline

Lesbian, gay, and bisexual students, as well as those who are not sure about their sexual orientation, are more likely to be involved in a physical fight both on and off school grounds, a statistic that may reflect those students' efforts to respond to bullying.<sup>62</sup> LGBTQ+ students who are bullied and who report it are actually disciplined themselves 7.9% of the time.<sup>63</sup> Profiling may exist: In 2010 a study published in *Pediatrics* reported that LGBTQ+ youth are up to three times more likely to experience harsh discipline in school than their non-LGBTQ+ peers, and gender non-conforming girls are particularly at risk.<sup>64</sup> The majority of LGBTQ+ students (62.2%) report experiencing discriminatory policies or practices at school. These include:

- Being disciplined for public displays of affection that are permitted to non-LGBTQ+ students (31.3%)
- Being prevented from wearing clothes appropriate to their gender identity (22.6%)
- Being prohibited from discussing or writing about LGBTQ+ topics in school assignments (18.2%)
- Being prohibited from including LGBTQ+ topics in extracurricular activities (17.6%)
- Being prevented from attending a function or dance with someone of the same gender (11.7%)

- Being restricted from forming or promoting a Gay Straight Alliance or Genders & Sexualities Alliance (14.8%)
- Being prevented from wearing clothing or items supporting LGBTQ+ issues (13.0%)
- Being prevented or discouraged from participating in school sports due to being LGBTQ+ (11.3%)
- Being disciplined simply for identifying as LGBTQ+ (3.5%)<sup>65</sup>

Harsher discipline directed toward LGBTQ+ students doesn't just happen in school. The study mentioned above also found that law enforcement is 50% more likely to stop gay youth than other youth, with lesbian or bisexual girls reporting twice as many arrests and convictions as other girls who had engaged in similar behavior.<sup>66</sup> This disparate policing may well be part of the reason why LGBTQ+ youth make up a disproportionate percentage of the juvenile justice population: while 5 to 7% of youth are estimated to be LGBTQ+, they represent 15% of the youth involved in the juvenile justice system.<sup>67</sup> Homelessness and abuse are also both associated with a higher risk of being involved in the juvenile justice system.<sup>68</sup> Race is a factor as well: approximately 300,000 LGBTQ+ youth are arrested and/or detained each year, and more than 60% of them are black or Latino.<sup>69</sup>

Being involved in the juvenile justice system is by itself a risk factor for violence and abuse. Here's how one report put it:

*Once in the juvenile justice system, gay and transgender youth are too often denied basic civil rights, wrongly categorized as sexually deviant simply because of*

*their sexual orientation, gender identity, or gender nonconformity, and even labeled as sex offenders. They are also subjected to the biases and discrimination of law enforcement agents, judges, and other justice system officials that leave them vulnerable to abuse and neglect.*<sup>70</sup>

Complicating the picture is how youth who have been arrested or detained typically get out of custody: they are released to their parents. If an LGBTQ+ youth's parents have disowned them, "youth can be left to languish in detention centers with youth convicted of crimes, even if they have not been."<sup>71</sup>

Another problem is sexual assault by staff. Just Detention International reports that LGBTQ+ and previously sexually assaulted youth are the most likely to be re-victimized by staff at a juvenile corrections facility, most often repeatedly.<sup>72</sup>

## **Street-based work increases risk**

Both school-based bullying and family-based bullying can result in a youth dropping out of school and/or leaving home. School drop-outs often suffer from significantly reduced employment opportunities, which can lead to participation in underground (i.e., illegal) activities for survival. This is also prevalent among adolescents who leave home and live on the streets; sex work, theft, drug sales, or other illegal activities may be their only means of survival. Working in street economies such as these clearly raises the risk for violence from customers, law enforcement, and others.

## Mental health and substance use issues increase risk

Every victim services professional knows that whether it is a cause, a consequence, or both, alcohol and other substance use is correlated with higher rates of sexual assault and intimate partner violence. As previously discussed, adults with significant levels of adverse childhood experiences exhibit higher rates of alcohol and substance use. Separate studies of survivors of bullying and perceptions of parental rejection also demonstrate that these experiences are correlated with higher rates of substance and alcohol use.<sup>73</sup>

We have also discussed the fact that bullying and family rejection (perceived or actual) also vastly raise survivors' likelihood of depression.<sup>74</sup> Depression, like alcohol and other substance use, can reduce a person's ability to perceive and appropriately respond to signs that an individual or circumstance is dangerous.

