

# Hazards of Stigma: The Sexual and Physical Abuse of Gay, Lesbian, and Bisexual Adolescents in the United States and Canada

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Some studies suggest lesbian, gay, and bisexual (LGB) teens are at higher risk than peers for violence at home, in school, and in the community. That can bring them into the child welfare system or services for runaway and homeless teens. This study compared self-reported experiences of sexual and physical abuse based on sexual orientation and gender in seven population-based surveys of youth. The authors used  $\chi^2$  and age-adjusted odds of abuse to compare bisexual to heterosexual, mostly heterosexual, and gay and lesbian students. They also provide case studies to illustrate the experiences of such youth.

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**Case 1.** "Troy" was taken from his mother at age 5 because of neglect and abuse. He has moved so often and been in so many foster care facilities that he has lost count. Until he met an openly gay teen at his latest foster home, he had no idea this was even a possibility. Troy really liked this boy; one thing led to another, and they ended up getting caught in the midst of a sexual experience, which was very embarrassing. His social worker thought it best the boys be separated, and placed Troy in a home with deeply religious conservative foster parents. Along with other religious rituals that were supposed to eliminate his desire for men, his foster parents' church tried exorcism.

**N**egative messages toward sexual minority groups are common across North American society: from the constant antigay pejoratives heard in high school hallways, to the bitter protests at school board meetings against bullying policies that specifically include antigay harassment; in sermons at local places of worship and in major statements by the leaders of some religious denominations; in arguments before the courts, as well as debates in the U.S. Congress and Canadian House of Commons; and recently, in the media's wide coverage of campaigns against gay marriage, as well as its gratuitous humor in sitcoms and commercials at gay people's expense. In nearly every social arena, identifying as lesbian, gay, or bisexual (LGB) carries a burden of stigma and societal disapproval. That disapproval is not always limited to words; research has identified pervasive discrimination experienced by sexual minority adults in U.S. employment, housing, and social interactions nationwide (Mays & Cochran, 2001), as well as hate crimes ranging from property damage to murder (Federal Bureau of Investigation, 2004).

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Health Canada has identified stigma and discrimination based on sexual orientation status as social determinants of health that contribute to health disparities for LGB people (de Bruyn, 2005).

**Case 2.** "Sue," age 15, lives in the suburbs with both parents and two younger siblings. She feels that her parents' beliefs are too strict for her, especially since she has a crush on one of her girlfriends. Her parents have no idea about her romantic exploration, but they are concerned her behavior has changed in the last six months. They also do not know yet that kids at school have found out about Sue and her friend and are harassing the two girls. Sue wants to get away from everyone at this point.

Some studies from the U.S. and Canada have documented the anxious, angry, and even violent responses LGB youth experience from their families, at school, and in the community (Reis & Saewyc, 1999). Families can be influenced by the stigmatizing attitudes in their social and cultural environments, and when a son or daughter discloses a gay, lesbian, or bisexual orientation, some families respond with hostility and distress (D'Augelli, Hershberger & Pilkington, 1998; Pilkington & D'Augelli, 1995; Murphy, Sidhu, & Tonkin, 1999; Waldo, Hesson-McInnis, & D'Augelli, 1998). One limitation of these studies is they draw on convenience samples of LGB youth and may not represent the general population of sexual minority teens. They do suggest, however, that some of the suspected maltreatment cases child

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welfare workers encounter will involve LGB youth and unsupportive family members. Social workers also can be influenced by community attitudes and respond in ways that are not supportive of LGBTQ youth.

Some evidence shows actual disclosure is not the only trigger for family maltreatment toward sexual minority youth. In their study of victimization among LGB college students, Waldo and colleagues (1998) find that those who had disclosed their orientation to unsupportive families were not only more likely to experience victimization, but those with higher gender atypicality, which has been correlated with homosexual orientation, also were at risk for victimization, even when they had not disclosed to family. Waldo and colleagues suggest gender-atypical youth often are assumed to be gay, lesbian, or bisexual, and families may not protect such youth from victimization or may even perpetrate the violence themselves.

**Case 3.** "Joe," age 17, grew up in the rural Midwest. He was sexually abused by his stepbrother, but did not tell anyone. He was harassed throughout his school years, mostly by name calling with derogatory words like "fag." Joe stopped going to school in 10th grade, after being jumped by several boys in the locker room and having his head put in a toilet. He ran away to the city and lived in a squat with other young people he met at a homeless youth program. For money, Joe would stand outside the gay bars at closing time and make a few dollars by giving men oral sex in the parking lot and alleys.

