



COMMUNITY OF PRACTICE :
ADDRESSING YOUTH DATING VIOLENCE

Trauma-Informed Care for Sexually and Gender Diverse Youth: A Research Summary

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Glossary

Note: All concepts in the glossary are bolded throughout the text.

Asexual: “A person who does not experience sexual attraction, or who has little to no interest in sexual activity” (Egale, n.d., p.4).

Agender: A person who identifies as either having no gender or a neutral gender identity (Egale, n.d., p. 3).

Androgyny: “A word to describe a behavior, trait, or style of expression that either blends both masculine and feminine forms of expression or is culturally read as gender-neutral” (Egale, n.d., p. 4).

Bisexual: Refers to individuals who are romantically and sexually attracted to “both people of their own gender and people of a gender different from their own” (Egale, n.d., p. 5).

Cisgender: “A person whose gender identity corresponds with what is socially expected based on their sex assigned at birth (e.g., a person who was assigned male at birth and identifies as a man)” (Egale, n.d., p.3).

Deadnaming: “Describes the act of referring to a trans person with a name they no longer actively use” (Egale, n.d., p. 14). Can be a form of misgendering.

Gay: “A person who experience attraction to people of the same gender as themselves. Gay may be used by individuals of a diversity of genders, or may refer specifically to men who are attracted to other men” (Egale, n.d., p. 5).

Gender: “Roles, behaviours, and attributes that a given society may construct or consider appropriate for the categories of ‘men’ and ‘women’” (Government of Canada, 2018 para. 3).

Gender identity: While in Western culture gender is often discussed as a binary (i.e., male/female), it is actually a concept best represented by a continuum that includes a range of identities (APA, 2015b). Gender identity refers to one’s internal experience of gender (Egale, n.d.).

Gender expression: One’s physical presentation, such as clothing, hair, or accessories, in order to communicate their gender or gender role. However, physical appearance may not communicate one’s gender identity (American Psychological Association [APA], 2015a).

Gender-expansive: “Anyone whose gender identity, or inner sense of gender, differs from their assigned sex at birth” (Hall & DeLaney, 2021, p. 1279).

Gender nonconformity / Gender diverse: “An umbrella term for gender identities and/or gender expressions that differ from dominant cultural or societal expectations based on assigned sex. Other common terms associated with gender variant are gender diverse and gender non-conforming. Someone who is gender variant may or may not also identify as trans” (Egale, n.d., p. 3).

Gender dysphoria: Refers to the discomfort/distress that can arise when one’s gender identity does not align with sex assigned at birth (The World Professional Association for Transgender Health, 2012). This may be experienced by trans people who are “unable to live as and be affirmed in their true identity” (Egale, n.d., p. 6).

Genderqueer: “A person whose gender identity exists outside of the gender binary. A person who identifies as genderqueer may identify as man, women, neither, both, or may reject gender entirely” (Egale, n.d., p. 4).

Homophobia: “Fear and/or hatred of homosexuality, often exhibited by name-calling, bullying, exclusion, prejudice, discrimination or acts of violence – anyone who is lesbian, gay or bisexual (or assumed to be) can be the target of homophobia” (Egale, n.d., p.13). When directed specifically at bisexual people or people who are attracted to multiple genders, it is also referred to as biphobia (Egale, n.d.).

Intersex: “Refers to a person who chromosomal, hormonal, or anatomical sex characteristics fall outside the conventional classifications of male and female. The designation of ‘intersex’ can be experienced as stigmatizing given the history of medical practitioners imposing it as a diagnosis requiring correction...” (Egale Canada Human Rights Trust, n.d., p. 13).

Lesbian: “A person who identifies as a women and experiences attraction to people of the same gender” (Egale, n.d., p. 5)

Non-binary: “An umbrella term to reflect a variety of gender identities that are not exclusively man or women. Identity terms which may fall within this category include: genderqueer, agender, bigender, or pangender” (Egale, n.d., p. 4).

Queer: “This term has been reclaimed by some 2SLGBTQI communities as a term of pride and affirmation of diversity. It can be used to encompass a broad spectrum of identities related to sex, gender, and attraction or by an individual to reflect the interrelatedness of these aspects of their identity” (Egale, n.d., p. 4).

Questioning: “Individuals who are uncertain about their sexual orientation and/or gender identity (Poirier et al., 2015, p. 2). It can encompass: 1) Feelings about “how you experience your attractions and/or gender, 2) The language you have available to you to describe those feelings, and 3) Your sense of how this will impact your interactions with other in your social context” (Egale, n.d., p. 5).

Pansexual: Refers to a sexual identity where sexual attraction is not limited by their partners’ biological sex or gender identity (Ellis, 2020).

Sexual orientation: A “...person’s sexual and/or emotional attraction to another person” (APA, 2015b, p. 835).

Social transition: Refers to “common ways in which individuals may choose to publicly affirm their gender identity in social environments” (Egale, n.d., p. 8). This may include changes to one’s name, pronouns, or gender expression (e.g. hair, clothing, mannerisms, ways of speaking etc.); however, no medical or hormonal treatments have occurred to alter one’s physical body (Olson et al., 2016).

Transgender: “A person who does not identify, either fully or in part, with the gender associated with the sex assigned to them at birth” (Egale, n.d., p. 4).

Transphobia: “Fear and/or hatred of any transgression of perceived gender norms, often exhibited by name-calling, bullying, exclusion, prejudice, discrimination or acts of violence – anyone who is trans and/or gender diverse (or perceived to be) can be the target of transphobia” (Egale, n.d., p. 10).

Trauma: The Substance Abuse and Mental Health Services Administration (SAMHSA; 2014) defines individual trauma as the result of "...an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (p. 7).

Trauma-informed care (TIC): Trauma-informed care is an organizational framework that requires users to realize the impact of trauma, recognize signs and symptoms, respond with care, respect, and collaboration, and resist re-traumatizing youth (SAMHSA, 2014).

Two-Spirit (2S): "An umbrella term that allows for anyone who self-identifies as both Indigenous and as having an LGBTQI identity; it is an English term that captures the many Indigenous words that describe sexual and gender diverse identities" (Egale Canada Human Rights Trust, n.d., p. 7).

Victimization: This term involves witnessing or experiencing interpersonal violence or maltreatment (Musicaro et al., 2019). Violence and maltreatment can be verbal, physical, emotional and/or sexual, and can also include hate crimes (Musicaro et al., 2019).

Introduction

Many youth are impacted by **trauma** in different ways, either through direct exposure and/or association with another individual who is living with trauma (Tebes et al., 2019). According to SAMHSA (2020), approximately two thirds of children and youth report experiencing a traumatic event by the age of 16. Trauma is the result of an event, experience, or set of circumstances that makes the person experiencing it feel like their physical and/or psychological well-being is being threatened (APA, 2013; SAMHSA, 2014).