**"Having my family reject me because I'm trans broke my heart into more pieces than I could have imagined. Even more painful was the feeling they no longer loved or valued me. Having my Grandmother take me in restored my belief in love. To have her arms to fall into meant that I no longer was alone, that death did not seem like the only road to stability, comfort, and joy. That perhaps I should build a future because I again had someone to help me do so and enjoy it with me."<sup>75</sup>**

## LGBTQ-specific myths set the stage for abuse

One of the most common “objections” LGBTQ+ people hear even from those who love them is “but you’ll never find a partner!” or “but you’ll always be alone!” This myth, stated over and over again (including in the media) can easily permeate an LGBTQ+ person’s psyche. Internalizing the message can predispose LGBTQ+ people to ignore warning signs when they begin seeing someone new, or tolerate it when an existing partner turns violent or abusive. Many LGBTQ+ people in abusive relationships have told friends and advocates that their partner “isn’t really that bad” or opted to suffer in silence because they felt that an abusive partner was preferable to no partner at all. A related phenomenon exists when LGBTQ+ youth have no healthy LGBTQ+ role models: they lose hope for a decent future and become more vulnerable to predators willing to take advantage of their low self-esteem.

Another myth that has been proven to lead to more victimization is the belief that the only way “safety” and “privacy” can be protected in communal spaces is by ensuring that only people with similar genitals are present.<sup>76</sup> This myth is used by many schools to bar transgender and gender non-conforming students from using the bathroom that aligns





with their gender identity and/or expression. A recent study found that transgender and gender non-conforming students in schools with such restrictive bathroom policies were far more likely to be sexually assaulted than peers who attended schools that allowed students to choose their own restrooms. The authors suggested three pathways for this increased violence:

*First, restrictions may cause students to use facilities that are less safe for them, and students may be assaulted while using them. Second, restrictions may increase the likelihood of bias-related victimization in other locations (e.g., by increasing peer awareness of a student's gender minority status). Third, restrictive policies may not cause victimization but may be a marker of a hostile school or community climate for gender minority youth.<sup>77</sup>*

A third myth that adversely affects LGBTQ+ individuals is the popular conception of sexual assault and intimate partner violence as "violence against women" or "gender-based violence," and that all victims are women and all perpetrators are male, making it far harder for LGBTQ+ individuals to recognize what is happening in their relationships and to seek and receive assistance.