A small number of population-based studies also have documented higher prevalence of physical abuse by family members among LGB people compared to heterosexual peers (Horliss, Cochran, & Mays, 2002; Saewyc, Bearinger, Blum, & Resnick, 1999; Saewyc, Skay, Bearinger, Blum, & Resnick, 1998). Like Waldo and colleagues, Horliss and colleagues suggest stigma from gender atypicality or some as-yet unmeasured trait of emerging gay or

bisexual orientation may decrease family protection and support for LGB teenagers even before they recognize and self-identify and, thus, may help explain higher risk for maltreatment during childhood and adolescence.

Why is it important to identify this disparate risk for violence among stigmatized populations such as LGB teens? Sexual and physical abuse are among the most potent predictors of youth risk behaviors such as substance use and abuse, suicide attempts, running away, and teen pregnancy (Anderson, Teicher, Polcari, & Renshaw, 2002; DeBellis, 2002; Holmes & Slap, 1998; Saewyc, Magee, & Pettingell, 2004). In part, these risk behaviors may be attempts to cope with the stress and trauma from that abuse. In the past decade, several studies have reported a higher prevalence of these risk behaviors among sexual minority youth, with some of the same surveys also noting a higher risk of harassment and sexual violence for LGB teens (Borowsky, Ireland, & Resnick, 2001; DuRant, Krowchuk, & Sinal, 1998; Hershberger & D'Augelli, 1995; Robin, Brener, Donahue, Hack, & Goodenow, 2002; Rotheram-Borus, Marelich, & Srinivasan, 1999; Russell & Joyner, 2001; Saewyc et al., 1999). While most studies combined LGB teens in a single category, among those surveys that did not, bisexual adolescents or those with both gender attractions appeared to be at higher risk for victimization and reported differing levels of risk behaviors than gay and lesbian peers (Robin et al., 2002; Russell, Franz, & Driscoll, 2001).

**Case 4.** "Colette," age 14, lived with her father and older brother; her mother died when she was 7. She first had sex at age 12, with her best friend from Girl Scouts; eight months later she dated a boy from school and found she liked sex with him, too. Now she's in love with "Jenny," also age 14, and they've been together most of the school year. When she decided to confide in her brother that she's bisexual, she was unprepared for his outrage. He told their father, who kicked her out of the house, and then her

brother got a couple of his friends to assault Jenny. Convinced Jenny's family would be just as hostile, the two girls ran away. To survive, Jenny panhandles, while Colette works as a stripper and has sex with their landlord for the basement room they stay in. She has come to the teen clinic four months pregnant.

Other population-based studies have documented higher rates of harassment and victimization among LGB youth at school or in the community, rather than family-specific violence (DuRant et al., 1998; Robin, et al., 2002; Russell, Franz & Driscoll, 2001). While two of these studies included sexual abuse in the form of forced intercourse (DuRant et al.; Robin et al.), DuRant's study focused on boys only, and both were limited to the East Coast of the United States. Russell and colleagues used a nationally representative sample to explore both experiencing and witnessing violence among same-gender and both-gender-attracted adolescents, but their study did not include experiences of sexual violence or physical abuse within the family.

Thus, a small but growing number of studies, primarily from the eastern United States, and one study from western Canada, have begun to document the increased risk among LGB youth for familial physical abuse, family and other sexual abuse, and harassment and physical violence in the community. If a higher level of stigma and violence directed toward LGB youth is consistently documented in surveys across North America, it may help explain higher behavior risks noted among them.

The purpose of this study, therefore, is to compare the prevalence of sexual and physical abuse experienced by bisexual youth with their gay, lesbian, and heterosexual peers in population-based surveys of high school students from the United States and Canada. The authors hypothesized that bisexual boys and girls would report greater odds of sexual and physical abuse than heterosexual peers, but not necessarily greater than gay or lesbian peers.

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## Methods

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As part of a larger study of health and risk behaviors, stigma, and sexual orientation, the authors conducted secondary analyses from seven population-based high school health surveys in the United States and Canada (Table 1). The survey data had been gathered during the 1990s: four were state- or province-wide: the Minnesota Student Surveys of 1992 and 1998 (MSS92 and MSS98) and the British Columbia Adolescent Health Surveys of the same years (BC92 and BC98); two from Seattle (SEA95 and SEA99); and the last the first wave of a nationally representative longitudinal study of youth—Add Health. The two surveys each from British Columbia and Minnesota asked about family physical abuse. All of the surveys assessed sexual abuse experience, although items were worded differently. In the case of the Seattle and Add Health surveys, they were limited to a question about experiencing forced intercourse, which misses youth whose abuse experiences may include only oral sex without genital or anal penetration. This abuse could be just as traumatic but would not be counted with such a question (Saewyc, Pettingell, & Magee, 2003). In addition, while the Add Health survey asked girls if they had ever been forced to have intercourse, it only asked boys if they had ever forced someone to have intercourse; thus, the authors were limited to sexually experienced girls from that study. BC98 asked about forced intercourse, plus a separate sexual abuse question that was broader and matched the item from BC92.