Trauma is the result of an event, experience, or set of circumstances that makes the person experiencing it feel like their physical and/or psychological well-being are being threatened.

While any youth can experience trauma, some groups have been identified as being disproportionately at-risk. Among these groups, **lesbian, gay, bisexual, transgender, questioning, queer, intersex, pansexual, two-spirit (2S), androgynous,** and **asexual**¹ youth tend to experience higher rates of trauma compared to their heterosexual, cisgender, and gender-conforming peers (McCormick et al., 2018). 2SLGBTQIA+ youth may be more vulnerable to trauma due to marginalization, hostility, and prejudice that can be present among family members or peers (e.g., lack of support), or in systems and organizations (e.g., discrimination on the basis of sexual orientation; lack of accessible services like gender-neutral bathrooms; or conversion therapy; McCormick et al., 2018). ***It is critical for practitioners to recognize that this differential risk is the result of oppressive systems, and not youth deficits.*** In the face of these risks, many 2SLGBTQIA+ youth demonstrate resilience. Some resilient processes shared by these youth include: 1) using 2SLGBTQIA+ services as a ‘charging station’ to regroup and gain the coping skills needed to continue navigating hostile environments; 2) fostering a sense of personal agency by prioritizing their needs and recognizing their limitations; 3) prioritizing meaningful relationships with adults/ peers who also identify as 2SLGBTQIA+ or who have helpful resources; 4) un-silencing their social identity (e.g., through social media); and 5) volunteerism or activism to support collective healing (Asakura, 2016).

Although society’s acceptance of 2SLGBTQIA+ youth is increasing, it is crucial for practitioners to recognize and respond to the **trauma** and **victimization** these youth are unfortunately often still exposed to throughout their lives (McCormick et al., 2018). To support 2SLGBTQIA+ youth, **trauma-informed care (TIC)** is an organizational framework that can help practitioners identify environmental factors that can be stressful for youth, as well as assess risk factors and identify resiliency factors and strengths for 2SLGBTQIA+ youth (Hall & DeLaney, 2021; McCormick et al., 2018). This document describes the use of TIC with 2SLGBTQIA+ youth, and includes:

- Information and resources on working with 2SLGBTQIA+ youth
- An introduction to trauma-informed care (TIC) and its use with 2SLGBTQIA+ youth
- Considerations for practitioners using TIC with 2SLGBTQIA+ youth

When using this document, it is important to remember that each individual youth faces different challenges due to their unique intersecting identities (e.g., age, ethnicity, socio-economic status), and that their identities will impact their experiences with trauma. For example, some ethnic groups may highly stigmatize 2SLGBTQIA+ individuals (Turban & Ehrensaft, 2018). This summary incorporates relevant information and resources for practitioners as an introductory guide to creating a safe environment for 2SLGBTQIA+ youth within a TIC framework. However, it is important for practitioners to gain more knowledge about frameworks and techniques that can be used to support youth in specific populations (e.g., **transgender** youth have different needs as compared to a youth who identify as **non-binary**).

¹In this summary, members of these different groups will be referred to as 2SLGBTQIA+ youth

Gender and Sexually Diverse Youth

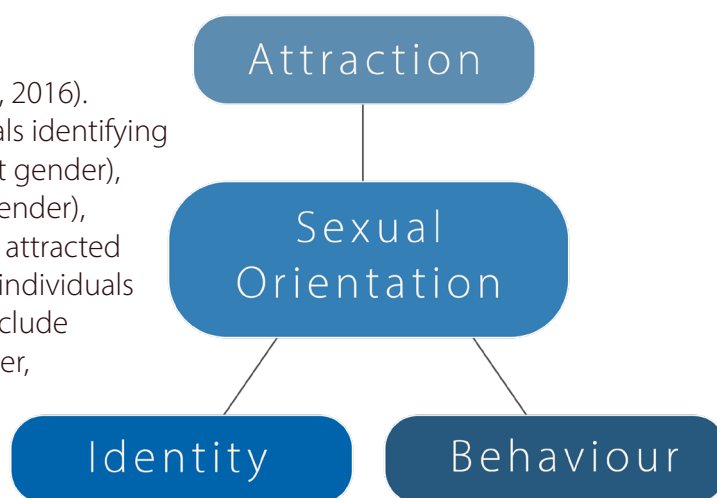
While in Western culture **gender** is often discussed as a binary (i.e., male/female), it is actually a concept best represented by a continuum that includes a range of identities (APA, 2015b). Gender identity refers to one's internal experience of gender (Egale, n.d.). Gender identity is not fixed and may not align with one's sex assigned at birth (Egale, n.d.) It is crucial that practitioners working with 2SLGBTQIA+ youth understand, respect, develop an awareness of, and support different gender identities, expressions, and experiences (APA, 2015b).

Diverse **gender identities and their expression** are a normal part of human diversity. Unfortunately, for too long, this diversity has been viewed as a pathology by many practitioners. As a result, trauma-informed approaches are critical when working with gender-diverse youth, as they focus on resilience and fostering well-being (Hidalgo, 2018). Recognizing gender and sexual diversity as a normal part of human diversity also means that therapy is not a requirement for 2SLGBTQIA+ youth (Ehrensaft et al., 2018). Decades ago, psychological treatment was designated when a youth's gender identity and/or expression were assumed to be out of the norm. It was commonly believed that a 2SLGBTQIA+ identity was a mental illness requiring treatment (Ehrensaft et al., 2018). A common treatment is termed "conversion therapy" or "reparative therapy" and is unfortunately still practiced today (Bright, 2004; SAMHSA, 2015). This form of therapy is discriminatory as the intent is to alter an individual's sexual orientation, gender identity, or gender expression to align with society's standards of cis-gendered heterosexuality. Naturally, these dismissive practices may make youth vulnerable to depression, anxiety, and suicide as they perpetuate the false belief that being gender or sexually diverse is abnormal (SAMHSA, 2015). These dehumanizing treatments also help explain the fear many 2SLGBTQIA+ youth have about seeking support from psychological or medical professionals. Affirmative models should be used instead, as these models recognize that gender and sexual diversity are normal and should be celebrated. Within these affirmative models, it is important to identify whether the youth or their family can benefit from a variety of supports, which could include therapy given the heightened vulnerability to experiences of discrimination and rejection (Ehrensaft et al., 2018).

Just as gender is a fluid concept, so is sexuality (e.g., Diamond, 2016).