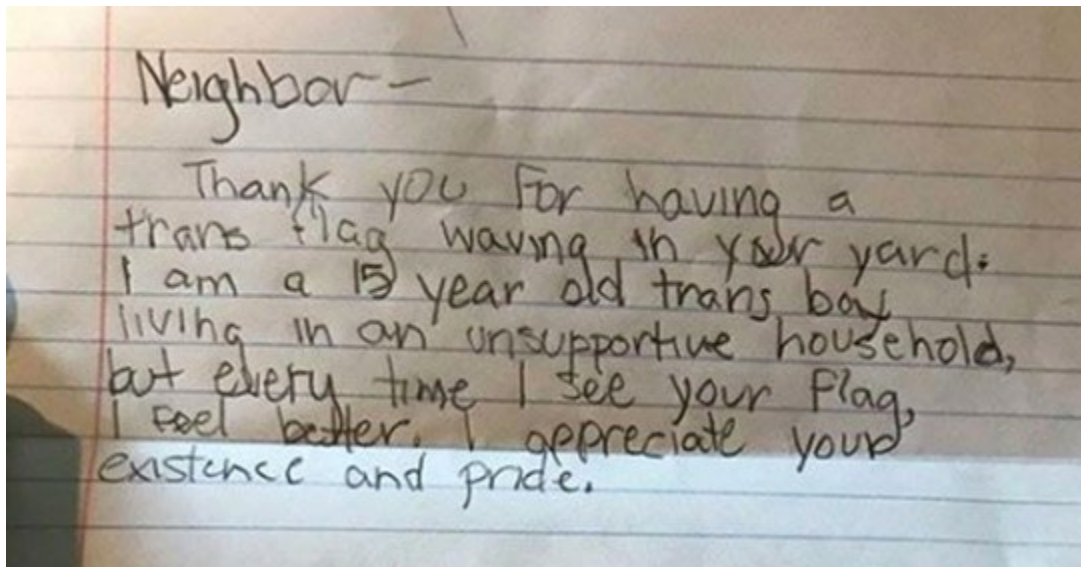
## THE POSSIBILITY OF INTERVENTION

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The previous sections may have painted a very depressing picture of the violence and challenges LGBTQ+ youth face, but many practical opportunities for improving the situation have been identified.

The U.S. Centers for Disease Control and Prevention (CDC) has studied child abuse prevention as a public health issue and determined that providing safe, stable, nurturing relationships (SSNRs) is an effective intervention.

*The three dimensions of SSNRs (i.e., safety, stability, and nurturance) each represent significant aspects of the social and physical environments that protect children and promote development... SSNRs may be regarded as being on the positive end of the continuum while the opposing negative end represents risk. In as much, one can think of safety being transposed with neglect and violence, while stability counters chaos and unpredictability, and nurturing opposes hostility and rejection.<sup>78</sup>*



**Transcript of note:** *"Neighbor— Thank you for having a trans flag waving in your yard. I am a 15 year old trans boy living in an unsupportive household, but every time I see your flag, I feel better. I appreciate your existence and pride."*

Moreover, a small but growing body of research indicates that even one adult actively supporting an LGBTQ+ youth can make a huge difference in their life experiences, emotional resiliency, relationship skillfulness, and overall health outcomes. The Trevor Project found that LGBTQ youth who disclosed their sexual orientation to at least one adult who accepted them were 40% less likely to report a suicide attempt in the previous year.<sup>80</sup> Transgender children and youth whose chosen name was used in any of four realms—home, school, work, or with friends—showed a 29% decrease in suicidal ideation and a 56% decrease in suicidal behavior. "Depressive symptoms, suicidal ideation, and suicidal behavior were at the lowest levels when chosen names could be used in all four contexts."<sup>81</sup>





## What Victim Service Providers Can Do

### Create safe, stable, nurturing relationships

Some of the work victim service providers do is one-on-one with victims. When a victim is an LGBTQ+ youth, providers should strive to keep the CDC's SSNR acronym—safe, stable, nurturing relationships—in mind. If these sound vaguely familiar, they should: trauma-informed care emphasizes providing safety, choice, and empowerment to victims.

### Make public education and prevention presentations inclusive

Other work many victim services providers do includes public education and prevention presentations. Presenters must always fully integrate LGBTQ+ identities into their programming, both to ensure that LGBTQ+ survivors understand they would be welcome at the agency and to



help break down the stigma and prejudice LGBTQ+ youth and adults face. For example, bystander intervention trainings should include at least one example with an LGBTQ+ survivor and/or perpetrator, to counter the myth that only heterosexual women are victims and only heterosexual men are perpetrators.

For agencies that do school-based prevention work, it is imperative that such work be inclusive and affirmative of LGBTQ+ identities. "Principles of Gender-Inclusive Puberty and Health Education," while not specifically about violence prevention programs, nevertheless offers excellent practical advice as well as clear guiding principles, and is available for free download from Gender Spectrum ([genderspectrum.org](https://genderspectrum.org)).<sup>82</sup>

**"These young people that are struggling, they are no different [than] anybody else's kids. Like, they want to matter and they want to be seen and they want to know they're important to somebody."<sup>83</sup>**

## **Use social media for education and support**

If your agency uses social media, consider accessing and posting the Social Media Toolkit that accompanies this paper. **Available at URL**, the toolkit includes posts, graphics, and hashtags appropriate for Facebook, Instagram, and Twitter. This content is designed to help an agency easily educate the public about the connections between being bullied or mistreated, long-term health implications, and increased violent victimization. Some posts are designed specifically to appeal to LGBTQ+ youth and provide an



opportunity for your agency to signal your welcome to and support of such youth.