The measures of sexual orientation varied within the different surveys. Add Health asked two questions about the genders of people to whom students were attracted; Seattle and British Columbia had a self-labeling measure that defined the labels on the basis of attraction, with British Columbia including a “mostly heterosexual” category with heterosexual, bisexual, and gay/lesbian. In contrast, the Minnesota surveys asked two items about genders of sexual partners in the past 12 months. Detailed information about

**TABLE 1**  
**Datasets and Measures**

<b>DATASET:</b>	<b>BC92</b>	<b>BC98</b>	<b>MSS92</b>	<b>MSS98</b>	<b>SEA95</b>	<b>SEA99</b>	<b>ADD HEALTH</b>
<b>Design:</b>	Stratified cluster sample (weighted)	Stratified cluster sample (weighted)	Census of 97% of school districts (subset of ever had sex only)	Census of 92% of school districts (subset of ever had sex only)	Census of all students public high school	Census of all students public high school	Stratified cluster sample (nation-wide, girls ever had sex only)
<b>N:</b>	237,748	278,102	24,880	22,007	7,448	7,610	2,228
<b>Grade range:</b>	7-12	7-12	9 & 12	9 & 12	9-12	9-12	7-12
<b>% female:</b>	50.5%	52.7%	47.7%	49.3%	50.9%	51.4%	100%
<b>Orientation measure:</b>	Attraction + label	Attraction + label	Gender of sexual partners past year	Gender of sexual partners past year	Label	Label	Attraction
<b>Sexual abuse measure:</b>	Single abuse item	Single abuse item + forced intercourse	2 items: incest and non-family abuse	2 items: incest and non-family abuse	Forced intercourse	Forced intercourse	Forced intercourse
<b>Physical abuse measure:</b>	Single item, physical abuse by family or anyone	Single item, physical abuse by family or anyone	Abused by adult in household or witnessed abuse in family	Abused by adult in household or witnessed abuse in family	None	None	None

the specific wording of items, percentage of missing and nonresponse, and evaluation of the measures for most of the surveys has been reported elsewhere (Saewyc, Bauer, Skay, Bearinger, Resnick, Reis, & Murphy, 2004). Although attraction and behavior are not always congruent with orientation self-identity, for brevity throughout this paper the authors will use the convention of bisexual, gay/lesbian, heterosexual, and mostly heterosexual for each survey. The authors recognize these labels may not be precise for students who indicate just attraction or recent sexual behavior.



All analyses were conducted separately for boys and girls. The authors used cross-tabulations with Pearson's chi square to examine the prevalence of abuse by orientation in each survey, and logistic regression to calculate age-adjusted odds ratios with 95% confidence intervals for risk of abuse for bisexual boys and girls compared to the other groups. Because of the large sample sizes, the authors set *alpha* to .01 for all analyses, except for the comparisons between bisexual and gay/lesbian groups to avoid detecting statistically significant but not clinically meaningful differences. For bisexual versus gay/lesbian comparisons, which were smaller samples, *alpha* was set to .05.

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## Results

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### *Sexual Abuse by Orientation*

The prevalence of sexual abuse based on orientation and related age-adjusted odds ratios for boys and girls in each dataset are reported in Table 2. In all surveys except Seattle's, girls were more likely to report abuse than boys, but the differences between orientation groups were more marked among boys. Among girls, lesbian and bisexual girls reported the highest prevalence of sexual abuse, with 1 in 4 to nearly half reporting a history of sexual abuse. Heterosexual and mostly heterosexual girls' prevalence of reported sexual abuse ranged from just under 10% to just over 25%.

In contrast, the prevalence of sexual abuse or forced intercourse reported by heterosexual and mostly heterosexual boys is well under 10%, but gay and bisexual boys are nearly as likely as bisexual and lesbian girls to report sexual abuse. For most surveys, more than 1 in 4 bisexual boys and 1 in 5 gay boys reported sexual abuse.