Sexual orientation exists on a spectrum with some individuals identifying as heterosexual/straight (i.e., attraction to people of a different gender), others as **gay/lesbian** (i.e., attraction to people of the same gender), and many falling somewhere in between, where they may be attracted to multiple genders (e.g., **bisexual**; Poirier et al., 2008). Some individuals may use other terms to describe their sexuality. Such terms include **queer** (i.e., a broad spectrum of identities related to sex, gender, and attraction), **pansexual** (i.e., attraction is not dependent on the person's gender), and **asexual** (i.e., little to no sexual attraction or interest in sexual activity; Egale, n.d.). Others may be **questioning**, which refers to uncertainty about

one's attraction and/or gender (Egale, n.d.). **Sexual orientation** is highly personal and is a multidimensional construct consisting of identity, attraction, and behavior (Priebe & Svedin, 2013). Identity refers to how one defines themselves in relation to their experiences of attraction (e.g., as gay or straight). Attraction can be present in many forms including emotional, romantic, or sexual, or it may be absent (asexual; Priebe & Svedin, 2013). Behavior refers to one's actual sexual experiences. These three components may present in different forms, may change over time, and may not always be congruent, especially for youth (Ellis, 2020).



Risk Factors

2SLGBTQIA+ youth are at risk for mental health concerns due to how they are treated in society. Because of pervasive **homophobia** and **transphobia** in Canada, 2SLGBTQIA+ youth may face rejection, discrimination, marginalization, dating violence, abuse, and maltreatment (McCormick et al., 2018). This treatment makes them more likely to be isolated, drop out of school, or become homeless (Rhoades et al., 2018; Solomen et al., 2017). For example, in Katz-Wise and colleagues' (2017) study with 16 transgender and gender non-conforming youth, and 29 cisgender caregivers, they found that the most common worries about the youths' future were: appearance and gender expectations; anticipated discrimination; affordable healthcare for medical expenses; and navigating institutions (e.g., bathrooms). Despite these worries, many reported remaining hopeful that laws and policies would change for the better (Katz-Wise et al., 2017).

Resilience Factors

Though 2SLGBTQIA+ youth face structural risk factors, they also possess many strengths. As such, it is critical for practitioners to also consider factors that can heighten resilience to navigate difficult circumstances. Some specific resilience factors in the 2SLGBTQIA+ community include: identity affirmation; pride in gender and ethnic identity; social support from friends and family; social media to access social support; and religion and/or spirituality (Miller et al., 2016).

Trauma-Informed Care (TIC)

For this summary, we use SAMHSA's (2014) trauma-informed approach, also known as trauma-informed care (TIC). This framework was designed to be used in many settings because trauma can be present in different contexts (i.e., schools, correctional systems, etc.; SAMHSA, 2014). When an approach is trauma-informed, it means that practitioners engage in actions that recognize the signs and symptoms of trauma, explore paths for recovery, and encourage agency, mutual respect, and collaboration (SAMHSA, 2014). These approaches also minimize the risk of re-traumatization (Antebi-Gruszka & Scheer, 2021). Clients can be re-traumatized if the practitioner does not work to build a positive, collaborative relationship with the client, lacks awareness of trauma and/or the 2SLGBTQIA+ community, or perpetuates feelings of helplessness (Scheer, 2018). When using a TIC approach, there is a greater likelihood that the client will feel safe and empowered (Craig, 2020).

What is Trauma?

Trauma impacts a person's sense of safety. Biologically, trauma affects a system called the hypothalamic-pituitary-adrenal (HPA) axis (Ridgard et al., 2015). The HPA axis releases hormones that trigger something called the flight-fight-freeze response (Morton & Berardi, 2018; Ridgard et al., 2015). The fight (e.g., yelling), flight (e.g., running), or freeze (e.g., mind goes blank) response is adaptive as it protects one from danger; however, poor mental health can result when this response system is consistently turned on, from real or perceived threats. Long-term, this can negatively impact brain development and executive functioning (Levenson & Willis, 2019). In children, exposure to trauma makes them hyper-aware, making it difficult for them to identify when something in the environment is a real or perceived threat (Morton & Berardi, 2018). It can also impact how they connect to others and their learning (Morton & Berardi, 2018). Trauma can affect many aspects of one's life, including academic performance, emotional regulation, physical health (e.g., jaw pain, stomach pain, sleep disturbances), fear and anxiety, and/or inattention and hyperactivity (Morton & Berardi, 2018). Trauma impacts a person's sense of safety, which makes it difficult to feel calm and relaxed (Nealy-Oparah & Scruggs-Hussein, 2018).

When working with 2SLGBTQIA+ youth who have experienced trauma, they may become dysregulated (i.e., difficulty managing emotions in specific situations). Some may cry, get angry, and/or struggle to calm down in response to common triggers (i.e., a situation, behavior, or word/phrase that starts a reaction; Merriam-Webster, 2021), like being misgendered or **deadnamed** (Potter, 2020). Misgendering happens when someone is referred to by pronouns or gendered words (e.g., forms of address like sir or madam or titles like Mr or Miss) that they do not identify with (Egale, n.d.; Ginicola et al., 2017). An example of this is referring to someone as “she/her” when their pronouns are “they/them.” Misgendering is invalidating and can also happen in systems and administrative processes (Egale, n.d.). Of note, trauma impacts people in different ways: a situation that might be traumatic for someone, might not be so for someone else (Nealy-Oparah & Scruggs-Hussein, 2018). This concept is highlighted by the three E’s of trauma (i.e., events, experience, and effects; see **Figure 1**. SAMHSA, 2014).

TIC considers the events, experiences, and effects that a youth may have faced, and has the goal of creating a care environment that is responsive and understands how trauma impacts a person’s identity and development (Ellis, 2020). However, TIC is not an intervention. TIC is a framework with principles that consider trauma as part of the culture of the organization (SAMHSA, 2014). This means that one can use any therapeutic orientation (e.g., Cognitive Behavioral Therapy) within a TIC framework (Antebi-Grutzka & Scheer, 2021). TIC can be used at both the individual and organizational levels. At the organizational level, it is important for TIC environments to incorporate the four R’s: Realize, Recognize, Respond, and Resist re-traumatization of clients and staff (SAMHSA, 2014). **Figure 2** includes a summary of the four R’s.

Figure 1. The Three E's of Trauma.

EVENTS

- Situations where a person is exposed to physical or mental harm (actual or perceived).
- The event can make the person feel like their life or bodily integrity is at risk.
- The event can happen once or several times.

