



## LGBTQ Youth and Sexual Abuse: Information for Mental Health Professionals

Mental health professionals should understand the following terms when working with LGBTQ youth:

**Sexual Orientation** describes the gender of the person to whom someone is attracted emotionally, romantically, sexually, and intimately. Sexual orientation exists on a continuum and is NOT necessarily congruent with behavior. Examples of sexual orientation include lesbian, gay, bisexual, or heterosexual. Sexual orientation involves a process of discovery over time. It is not a volitional choice.

**Gender Identity** refers to the gender with which someone identifies, regardless of the biological sex label assigned at birth. Gender identity is a psychological sensing of one's gender, whereas biological sex refers to biology and includes male, female, and intersex, (i.e., having some biological characteristics of both male and female). Examples of gender identity may include: man, woman, or gender queer (i.e., does not identify with any gender label). Gender identity is expressed in a range of ways: such as dress, behavior, speech, appearance, among others. Nonconforming gender behavior in children can be confusing to everyone and may or may not reflect the person's gender identity or sexual orientation.

*The term "sexual preference" is often mistakenly used interchangeably with sexual orientation, but this inappropriate term implies that sexual orientation is chosen. It should not be used.*

**Transgender** is an umbrella term that describes someone whose gender identity or gender expression (see below) differs from expectations associated with the sex assigned to them at birth. It is not dependent on having sex reassignment surgery. A person’s genital status—whether one has had surgery or not—does not determine that person’s gender for the purposes of social behavior, service provision, or legal status.

**Gender Expression** is the external representation of one’s gender identity through how one presents or communicates their gender to others. Gender expression may be congruent or incongruent with someone’s gender identity.

## Continuums of Sex, Gender and Sexual Orientation

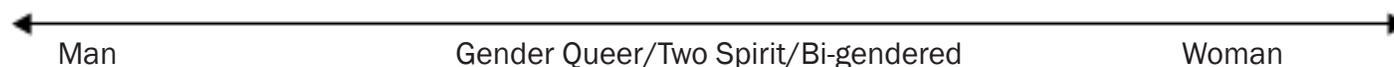
### **Biological Sex**

(Physical anatomy, chromosomes, & hormones)



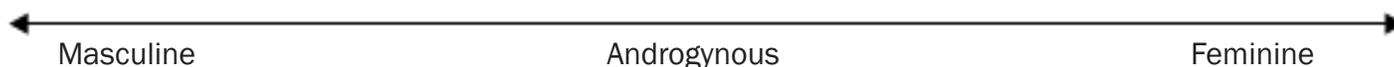
### **Gender Identity**

(Psychological sense of self)



### **Gender Expression**

(Presentation & communication of gender)



### **Sexual Orientation**

(Romantic, emotional, & sexual attraction)



**LGBTQ** is an acronym that stands for **L**esbian, **G**ay, **B**isexual, **T**ransgender, and **Q**ueer or **Q**uestioning.

Queer was historically a derogatory term used for gay, lesbian, bisexual, transgender, and gender non-conforming individuals. It has widely been reclaimed and is often used positively by members of the LGBTQ community—particularly youth—as a form of self-identification or as an umbrella term for all LGBTQ people. *However, professionals should not use this term unless someone uses it to refer to themselves.*

Questioning refers to an individual, often an adolescent, who is exploring or questioning aspects of his or her sexual orientation. This is a common experience and a normal process. Some questioning individuals will ultimately identify as gay, lesbian, bisexual, or transgender; while others will identify as heterosexual and not transgender.

*This is different from the confusion, fear and/or questioning about sexuality that many individuals go through after they experience sexual abuse. For example, after a girl disclosed that she had been sexually abused by a male, she also disclosed that she was a lesbian. Over several months she realized that she was not gay, but was actually afraid of being abused by another man.*

## Issues and concerns for LGBTQ youth related to sexual orientation and sexual abuse

- A lack of safe arenas in which they can discuss sexual orientation puts LGBTQ youth at increased risk for sexual exploitation and abuse.
  - Sexual education curricula often do not contain information about same-sex sexual activity.
  - Service providers often do not ask about same-sex attractions or activity, placing the burden on the youth to initiate this discussion.
- Fear that disclosing sexual abuse (particularly same-sex abuse) will “out” their sexual orientation, LGBTQ youth often aren’t comfortable disclosing, or may delay disclosing the abuse longer than other youth.
- LGBTQ youth who experience sexual abuse by someone of the same sex may feel shame or fear that their sexual orientation somehow caused the abuse. These youth may internalize negative feelings about their sexual orientation, causing them increased emotional struggle.
- Youth who identify as heterosexual—or have not yet actively examined their sexual orientation—may think that being abused by someone of the same sex makes them gay, lesbian, or bisexual.
- A youth of any orientation may not disclose abuse by a same-sex perpetrator for fear of being labeled gay, lesbian, or bisexual.