Except for girls in both British Columbia and Minnesota in 1992, bisexual teens of both genders had significantly greater odds of sexual abuse compared to their heterosexual age peers. Among

**TABLE 2****Prevalence and Age-Adjusted Odds Ratios of Sexual Abuse/Forced Intercourse, by Orientation and Gender**

Girls, Prevalence of Sexual Abuse by Orientation (%)					Girls, Adjusted OR (95% CI) of Sexual Abuse		
	Het	MH	B	L	B vs. Het	B vs. MH	B vs. L
BC 92	21.0	23.1	23.8	43.3	NS	NS	0.3 (0.2, 0.5) ‡
BC98	15.4	27.3	35.9	30.2	2.8 (2.6, 3.0) ‡	1.5 (1.4, 1.7) ‡	NS
MSS92	27.4	-	32.4	23.9	NS	-	NS
MSS98	20.6	-	39.8	39.2	2.3(1.9, 2.9) ‡	-	NS
SEA95	14.2	-	26.3	40.7	2.1 (1.4, 3.0) ‡	-	NS
SEA99	9.0	-	26.9	17.4	3.8 (2.7, 5.5) ‡	-	NS
AddHealth	19.3	-	32.8	27.5	2.1 (1.4, 3.0) ‡	-	NS
Boys, Prevalence of Sexual Abuse by Orientation					Boys, Adjusted OR (95% CI) of Sexual Abuse		
	Het	MH	B	G	B vs. Het	B vs. MH	B vs. G
BC 92	3.2	8.1	14.9	22.5	5.4 (4.8, 6.2) ‡	2.3 (1.7, 2.4) ‡	0.6 (0.5, 0.8) ‡
BC98	3.4	8.4	26.9	26.3	10.9 (9.7, 12.3) ‡	4.4 (3.8, 5.1) ‡	NS
MSS92	4.8	-	21.7	17.7	5.4 (4.6, 6.3) ‡	-	NS
MSS98	6.4	-	27.5	22.0	5.2 (4.5, 6.1) ‡	-	NS
SEA95	5.8	-	31.3	17.4	7.1 (4.5, 11.3) ‡	-	NS
SEA99	5.4	-	30.5	31.6	7.3 (4.4, 12.0) ‡	-	NS

*p* < .01; ‡ *p* < .001; - = not applicable in this survey NS = not significant

boys, the age-adjusted odds ratios range from 5 to almost 11, and for girls, most are 2 or higher. That means bisexual boys were up to 10 times as likely and bisexual girls at least twice as likely to report sexual abuse as their heterosexual peers of the same age. Adjusted odds of abuse for mostly heterosexual teens compared to bisexual teens varied between the two years of British Columbia surveys, with higher odds ratios for bisexual boys in both years but only in 1998 for bisexual girls. Differences were generally not significant between gay/lesbian and bisexual teens, but in BC1992, gay or lesbian teens had higher odds of sexual abuse for both boys and girls.

### *Physical Abuse by Family Members*

In the four surveys that assessed physical abuse, girls in all orientation groups report higher prevalence of physical abuse than their male peers (Table 3). Bisexual and lesbian girls also report a higher prevalence of physical abuse than heterosexual girls in the more recent surveys and, in BC98, also higher than mostly heterosexual girls. The age-adjusted odds of physical abuse for bisexual girls was twice as likely when compared to heterosexual peers in the 1998 surveys but not significant for the 1992 surveys. In the British Columbia surveys, bisexual girls had significantly lower odds of abuse than lesbian peers, but the differences were not significant in Minnesota surveys.

In each survey, gay and bisexual boys also report a higher prevalence of physical abuse, with nearly 1 in 5 up to 1 in 3 reporting abuse, compared to 1 in 8 heterosexual boys. The age-adjusted odds of experiencing physical abuse among boys showed bisexual youth have at least twice the odds of abuse compared to their heterosexual peers for all datasets, with odds ranging from 2.0 to 2.8. However, comparisons with gay peers were mixed: In the two earlier surveys, the differences were not significant, but in BC98, bisexual boys had lower odds of physical abuse, while in MSS98, they had nearly twice the odds of abuse as their gay peers.

Thus, while most surveys had no significant differences in odds of sexual abuse between bisexual teens and their gay or lesbian peers, differences in physical abuse occurred in half the surveys. In all but one instance that had significant differences between the two sexual minority groups, gay or lesbian teens had higher odds of reporting physical abuse.