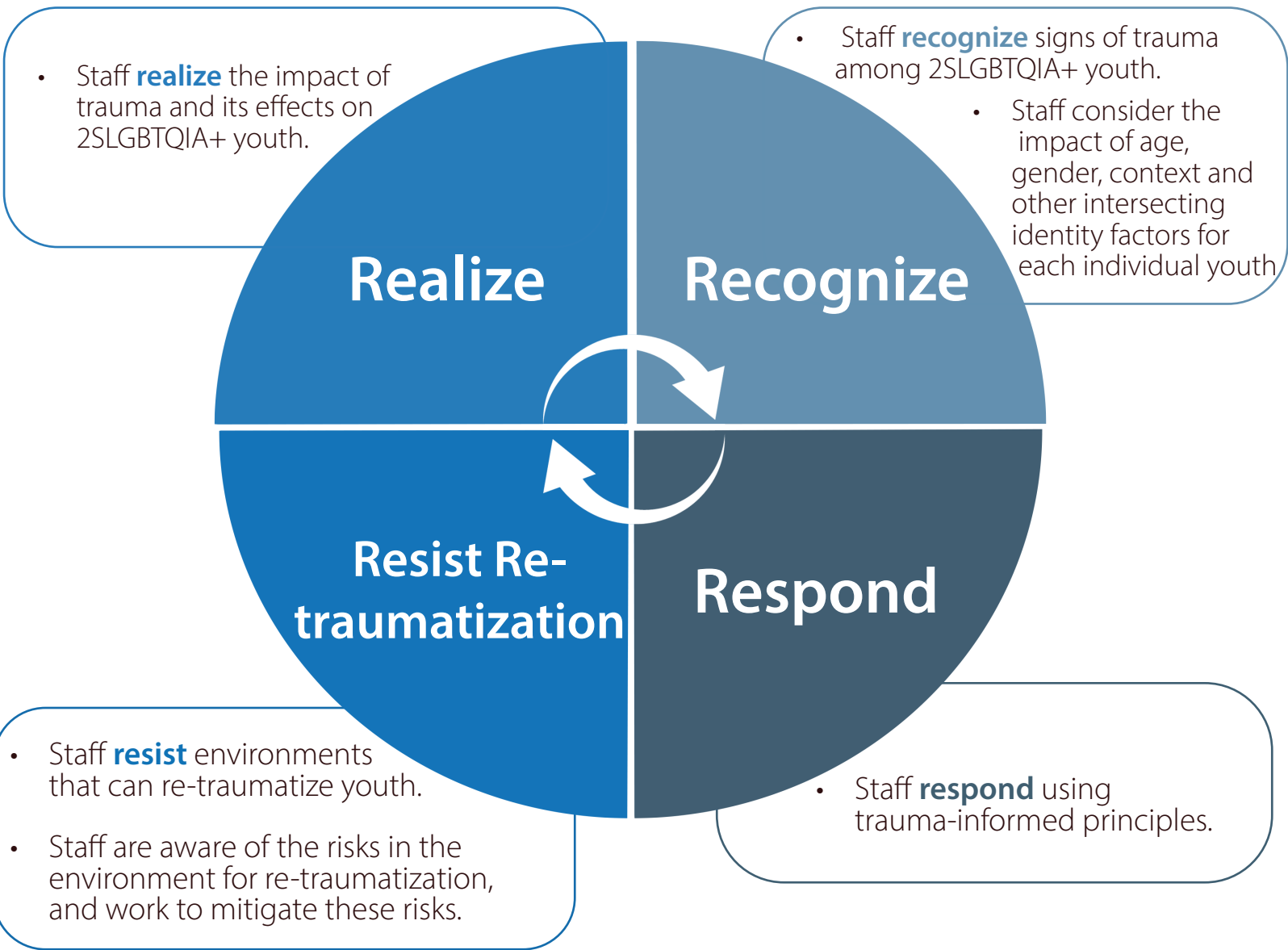
EXPERIENCE

- Experiences can be moments or processes that someone lives through or observes.
- The meaning that an individual gives to their experiences determines whether or not something is traumatic (i.e., experiences are not universally traumatic; they are interpreted differently by each individual). This is why some individuals can be negatively impacted by an event (e.g., negative reaction from close friends after coming out) and they might require additional support.
- Experiences and the meaning assigned to them are influenced by the person's culture, social support, and developmental stage among other factors. For example, a youth in a liberal country where 2SLGBTQIA+ rights are respected may have more supports and experience situations differently to someone in a country in which belonging to the 2SLGBTQIA+ community is banned.

EFFECTS

- Adverse effects following the traumatic event may be delayed or observable right away.
- Effects can include lack of trust in others, difficulty coping with daily stressors, etc.
- Youth may struggle to see the connection between an event and its effects.




Figure 2. The Four Rs






Trauma-Informed Care Framework

Within the Four R's framework, when responding, it is important to create a safe environment that promotes recovery and healing. Some 2SLGBTQIA+ youth may have experienced what is known as 'sanctuary trauma', whereby environments meant to be safe and supportive become a place of re-traumatization (Miller et al., 2016). For example, if a transgender youth seeks medical support during their transition, but is discriminated against or treated poorly, they may experience sanctuary trauma. Youth who have experienced harm where they anticipated support may be extremely apprehensive to engage with other services. Sanctuary trauma can result in feelings of betrayal, anger, or contribute to a sense of isolation and injustice. To prevent this, in TIC, there are six common principles for practitioners to use when responding (SAMHSA, 2014); these principles are presented in **Table 1**.

Table 1. SAHMSA’s (2014) Trauma-Informed Care Framework, with Suggestions for Working with 2SLGBTQIA+ Youth

Principle	Description	Example*	Examples for Using the Principle with 2SLGBTQIA+ Youth
 <p>Safety</p>	<p>Staff and youth feel physically and mentally safe.</p>	<p>Tell the youth that they get to lead this discussion and if they ever feel uncomfortable, they can say ‘pause’ and take a break.</p> <p>Tell the youth that they can ask a question at any time or disagree with you at any point.</p>	<p>Some 2SLGBTQIA+ youths’ sense of safety may be compromised by past negative experiences. Safety in their environment can be increased by:</p> <ul style="list-style-type: none"> • Ensuring the organization’s vision and/or welcome statement includes a message of commitment to providing appropriate services for these youth and their families (SAMHSA, 2008). • Using inclusive language (e.g., respect the youth’s terms for sexual orientation and/or gender identity; SAMHSA, 2008). • Honoring chosen names and pronouns (McCormick et al., 2018).
 <p>Trustworthiness and transparency</p>	<p>Decision-making in the organization is transparent to youth, caregivers, staff, and all people involved with the organization to maintain trust.</p>	<p>Use explicit statements like “I want to learn more about what has happened to you and I am asking you this question because ...”</p>	<p>An example of transparency is that any decisions or program/service changes need to be communicated with the youth and their families (if their family is involved/supportive).</p> <p>To ensure trustworthiness, maintain confidentiality, especially when youth share about their 2SLGBTQIA+ identity (SAMHSA, 2008).</p>
 <p>Peer Support</p>	<p>Peers in this framework might be “trauma survivors” or those who have lived experiences of trauma and who can provide a safe environment and encourage collaboration. Family members and peers can provide support to youth.</p>	<p>Ask the youth if there is a trusted individual they would like in the room with them.</p> <p>Encourage youth to foster supportive relationships.</p>	<p>A supportive school, organization and/or community group can promote well-being. An example of groups like this are Gay-Straight Alliances (PREVNet, n.d.).</p>