## Issues and concerns for parents of LGBTQ youth related to sexual orientation and sexual abuse

- While most parents and caregivers will have worries and concerns after their child experiences sexual abuse, parents of LGBTQ youth may have even more concerns. Parents may attribute the sexual abuse to the youth’s sexual orientation. Some may wonder if the sexual abuse has led to confusion about sexual orientation or may contribute to risk of abuse in the future. And, if the youth is not out to the parents, he or she may not have disclosed all of the details of the abuse to one or both parents.

## Common myths and stereotypes about LGBTQ youth and sexual abuse

<u>Myth</u>	<u>Fact</u>
Sexual abuse made the youth become LGBTQ; all LGBTQ youth have been sexually abused.	Being sexually abused by someone of the same or opposite sex may create many questions or confusion for youth. However, sexual abuse does not determine an individual's sexual orientation. The development of sexual orientation is a complex process that begins before birth. Most LGBTQ youth have NOT been sexually abused.
LGBTQ youth are sexually promiscuous and/or predatory.	LGBTQ youth are no more or less promiscuous or predatory than heterosexual youth. Youth who have been sexually abused may re-enact their abuse or display sexually inappropriate behaviors with peers. This is true for LGBTQ youth as well as heterosexual youth. Automatically assuming that a LGBTQ youth initiated or caused certain behaviors because of his or her sexual orientation or gender identity is a form of prejudice.
LGBTQ individuals are more likely to sexually abuse children than heterosexual people.	The vast majority of child sexual offenders are heterosexual males. Offenders who primarily abuse same-sex victims may be simultaneous in adult heterosexual relationships. Homophobia in our culture often perpetuates the myth that LGBTQ adults are child molesters and unsafe for children to be around. The facts do not support this myth.
Being LGBTQ is just a phase.	Being LGBTQ is not a phase. Many youth go through a period of questioning that may lead others to believe that they are “just going through a phase.” Some of these youth may later come to another understanding of their sexual orientation, but their expression of personal identity—whether related to sexual orientation, gender identity, or other aspects of identity—needs to be honored and respected.
You can change a person's sexual orientation.	Sexual orientation cannot be changed; it is a matter of personal identification. Due to social stigma or pressures, some LGBTQ youth or individuals may alter their behaviors and pretend to be—or try to “pass” as—heterosexual. Some may try to convince themselves of this by entering into heterosexual relationships and never coming out to themselves or to others. It is not someone's behavior that dictates their sexual identity, but their inherent identity and attractions to others.

## Providing counseling to LGBTQ youth

Counseling LGBTQ youth can be challenging, particularly for providers that are not familiar or comfortable with the experiences of the LGBTQ population. To become a more effective service provider, take the following steps:

### Examine your own beliefs and experiences

- How do I “really” feel about gay, lesbian, bi-sexual, and transgender people?
- What type of supervision/support might I need to work with this issue?

You don't have to be LGBTQ to work with this population, and being LGBTQ doesn't mean you are automatically qualified to do this work. However, it is normative for clients to wonder or ask about your sexual orientation. It is a good idea to think about how you will respond to this question and about the risks and benefits of self-disclosure. Most important is to create a safe and welcoming environment for all clients, regardless of their sexual orientation or gender identity. Be mindful that many LGBTQ individuals have experienced some form of discrimination or harassment, either overtly or indirectly. As a result, they may assume that you or your program will not be welcoming. The burden is on you as a professional to actively demonstrate that you and your agency are safe and inclusive.

Part of assuring LGBTQ youth that they are safe is giving them information that emphasizes that you and your agency do not provide “reorientation therapy” (therapy that attempts to change individuals' sexual orientation) or do anything else to change a client's sexual orientation. Reorientation therapy has proven to be ineffective and is not endorsed by any professional organization. In 2009, the APA rejected this practice as “unlikely to be successful and involves a risk of harm.” Therapies for changing sexual orientation should not be used.