If your agency tables at community events, make sure schools and local LGBTQ+ organizations know you are available, and make sure you have materials with LGBTQ+ themes or content to distribute. (If you don't have such materials, you can order some from FORGE's publication catalog at <https://forge-forward.org/anti-violence/for-professionals/order-materials/>.)

### Expand public conversations

Victim services agencies often participate in multidisciplinary teams, public hearings, or other public events. When you do and it is appropriate to the topic, consider advocating for public anti-violence policies and efforts that are inclusive of school and family bullying of LGBTQ+ youth.



## What Any Adult Can Do

### Create safe, stable, nurturing relationships

The Family Acceptance Project has identified parental behaviors that feel rejecting to LGBTQ+ children and youth. FAP has also identified parental behaviors that helped LGBTQ+ children feel loved and hopeful, even when the parents did not feel fully supportive of their child's sexual orientation or gender identity. FAP summarizes the impact of love and hope this way: "Perceptions of the future are very important for self-care, for health promotion, for decreasing risk-taking, and for career and personal aspirations."<sup>84</sup> As a recent report from the Trevor Project documented, many of these behaviors can be used by any adult the child or youth is in contact with, thereby helping these youth feel hope that they can and will survive and thrive.<sup>85</sup>

Some of these behaviors involve establishing long-term relationships that help create the safe, stable, and nurturing relationships that the CDC talks about. Here's one example:

*A woman who describes herself as a 60-year old Midwestern white butch lesbian said this of the person she says saved her life: "Jo was the Girls Athletic Director at the high school I attended in the late '70s. She was my coach but so much more—a role model, mentor, friend, a second home. Without Jo and some of my other PE teachers, I would never have gone to college, because I didn't know how. They made sure I moved on and out by*



*helping me fill out the college application, helping me get financial aid, and introducing me to friends who were PE teachers at the college I went to. I am alive today because of their love for me, their belief in me, their support of me. I truly believe that. I love my family but as the only child out of seven who was not 'normal,' my high school years were not easy in my home. Jo let me use her office as a second home. Between classes, before and after school, sometimes when I was cutting a class, I could be found in Jo's office. I felt safe there."*<sup>86</sup>

**"During my senior year of high school, my English teacher would sit with me every day after school and listen as I told him how confused I was over my sexuality. He was one of the very few I told about being in conversion therapy. He told me that I had to listen to my heart and follow it, and not to try and force any specific outcome. He was the only person in my life at the time who gave me any assurance that I was going to make it through this."**<sup>87</sup>

## **Seize opportunities for connecting**

Other interventions can be less involved. Because victimization and rejection take such a toll on self-esteem, two of the key needs LGBTQ+ youth have is to feel like they matter and to feel hopeful about their future. Expressing affection toward an LGBTQ+ child or youth, saying something to them or within their earshot about your expectations for their happy and successful future, and including them in family or group activities all help counter negative messages and provide hope for the future.



A study of trans adolescents articulated what they needed and wanted from adults:

*They emphasized the importance of being seen and validated as their gender identities as a very specific first step, a step which the youth defined as acceptance. Being accepted means to feel love and compassion from the other person, but very specifically also means that people respect their dignity as humans, including their identified gender.<sup>88</sup>*

Another way to support the development of resilience in LGBTQ+ youth is to directly connect them to positive role models and affirming resources, both locally and nationally. A key 2018 report by GLSEN found that “most students did not have access to LGBTQ-related topics in their school library, through the internet on school computers, or in their textbooks or other assigned readings.”<sup>89</sup> Therefore, linking an LGBTQ+ youth to positive LGBTQ+ adult role models or even simply to LGBTQ+ resources in their own community or online can be life-saving.



The Family Acceptance Project urges parents to let their youth bring home LGBTQ+ friends and partners, and other adults can also extend “plus one” invitations to the LGBTQ+ youth in their orbit. If the parent agrees or the child is emancipated, you can also offer to accompany the child to an LGBTQ+ event.

Advocating on behalf of an LGBTQ+ child or youth can be highly effective: when you advocate on behalf of a child or youth who has faced violence or discrimination, you clearly communicate to them that they have worth in your eyes. A similar effect happens when you require other adults to respect the youth’s sexual orientation and/or gender identity.