Principle	Description	Example*	Examples for Using the Principle with 2SLGBTQIA+ Youth
 <p>Collaboration and mutuality</p>	<p>Partnership is very important and there is an effort from all stakeholders to level power imbalances.</p>	<p>Ask youth and their caregivers for feedback.</p> <p>Work at the youths' pace and don't rush them to share information.</p> <p>Ask them if there are resources they would like help accessing.</p>	<p>Assessing for needs, barriers, challenges, readiness, and strengths can ensure the environment is appropriate to support youth and their caregivers.</p> <p>For example, you can ask for feedback regarding programs/services/resources: Are the resources written in a welcoming and inclusive manner? Is the language appropriate? Is the information clear? Are the staff trained to support youth effectively?</p>
 <p>Empowerment, voice, and choice</p>	<p>It is crucial to</p> <ul style="list-style-type: none"> Recognize experiences Identify people's strengths Build upon people's experiences and strengths to foster resilience 	<p>Tell the youth that they get to decide what is important for you to know regarding their identity, experiences, etc.</p> <p>Identify and affirm youth's strengths.</p>	<p>Build on youth strengths by facilitating positive social connections. By connecting to others who are supportive or who have similar life experiences, youth can increase their sense of control (Scheer, 2018).</p>
 <p>Cultural, historical, and gender issues</p>	<p>The organization avoids:</p> <ul style="list-style-type: none"> Bias Stereotypes <p>It is important to avoid harmful biases and stereotypes on gender and sexual identity.</p>	<p>Tell the youth that their symptoms may stem from prior experiences like discrimination, and are a normal reaction to abnormal situations. Affirm that they are not at fault while also taking care not to invalidate feelings of guilt if the youth expresses them.</p>	<p>TIC services need to be culturally sensitive. All individuals working with 2SLGBTQIA+ youth need to be aware of the issues that impact these youth so they can be sensitive and supportive (SAMHSA, 2008).</p>

*examples from Potter (2020; see Table 1)

Implementing a Trauma-Informed Approach

TIC principles can be incorporated into different settings and services (SAMHSA, 2014). SAMHSA (2014) has developed questions to ensure TIC principles are followed at different levels (i.e., organization, policy, governance, training). For users, it can be valuable to consider the following questions (see SAMHSA, 2014, p.15):

- How does the organization ensure that all staff (e.g., direct care, supervisors, front desk and reception, support staff, housekeeping and maintenance) receive basic training on trauma, its impacts, and strategies for trauma-informed approaches across the agency and across personnel functions?
- How does workforce development/staff training address the ways identity, culture, community, and oppression can affect a youth's experience of trauma, access to supports and resources, and opportunities for safety?
- Does the organization have the capacity to provide trauma-specific treatment or refer to appropriate trauma-specific services?
- How are peer supports integrated into the service delivery approach?
- How does the agency address gender-based needs in the context of trauma screening, assessment, and treatment?
- Do staff members talk with youth about the range of trauma reactions and work to minimize feelings of fear or shame and to increase self-understanding?
- How are these trauma-specific practices incorporated into the organization's ongoing operations?
- Is there a system in place that monitors the agency's progress in being trauma-informed?

Organizational Considerations

Given that TIC is an organizational framework, it involves both organizational elements and staff practices (Avery et al., 2020). It is recommended that a trauma-informed organizational culture be developed before training staff in TIC practices as widespread cultural changes will make individual efforts more impactful. Developing a trauma-informed organization includes implementing elements of empowerment, choice, collaboration, safety, and trustworthiness into mission statements, policies, procedures, bylaws, and/or manuals (Avery et al., 2020).

Trauma-Informed Organizational Practices can include (Menschner & Maul, 2016):

- **Leadership** that empowers staff, communicates the importance of TIC approaches, invests in training and physically modifies the facility when necessary (e.g., gender-neutral bathrooms).
- **Engaging youth** participants in the design and delivery of TIC as their first-hand experience will provide a valuable perspective.
- **2SLGBTQIA+-specific trauma training** for all employees so everyone knows how to facilitate a safe, welcoming, and inclusive environment. This includes administrative assistants and/or security so that when individuals first walk into a building, they feel safe and accepted.
- **Creating a safe environment** both physically (e.g., well-lit entrances and exits, welcome and inclusive language on signage) and socially and emotionally (e.g., welcome youth when they walk in, have consistent and open communication, maintain a clear schedule).
- **Preventing secondary traumatic stress** among staff by offering training on the topic, providing supervision, or offering staff “mental health days”.

Before establishing a TIC framework in a specific setting (e.g., a school, an organization), it is important to consider contextual elements. Although there is limited information on how to implement teen dating violence prevention programs with 2SLGBTQIA+ youth, some practitioners have summarized delivery guidelines for prevention programs with 2SLGBTQIA+ youth (see PREVNet et al., 2021). Some required practices include using a trauma-informed approach to programming and ensuring that the content is inclusive and reflects 2SLGBTQIA+ experiences (PREVNet et al., 2021).

Example

If incorporating a TIC organizational framework into a 2SLGBTQIA+ teen violence prevention program, implementers could ask themselves:

- Are people in the organization ready and motivated to implement an intervention through a TIC framework? Is leadership supportive of this change? Do people in this setting have previous knowledge on the topic? It is important to assess what contextual factors that can influence implementation.
- What type of initial training is needed for staff? How can on-going support be provided? Besides workshops and resources, staff can benefit from spaces in which they can discuss the intervention, any challenges they are having, and check if the information they are sharing is accurate (Avery et al., 2020).

Trauma-Informed Care for 2SLGBTQIA+ Youth

Sexually and gender diverse youth face several mental health risk factors due to societal norms that stigmatize and discriminate against them (Hidalgo, 2018). **Trauma** can result from a variety of factors including family rejection, physical and sexual abuse after coming out, and experiences of discrimination and maltreatment (McCormick et al., 2018). The potential for 2SLGBTQIA+ youth to experience these stressors reinforces the need for TIC.

Although many 2SLGBTQIA+ youth attempt to seek professional support, they tend to report dissatisfaction with the services provided by practitioners, some of whom may not have developed the competency to provide a safe environment (Ellis, 2020). Although different professional fields have a variety of mandates and guidelines, service providers have a duty to educate themselves on best practices to avoid re-traumatizing 2SLGBTQIA+ youth, and to ensure their needs are appropriately met. The following recommendations offer key points practitioners need to consider when working with 2SLGBTQIA+ youth in a trauma-informed way. The recommendations have been organized considering the four Rs of TIC.