Be open-minded and avoid making assumptions when inquiring about sexual practices and behavior, especially when focusing on harm reduction and self-care. For example, a transgender individual can be heterosexual, homosexual, bi-sexual, or asexual. Furthermore, we do not want to make assumptions about anyone's sexual behavior based on their gender expression. If you don't understand or have knowledge about something pertaining to your client's sexual orientation, gender identity, or sexual practices, it will be most helpful to openly acknowledge this and directly ask your client for information.



*Be open-minded and avoid making assumptions when inquiring about sexual practices and behavior, especially when focusing on harm reduction and self-care.*

## Steps toward create a welcoming and inclusive environment at your agency

- Post safe zone signs, rainbow flags, or other symbols representing the LGBTQ community where they can be easily seen
- Have LGBTQ affirmative pamphlets, magazines, and books available and on display.
- If your program has a non-discrimination policy, post it visibly.
- Make sure that information provided on safer sex, relationship abuse, and so forth is inclusive and representative of not just heterosexual orientation.
- Provide intake forms and other forms of paperwork that are inclusive, with options for transgender or non-conforming gender identity and a range of relationship statuses including domestic partnerships.
- Provide training on LGBTQ cultural competency to all staff.



For more information go to <http://learn.nctsn.org/mod/resource/view.php?id=4217>

## Steps you can take with co-workers and in direct work with clients

- Gently confront and challenge homophobic language and behaviors when you observe them.
- Don't assume that everyone is heterosexual until proven otherwise. To that end, be mindful of your language.
  - Use gender neutral terms when asking about relationships, i.e.: "Are you dating anyone?" versus "Do you have a boyfriend?"
- Avoid labeling and stereotypes.
  - Ask individuals what they prefer to be called. You can generally assume it is safe to use the same word or label that an individual has used to describe him or herself (provided it is not a derogatory one).
  - In the case of transgender individuals, ask what pronoun they would prefer you to use.

## Steps toward confidentiality

- Maintain confidentiality with regard to someone's expressed sexual orientation or gender identity. Do not assume that, just because this person has come out to you, he or she is out to everyone. As service providers, we have an obligation to keep our clients' gender identity and sexual orientation confidential.
- If you have to notify a youth's parent or caregiver about safety issues such as abuse or suicidal ideation, you should do so without disclosing his or her sexual orientation or gender identity.
- When a client comes out to you, ask if he or she is out to anyone else, and if so who. If not, ask if he or she would like to share this information, and has he or she thought about to whom to come out?

## Treating LGBTQ Youth Following Sexual Abuse

As described earlier, after sexual abuse youth are often confused and fearful about or questioning their sexual feelings and/or their sexual orientation. Some youth may have strongly identified as LGBTQ, and some may have begun the questioning process prior to the abuse. Others, like the girl described in the earlier example, may not have questioned their sexual orientation until after the abuse. It can be very difficult for the youth, caregivers, and clinicians to separate the two issues. Many youth may question how they came to be LGBTQ. To aid this process, you might explore the following ideas in treatment:

- Where was the youth in the process of sexual orientation formation at the time of the abuse?

The following questions<sup>1</sup> may be helpful in this process:

- When did you first begin to question your sexual orientation or gender identity?
- Do you feel you are sure now, or are you still questioning?
- Is the youth experiencing parallel stigma and persecution due both to sexual orientation or gender identity and the abuse? Treatment may include helping your client to explore and cope with how these issues are reinforced by one another.

Youth facing the dual stigmas may find it difficult to develop a positive sexual orientation or gender identity. You can help by introducing them or encouraging them and/or their caregivers to seek out people who can serve as positive role models and mentors, as well as other appropriate resources in the LGBTQ community. This can help the youth develop a positive image about LGBTQ individuals, regardless of the youth's sexual orientation and/or gender identity.

Become familiar with the local and national professional guidelines and policies for working with LGBTQ youth and individuals.

For more information, go to:

Lambda Legal [www.lambdlegal.org](http://www.lambdlegal.org)

Human Rights Campaign [www.hrc.org](http://www.hrc.org)

The Trevor Project [www.thetrevorproject.org](http://www.thetrevorproject.org)

PFLAG- Parents and Families of Lesbians and Gays [www.pflag.org](http://www.pflag.org)

GLSEN- Gay, Lesbian and Straight Education Network [www.glsen.org](http://www.glsen.org)

Family Acceptance Project <http://familyproject.sfsu.edu>

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<sup>1</sup>Adapted from Krieger, I. (2011). *Helping Your Transgender Teen: A Guide for Parents*. Genderwise Press. New Haven: CT.

### Recommended Citation

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.