**“As they mattered more to themselves, youth saw that things could be different. When you don’t matter enough, to yourself or others, it’s hard to imagine that what you do or don’t do matters.”<sup>90</sup>**

### **Show support publicly**

Adults who do not personally have any LGBTQ+ children or youth in their lives can also play crucial roles in helping them thrive and avoid re-victimization. As previously noted, flying a trans flag proved to be incredibly important to a neighboring trans teenager who the flag-flyer had not even been aware of. Similar public-facing signs of support, such as pro-LGBTQ+ bumper stickers, rainbow stickers and “safe space” signs, t-shirts with pro-LGBTQ+ messages, and pro-LGBTQ+ buttons, can provide reassurance and hope to LGBTQ+ youth who may badly need the uplift. A similar public strategy is to inject LGBTQ+ issues into public discussions and, especially,

to counter any myths and inaccuracies you may hear. Many of the problems LGBTQ+ children and youth face are based in incorrect assumptions and stereotypes; correcting these at every opportunity can help improve the environment for youth and their parents alike.

## Support and link parents

Speaking of parents, make special efforts to link any parents of LGBTQ+ children or youth you come across with the Family Acceptance Project findings ([familyproject.sfsu.edu](http://familyproject.sfsu.edu)), PFLAG ([pflag.org](http://pflag.org)), or one of the many online groups for parents of LGBTQ+ youth. FAP's materials can help parents understand that they can walk a path that preserves their lives and health without making their child renounce their identity.

Another critical service bystanders can offer parents of LGBTQ+ youth is simply providing a nonjudgmental listening ear. Parents and families often feel both isolated and "inadequate" when their child comes out:

*Research and intervention work has found that few parents and caregivers have had the opportunity to talk about their experiences, concerns and hopes for their LGBT child with a supportive, nonjudgmental professional. Parents and caregivers also need to express their anxieties and fears about how others might treat or hurt their LGBT child. This step is critical to building an alliance and to understanding their perspective.<sup>91</sup>*





It is particularly helpful to assist parents to “identify superordinate goals such as unconditional love, mercy, forgiveness, and respect for all human beings” that can help parents remain connected to their LGBTQ+ children in positive ways.<sup>92</sup>

### **Advocate for inclusive faith communities**

One of the biggest challenges for many parents of LGBTQ+ children and youth is that the parents’ faith is not friendly to LGBTQ+ people, forcing the parents to feel like their loyalties to their faith and their child are in conflict. One way people who belong to faith communities can help—even without the identification of specific LGBTQ+ youth within the congregation or community—is by urging the community to consider becoming an intentionally “welcoming” place for LGBTQ+ people. Many faith traditions sponsor such efforts. A good place to start finding out what’s already been done in your faith tradition and locating supportive resources is the resource, “How to Find a Welcoming Faith Community for Your Family,” hosted by GenderSpectrum.<sup>93</sup>

### **Advocate for positive policy changes**

There are many public policy changes that would contribute to lowering the rates of violence against LGBTQ+ children and youth. One of the most important is explicit, enforceable school inclusion/non-bullying policies. GLSEN says good policies explicitly cover LGBTQ+ students, include requirements for professional development related to the policies, and include accountability measures (such as reporting). The organization found that LGBTQ+ students whose district had such policies reported:

- Greater feelings of safety in their schools;
- Lower rates of victimization based upon their sexual orientation and gender identity/expression;
- Lower rates of other forms of harassment (e.g., exclusion by peers, property damage);
- More effective response from staff when students reported incidents of bullying to them;
- More supportive staff and greater comfort in talking with staff about LGBT issues; and
- A greater sense of belonging in their schools.<sup>94</sup>

Such policies also benefit teachers, who report feeling more empowered to intervene when schools have clear anti-bullying policies and administrative support for enforcing those policies.<sup>95</sup> Having explicit pro-trans policies that include allowing students to choose the most appropriate restrooms and locker rooms for themselves also reduces discrimination and violence, particularly sexual violence.<sup>96</sup> Such policies do not need to stigmatize or single out trans and non-binary students.