Realize the impact of trauma and its effects on 2SLGBTQIA+ youth

- **Understand how secondary adversity impacts 2SLGBTQIA+ youth.** In addition to direct experiences of trauma, it is also important to consider challenges or adversities that go along with trauma (e.g., family difficulties or separation, new school); these challenges are termed secondary adversity. Common secondary adversities for 2SLGBTQIA+ youth include financial challenges and stigma (McCormick et al., 2018).
- **Advocate for an inclusive environment.** Develop a mission and vision statement for your organization/program that reflects inclusivity and care. Educate staff on the impact of trauma and the importance of creating an inclusive environment. Support policies and environments that reject homophobia, biphobia, transphobia, or any type of discrimination against 2SLGBTQIA+ youth. Some 2SLGBTQIA+ youth might have experienced rejection in other programs or social groups, so program personnel might benefit from guidance and support to help mitigate the effects of previous rejection (McCormick et al., 2018; Poirier et al., 2008).
- **Consider accessibility.** Accessibility can refer to geography, program inclusivity, or facilities in the program space (e.g., gendered bathrooms, wheelchair access). Regarding geography, consider if your program/service is accessible to youth who may be attending on their own due to family prejudice (Poirier et al., 2008). For teen dating violence prevention programs, it is important to highlight that these programs are a safe space for 2SLGBTQIA+ youth. When using a TIC framework, it is important to train staff to provide adequate support and ensure the content is appropriate for different gender and sexual identities (PREVNet & Martin-Storey, 2020).

Recognize signs of trauma and consider the impact of age, gender, context and other identities

- **Support families to enhance 2SLGBTQIA+ acceptance.** In addition to direct experiences of trauma, it is also important to consider challenges or adversities that go along with trauma (e.g., family difficulties or separation, new school); these challenges are termed secondary adversity. Common secondary adversities for 2SLGBTQIA+ youth include financial challenges and stigma (McCormick et al., 2018).
- **Provide ongoing training.** Develop a mission and vision statement for your organization/ program that reflects inclusivity and care. Educate staff on the impact of trauma and the importance of creating an inclusive environment. Support policies and environments that reject homophobia, biphobia, transphobia, or any type of discrimination against 2SLGBTQIA+ youth. Some 2SLGBTQIA+ youth might have experienced rejection in other programs or social groups, so program personnel might benefit from guidance and support to help mitigate the effects of previous rejection (McCormick et al., 2018; Poirier et al., 2008).

Respond using trauma-informed principles

- **Connect youth to supportive networks and groups.** Youth might be unaware of gay-straight alliances in their school or of groups and communities that are affirming of their identities (McCormick et al., 2018). Help connect them to these resources.
- **Build trust by prioritizing physical and emotional safety.** Given the likelihood that 2SLGBTQIA+ youth have experienced trauma, they may require more opportunities for collaboration, choice, and control to feel empowered. Some tips for doing so include allowing youth to react without taking it personally; communicating in an open and non-judgmental manner; and providing choice in program preferences, goals, or form of contact (Building Competence + Capacity, n.d.). Emotional safety involves feeling protected, comforted, heard and reassured (National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.).
- **Demonstrate respect.** Acknowledge the youth's identity; maintain the youth's privacy; incorporate 2SLGBTQIA+ specific resources (National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.).
- **Shift the Conversation.** Use a trauma-informed and strengths-based approach by shifting the conversation from "What is wrong with you?" to "What has happened to you?" Other examples include (Building Competence + Capacity, n.d.):

Deficit Perspective	Trauma-Informed, Strengths-Based
Symptoms	Trauma response
Attention Seeking	Individual is trying to connect
Manipulative	Individual has difficulty communicating directly
Treatment resistant	Our plan isn't meeting their needs
Addiction	Using substances to cope or survive

- **Allow the youth to lead the conversation about gender and sexuality.** Do not assume that gender and sexuality are relevant to the conversation just because the youth is a member of the 2SLGBTQIA+ community. Further, recognize that you may be working with an 2SLGBTQIA+ youth who has not disclosed it yet. Finally, given that trauma is the result of one's perception of an experience, do not assume an individual has experienced trauma. Create space to actively listen to the youth's story and interpretation of an experience (Building Competence + Capacity, n.d.).
- **Use inclusive language and honor pronouns.** Use the youth's pronouns and tell them yours. Inclusive language promotes safety (McCormick et al., 2018).
- **Use markers that indicate to youth that they are safe.** For many 2SLGBTQIA+ youth, trauma experiences have compromised their sense of safety and it needs to be restored. Consider displaying banners, flags, books, or signs to show acceptance (McCormick et al., 2018; Poirier et al., 2008).

Resist environments that can re-traumatize youth and work to mitigate these risks

- **Foster self-awareness.** Staff should become aware of their personal assumptions, stereotypical beliefs, historical events that may impact views (e.g., personal trauma, vulnerabilities), and self-location. This awareness can help practitioners focus on the youth, engage in behaviors that build trust, and avoid re-traumatization (Building Competence + Capacity, n.d.).
- **Keep learning.** It is important for practitioners to learn terminology and reliable information about different groups. Always remain open to learning and do not rely on youth to educate you. Find peers to consult/debrief with and build relationships with the 2SLGBTQIA+ community (Building Competence + Capacity, n.d.; McCormick et al., 2018). Providers should build awareness of relevant topics like: 2SLGBTQIA+ vocabulary and definitions; identity development; specific traumas and how prejudice, stigma, and discrimination impact mental health; social and cultural diversity of 2SLGBTQIA+ populations; historic and ongoing oppression 2SLGBTQIA+ populations face; intersectionality and social locations; and ways to promote social change (National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.)
- **Advocate for affirming and accepting environments.** These environments can include schools, social groups, and supporting families to be more accepting.
- **Involve youth.** Given that TIC involves collaboration, choice, and agency, consider developing an advisory board where staff can seek youth's input, and youth can offer suggestions for culturally competent practices, policies, and programs (National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.).
- **Trigger warnings.** When discussing certain topics, sharing resources, or asking youth to share personal experiences, it is important to provide content warnings to minimize the risk of re-traumatization. Inform youth that they can leave the room at any time if they feel uncomfortable and encourage them to debrief as needed.

Conclusions

Systems and organizations working with youth have a common goal to support positive youth development. One way to enact this goal with 2SLGBTQIA+ youth is to use a TIC approach. According to SAMHSA (2014), TIC is an organizational framework that requires users to realize the impact of trauma, recognize signs and symptoms, respond with care, respect, and collaboration, and resist re-traumatizing youth. While 2SLGBTQIA+ youth are at a higher risk of experiencing stressors due to macro forces like homophobia and transphobia, not all 2SLGBTQIA+ youth will experience trauma. Trauma is the result of ones' perception of an experience. Regardless of whether a youth has disclosed experiencing trauma, it is best practice to implement a TIC approach. In this review, we note that individuals working with 2SLGBTQIA+ youth should seek ongoing training and support and be aware of and challenge their biases and assumptions. Doing so will enhance the provider's ability to enact practices that demonstrate support and respect.

In close, it is important to note that more research is needed to understand the impact of trauma on the mental health of 2SLGBTQIA+ youth (McCormick et al., 2018). This summary represents the best available peer-reviewed and gray literature at the time.