For example, a high school in Jefferson County, Kentucky, has a policy that addresses *any* student's desire for increased privacy, suggesting:

*Use of a private area within the public area of the locker room*



*facility (e.g., nearby restroom stall with a door or an area separated by a curtain); use of a nearby private area (e.g., nearby restroom); or a separate changing schedule.<sup>97</sup>*

If your local schools already have a good policy, check to make sure it is easily accessible through the school website and handbooks distributed to students and parents.<sup>98</sup>

It is also important to advocate for policies beyond schools. Currently many jurisdictions are passing or considering bans on conversion therapy. You can find out more from the Movement Advancement Project, which provides comprehensive information on conversion therapy laws on its website.<sup>99</sup>

### **Encourage LGBTQ+ youth groups to invite parents**

Lots of different organizations and individuals can play a role in supporting LGBTQ+ youth and working to prevent violence. If you or someone you know is connected with an LGBTQ+ community center or other organization offering programming, particularly with LGBTQ+ youth, encourage them to sometimes invite those youth's parents and guardians to events. Some programs for LGBTQ+ youth treat the parents as dangerous or frame them as enemies, and this stance is not helpful in cases in which parents can be helped to shift their "discourse on homosexuality from morality to health and well-being."<sup>100</sup>

One way to increase the number of supportive adults available to LGBTQ+ youth is to volunteer with your local LGBTQ+ community center. (Don't know if your area has one? Check CenterLink's LGBT Center Director at [lgbtcenters.org](https://lgbtcenters.org).) The number of roles you can take

are many, including task or event volunteer, donor, or youth mentor. Augment the center's community connections by introducing the organizations and businesses you are involved with.



## Be out

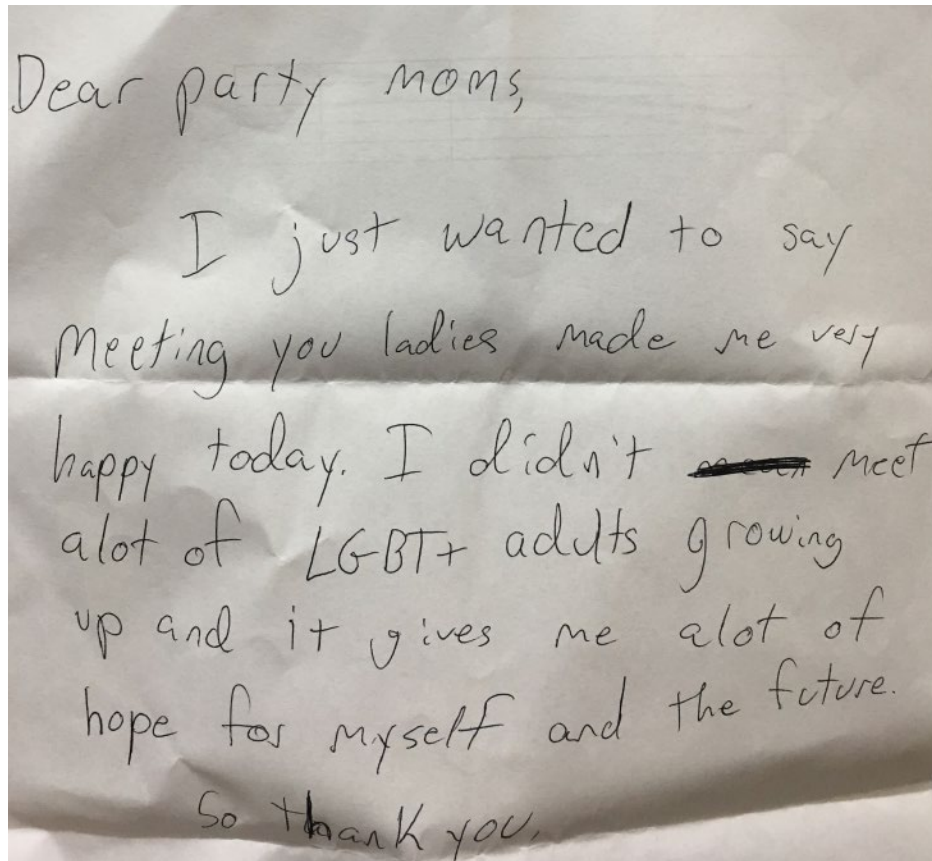
If you are yourself LGBTQ+, being out in public can be life-changing for LGBTQ+ youth. This story, reprinted with permission from the Pantsuit Nation Facebook page, illustrates this impact:

*When I was 20 years old, one of the students in my pre-K class had gay moms. I studied them every day. I was obsessed with watching them, especially when they were with their son. I had hardly met any gay people up to that point, and never anyone with children. At the end of the school year I wrote them a note that I slipped into their son's backpack. The note basically outlined how wonderful I thought their family was. Luckily I have largely repressed it, so I can't really remember specifics but I'm sure I would be embarrassed by it now. The moms never acknowledged the note. Perhaps they didn't know what to say. I hardly knew what I was trying to say and I was the one writing the letter.*

*Fast forward many, many years. My wife and I are hosting our five year old's birthday party. One of the employees asks which mom was the mom who was paying so he could get the bill. I said that it didn't matter, we both were the moms. He asked if there were two birthday girls. I*

said, "No, one birthday girl, two moms." Something in his face lit up, and he mumbled some incoherent phrases like "that's awesome," "oh, I didn't realize," etc.

A couple hours later he came over with an envelope and said, "I'm not great with words so I wrote you a note."



**Transcript of note:** "Dear party moms, I just wanted to say meeting you ladies made me very happy today. I didn't meet a lot of LGBT+ adults growing up and it gives me a lot of hope for myself and the future. So thank you."

After reading the note, my wife insisted I give him a big mom hug. Which I did. (Normally I would never hug a stranger, I hardly like talking to them.) But, I talked to him AND hugged him. And he said that he didn't know



*a lot of gay families when he was younger and seeing our family gives him hope for the future. I said, "I know exactly how you feel" and told him the story of the family I met when I was 20 years old.*

*And so, both of us walked away feeling a little more whole in totally different ways. Life is weird and awesome.<sup>101</sup>*

## Conclusion

For too many decades, domestic violence and intimate partner violence were seen as "family issues," to be dealt with in private (if at all). As a culture, we have progressed. Now we understand that these crimes hurt all of us, and we all have a stake in helping to heal them where they have happened and prevent them where they have not.

Culturally we are now at a similar point with regard to LGBTQ+ issues. These, too, have been kept private, along with the violence and discrimination that are often directed toward LGBTQ+ children, youth, and adults. The aim of this paper is to help readers understand that there are serious and lifelong negative consequences when LGBTQ+ children and youth are bullied at school or at home. It is time we recognized this social cost and began to address it. We hope this paper has given you many ideas about how you, too, can help prevent life-altering violence.



## RECOMMENDED RESOURCES

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### Publications

*Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, SAMHSA [store.samhsa.gov/system/files/sma15-4928.pdf](https://store.samhsa.gov/system/files/sma15-4928.pdf)

*Balancing Adverse Childhood Experiences (ACEs) with HOPE (Health Outcomes of Positive Experience): New Insights into the Role of Positive Experience on Child and Family Development*, Casey Family Programs [cantasd.org/wp-content/uploads/Balancing-ACEs-with-HOPE-Report.pdf](https://cantasd.org/wp-content/uploads/Balancing-ACEs-with-HOPE-Report.pdf)

*A Practitioner's Resource Guide: Helping Families to Support Their LGBTQ Children*, SAMHSA [store.samhsa.gov/system/files/pep14-lgbtkids.pdf](https://store.samhsa.gov/system/files/pep14-lgbtkids.pdf)

*Transformational Relationships for Youth Success*, Center for the Study of Social Policy [cssp.org/wp-content/uploads/2018/08/Transformational-Relationships-for-Youth-Success-Report.pdf](https://cssp.org/wp-content/uploads/2018/08/Transformational-Relationships-for-Youth-Success-Report.pdf)

### Organizations

Family Acceptance Project:  
[familyproject.sfsu.edu](https://familyproject.sfsu.edu)

GLSEN:  
[glsen.org](https://glsen.org)

PFLAG:  
[pflag.org](https://pflag.org)

CenterLink:  
[lgbtcenters.org](https://lgbtcenters.org)





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