Resources

Understanding current terms and concepts is very important when using a TIC framework with 2SLGBTQIA+ youth. Here are some links you may find useful:

Key terms and concepts

- APA's key terms for gender diversity: <https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/key-terms.pdf>
- Egale's 2SLGBTQIA+ terms and concepts: <https://egale.ca/awareness/terms-and-concepts-updated/>
- Pronoun usage guide by Egale: <https://egale.ca/awareness/pronoun-usage-guide/>
- Inclusive and affirming language: <https://egale.ca/awareness/inclusive-and-affirming-language/>

Resources for schools

- Resources to create safe and welcoming schools by Human Rights Campaign Foundation: <https://welcomingschools.org/resources>
- Safe Space Kit, a Guide to Supporting Lesbian, Gay, Bisexual, Transgender, and Queer Students in Your School. This guide includes information on issues, education, advocacy and resources: <https://www.glsen.org/sites/default/files/2019-11/GLSEN%20English%20SafeSpace%20Book%20Text%20Updated%202019.pdf>
- A resource for principals and other personnel that provides information on sexual orientation to inform decision making of school personnel: <https://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>
- Recommendations for school administrators to support transgender and gender diverse students: <https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/school-administrators.pdf>
- Considerations when working with 2SLGBTQIA+ students of colour: https://www.glsen.org/sites/default/files/LGBT_studentsofcolor.pdf
- 2SLGBTQIA+ resources in schools: <https://www.nasponline.org/lgbtqi2-s>

Resources for mental health practitioners

- Report on appropriate therapeutic responses to sexual orientation: <https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>
- 2SLGBTQIA+ resources for psychologists: <https://www.apa.org/pi/lgbt/resources>
- Providing services and supports for 2SLGBTQIA+ youth: <https://www.samhsa.gov/sites/default/files/lgbtqi2-s-practice-brief.pdf>
- Workshop materials on trauma-informed care for professionals working with the 2SLGBTQIA+ community: <http://buildingcompetence.ca>

Guides

- Being an ally to transgender and nonbinary youth: <https://www.thetrevorproject.org/wp-content/uploads/2020/03/Guide-to-Being-an-Ally-to-Transgender-and-Nonbinary-Youth.pdf>
- Handbook for 2SLGBTQIA+ people on the coming out process: <https://www.thetrevorproject.org/wp-content/uploads/2019/10/Coming-Out-Handbook.pdf>
- Supporting Black 2SLGBTQIA+ youth mental health: <https://www.thetrevorproject.org/wp-content/uploads/2020/06/Supporting-Black-LGBTQ-Youth-Mental-Health.pdf>
- Providing 2SLGBTQIA+ inclusive services: <https://www.wisdom2action.org/wp-content/uploads/2020/10/Raising-the-Bar-Call-to-Action.pdf>

Violence prevention

- Engaging 2SLGBTQIA+ youth in adolescent dating violence prevention programming: <https://youthdatingviolence.prevnet.ca/wp-content/uploads/2021/06/Promising-Practices-for-2SLGBTQ-Youth.pdf>
- Romantic relationships and 2SLGBTQIA+ youth: <https://youthdatingviolence.prevnet.ca/wp-content/uploads/2021/06/LGBTQ-Relationships.pdf>
- 2SLGBTQIA+ youth & gender-based violence: <https://www.wisdom2action.org/gbv/>

Workshops/kits

- Lifeguard workshop by the Trevor Project. This workshop is designed for school staff or group leaders to help young people learn about the challenges faced by 2SLGBTQIA+ people, including helping them identify warning signs of suicide and how to help someone in crisis: <https://www.thetrevorproject.org/education/lifeguard-workshop/>
- Workshops and trainings can be requested through Egale: <https://egale.ca/training-workshops/>

Information/support

- The Trevor Support Center has an information hub with answers to commonly asked questions: <https://www.thetrevorproject.org/resources/trevor-support-center/>
- Creating cultures of trauma-informed care (CCTIC) – a self-assessment and planning protocol: <https://www.theannainstitute.org/CCTICSELFASSPP.pdf>

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition. DSM-5* (Fifth Edit). American Psychiatric Publishing.
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *The American Psychologist*, 70(9), 832–864. <https://doi.org/10.1037/a0039906>
- Antebi-Grutzka, N., & Scheer, J. R. (2021). Associations between trauma-informed care components and multiple health and psychosocial risks among LGBTQ survivors of intimate partner violence. *Journal of Mental Health Counseling*, 43(2), 139–156. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8174812/pdf/nihms-1695128.pdf>
- Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2020). Systematic review of school-wide Trauma-Informed Approaches. *Journal of Child and Adolescent Trauma*. <https://doi.org/https://doi.org/10.1007/s40653-020-00321-1>
- Bright, C. (2004). Deconstructing reparative therapy: An examination of the processes involved when attempting to change sexual orientation. *Clinical Social Work Journal*, 32, 471–481. <https://doi.org/10.1007/s10615-004-0543-2>
- Building Competence + Capacity. (n.d.). *Putting 2SLGBTQ + competent trauma- informed care into practice overarching values and principles*. <http://buildingcompetence.ca/docs/Module6HandoutPutting2SLGBTQCompetentTraumaInformedCareIntoPracticeFINAL.pdf>
- Diamond, L. M. (2016). Sexual fluidity in male and females. *Current Sexual Health Reports*, 8, 249–256. <http://dx.doi.org/10.1007/s11930-016-0092-z>
- Egale Canada Human Rights Trust. (n.d.). *Allyship and Ambassador Guide: Suggestions for Acting in Allyship with the Two Spirit Community on Campus*. Retrieved August 25, 2021, from <https://egale.ca/wp-content/uploads/2017/07/Two-Spirit-Ally-Ambassador-Guide-FINAL.pdf>
- Egale. (n.d.). *2SLGBTQI Terms and Concepts* (pp. 1–19). Retrieved August 12, 2021, from <https://egale.ca/awareness/terms-and-concepts-updated/>
- Ehrensaft, D., Giammattei, S. V., Storck, K., Tishelman, A. C., & Keo-Meier, C. (2018). Prepubertal social gender transitions: What we know; what we can learn—A view from a gender affirmative lens. *International Journal of Transgenderism*, 19(2), 251–268. <https://doi.org/10.1080/15532739.2017.1414649>
- Ellis, A. E. (2020). Providing trauma-informed affirmative care: Introduction to special issue on evidence-based relationship variables in working with affectional and gender minorities. *Practice Innovations*, 5(3), 179–188. <https://doi.org/10.1037/pri0000133>
- Ginicola, M. M., Smith, C., & Filmore, J. M. (2017). Glossary of Terms. In *Affirmative counseling with LGBTQI+ people* (pp. 359–370). American Counseling Association. <https://doi.org/10.1002/9781119375517>
- Government of Canada. (2018). *Introduction to GBA+*. Status of Woman Canada. https://cfc-swc.gc.ca/gba-ac/course-cours/eng/mod01/mod01_02_04.html

- Hall, S. F. & DeLaney, M. J. (2021) A trauma-informed exploration of the mental health and community support experiences of transgender and gender-expansive adults. *Journal of Homosexuality*, 68(8), 1278-1297. <https://doi.org/10.1080/00918369.2019.1696104>
- Hidalgo, M. A. (2018). Trauma stabilization and recovery in a transgender latina: A retrospective case example. In A. Janssen & S. Leibowitz (Eds.), *Affirmative mental health care for transgender and gender diverse youth*. Springer. <https://doi.org/https://doi.org/10.1007/978-3-319-78307-9>
- Levenson, J. S., & Willis, G. M. (2019). Implementing Trauma-Informed Care in correctional treatment and supervision. *Journal of Aggression, Maltreatment and Trauma*, 28(4), 481–501. <https://doi.org/10.1080/10926771.2018.1531959>
- McCormick, A., Scheyd, K., & Terrazas, S. (2018). Trauma-informed care and LGBTQ youth: Considerations for advancing practice with youth with trauma experiences. *Families in Society: The Journal of Contemporary Social Services*, 99(2), 160–169. <https://doi.org/10.1177/1044389418768550>
- McConnell, E. A., A, M., Birkett, M., Ph, D., Mustanski, B., & Ph, D. (2016). Families matter: Social support and mental health trajectories among lesbian , gay , bisexual , and transgender youth. *Journal of Adolescent Health*, 59(6), 674–680. <https://doi.org/10.1016/j.jadohealth.2016.07.026>
- Merriam-Webster. (2021). *Trigger*.
- Menschner, C., & Maul, A. (2016). *Issue brief: Key ingredients for successful trauma-informed care implementation*. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- Miller, E. C., Goodman, L. A., Thomas, K. A., Peterson, A., Scheer, J. R., Woulfe, J. M., Warshaw, C., & Rogers, C. (2016). Trauma-informed approaches for LGBTQ* survivors of intimate partner violence data. A review of literature and a set of practice observations. *GLBTQ Domestic Violence Project*, 1–56. http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2016/09/TIPforLGBQTSurvivors_LitReview.pdf
- Morton, B. M., & Berardi, A. A. (2018). Trauma-Informed school programing: Applications for mental health professionals and educator partnerships. *Journal of Child and Adolescent Trauma*, 11, 487–493. <https://doi.org/10.1007/s40653-017-0160-1>
- Musicaro, R. M., Spinazzola, J., Arvidson, J., Swaroop, S. R., Goldblatt Grace, L., Yarrow, A., Suvak, M. K., & Ford, J. D. (2019). The complexity of adaptation to childhood polyvictimization in youth and young adults: Recommendations for multidisciplinary responders. *Trauma, Violence, and Abuse*, 20(1), 81–98. <https://doi.org/10.1177/1524838017692365>
- National Resource Center for Mental Health Promotion and Youth Violence Prevention. (n.d.). *Adopting a Trauma-Informed Approach for LGBTQ Youth*. https://healthysafechildren.org/sites/default/files/Trauma_Informed_Approach_LGBTQ_Youth_1.pdf

- Nealy-Oparah, S., & Scruggs-Hussein, T. (2018). Trauma-informed leadership in schools: from the inside-out. *Leadership*, 47(3), 12–16. <https://search-proquest-com.libproxy2.usc.edu/docview/2001314109/abstract/D284475D9FBD4742PQ/1?accountid=14749>
- Olson, K. R., Durwood, L., Demeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, 137(3). <https://doi.org/10.1542/peds.2015-3223>
- PREVNet. (n.d.). *How to support 2SLGBTQIA+ Youth*. Preventing Youth Dating Violence. What Caregivers Need to Know. Retrieved August 12, 2021, from <https://youthdatingviolence.prevnet.ca/learn-more/caregivers/how-to-support-lgbtqip2saa-youth/>
- PREVNet, Exner-Cortens, D., Hill, N., Johnstone, F., Lapointe, A., Martin-Storey, A., & Reibeling, W. (2021). *Promising practices for engaging 2SLGBTQIA+ youth in online programming*. Tools and Resources to Build Capacity. 2SLGBTQIA+ Focus. <https://youthdatingviolence.prevnet.ca/wp-content/uploads/2021/06/Promising-Practices-for-2SLGBTQ-Youth.pdf>
- PREVNet, & Martin-Storey, A. (2020). *Webinar Series. Romantic Relationships and LGBTQ Youth: Tips and Strategies for Parents and Educators*.
- Priebe, G., Svedin, C. G., & Priebe, G. (2013). Operationalization of three dimensions of sexual orientation in a national survey of late adolescents' operationalization of three dimensions of sexual orientation in a national survey of late adolescents, 50(8), 727-738. <https://doi.org/10.1080/00224499.2012.713147>
- Ridgard, T. J., Laracy, S. D., DuPaul, G. J., Shapiro, E. S., & Power, T. J. (2015). Trauma-Informed Care in schools: A social justice imperative. *Communiqué*, 44(2), 12–15. <https://www.nasponline.org/publications/periodicals/communique/issues/volume-44-issue-2/trauma-informed-care-in-schools-a-social-justice-imperative>
- Ryan, C. (2009). Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children. In *Children* (pp. 0–24). San Francisco State University. https://familyproject.sfsu.edu/sites/default/files/FAP_English_Booklet_pst.pdf
- Scheer, J. R. (2018). Trauma-informed care for sexual and gender minority survivors of intimate partner violence. *ProQuest Dissertations and Theses*, May, 117. <http://hdl.handle.net/2345/bc-ir:107451>
- Solomon, D. T., Heck, N., Reed, O. M., & Smith, D. W. (2017). Conducting culturally competent intake interviews with LGBTQ youth. *Psychology of Sexual Orientation and Gender Diversity*, 4(4), 403–411. <https://doi.org/10.1037/sgd0000255>

- Substance Abuse and Mental Health Services Administration. (2008). *Practice brief 1: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit*. <https://www.samhsa.gov/sites/default/files/lgbtqi2-s-practice-brief.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Substance Abuse and Mental Health Services Administration. <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- Substance Abuse and Mental Health Services Administration. (2015). Ending conversion therapy: Supporting and affirming LGBTQ youth. <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf>
- Tebes, J. K., Champine, R. B., Matlin, S. L., & Strambler, M. J. (2019). Population health and Trauma-Informed Practice: Implications for programs, systems, and policies. *American Journal of Community Psychology*, 64, 494–508. <https://doi.org/10.1002/ajcp.12382>
- Turban, J. L., & Ehrensaft, D. (2018). Research Review: Gender identity in youth: treatment paradigms and controversies. *The Journal of Child Psychology and Psychiatry*, 59(12), 1228–1243. <https://doi.org/10.1111/jcpp.12833>



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