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## **Discussion**

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Patterns across these seven surveys from various regions of the United States and Canada, in both earlier and later years of the

**TABLE 3****Prevalence and Age-Adjusted Odds Ratios of Physical Abuse, by Orientation and Gender**

Girls, Prevalence of Physical Abuse by Orientation					Girls, Adjusted OR (95% CI) of Physical Abuse		
Dataset:	Het	MH	B	L	B vs. Het	B vs. MH	B vs. L
BC 92	24.0	28.4	21.0	26.6	0.8 (0.7, 0.9) ‡	0.6 (0.6, 0.7) ‡	0.7 (0.5, 0.9) *
BC98	19.6	28.1	37.8	40.8	2.3 (2.1, 2.5) ‡	1.6 (1.5, 1.7) ‡	0.8 (0.6, 0.9) *
MSS92	23.0	-	29.9	28.9	NS	-	NS
MSS98	19.1	-	35.1	43.1	2.0 (1.6, 2.5) ‡	-	NS
Boys, Prevalence of Physical Abuse by Orientation					Boys, Adjusted OR (95% CI) of Physical Abuse		
Dataset:	Het	MH	B	G	B vs. Het	B vs. MH	B vs. G
BC 92	14.1	22.1	39.2	25.2	2.0 (1.8, 2.3) ‡	1.2 (1.0, 1.3) ®	0.5 (0.4, 0.6) ‡
BC98	12.2	25.5	27.3	33.5	2.8 (2.5, 3.1) ‡	NS	0.8 (0.7, 0.9) ®
MSS92	12.2	-	23.5	17.1	2.1 (1.8, 2.4) ‡	-	NS
MSS98	12.3	-	26.5	16.2	2.4 (2.1, 2.8) ‡	-	1.8 (1.2, 2.8) ®

*p* < .05; *p* < .01; ‡ *p* < .001; - = not applicable in this survey; NS = not significant

1990s, with different sampling methods, different wording of abuse items, and even different measures of sexual orientation, are strikingly similar. Although the actual proportion of teens reporting abuse varies from survey to survey, sexual minority teens in nearly all surveys still are significantly more likely to report sexual and physical abuse than their same-age heterosexual counterparts. In most surveys, bisexual teens of either gender were more than twice as likely to report abuse compared to heterosexual teens, with the differences markedly stronger for boys. In contrast, only a few surveys had significant differences in abuse histories between bisexual and gay or lesbian teens, and no consistent pattern of differences by gender, type of abuse, or region of survey.

Of concern, when two surveys are from the same region but from different years, the prevalence of either type of abuse for

bisexual teens appears to be higher in later surveys compared to earlier ones, and their odds of abuse versus heterosexual peers are also greater (except for sexual abuse for bisexual boys in Minnesota, which is unchanged from 1992 to 1998). Technically, three points in time are required to document a trend, but these data suggest the disparities in abuse between bisexual and heterosexual teens was worsening, not improving, as the past decade progressed. Further tracking of abuse and orientation in surveys after 2000 must take place to determine whether this pattern continues to worsen.

A number of issues should be considered when putting these findings in context. Beginning at puberty, sexual identity is a developmental task of adolescence, influenced by the societal and cultural contexts in which young people make sense of their physical, emotional, and cognitive changes. Sexual orientation, as one component of sexual identity, unfolds over this period of development, and the processes begin earlier for some teens than for others (Rosario, Meyer-Bahlburg, Hunter, & Exner, 1996). But all the surveys reported here are cross-sectional snapshots in time; some of the teens who did not identify as gay, lesbian, or bisexual may have done so at a later point in high school or even in early adulthood. Thus, the findings primarily pertain to adolescents who began to recognize their orientation and self-identify, even if they have not disclosed it. In addition, some of the measures of sexual orientation in these school-based surveys deal with only one dimension of orientation—either attraction or behavior rather than self-label—and sometimes, may underestimate the number of LGB adolescents (Saewyc, Bauer, et al., 2004). The similarity of the findings across different surveys with different measures, however, lends support to the stability of these results.

Another complication in this picture is the timing of physical and sexual abuse: before or after self-identification, during childhood or during adolescence? For what percentage of teens was the abuse a direct, clear consequence of disclosing their orientation, or

a response to a teen's subtle behavioral cues to orientation without any overt disclosure? Because the surveys are cross-sectional, they cannot disentangle the complexity of timing and determine causality, such as a teen being abused because of her lesbian or bisexual status. Physical and sexual abuse can occur across a lifespan, but peak prevalence of maltreatment in the United States appears to be during adolescence (Snyder & Sickmund, 2000)—concurrent with the years of developing sexual orientation—and not limited to either early or later adolescence (Saewyc et al., 2003). That makes it impossible to determine which most likely came first: coming out or being abused. Sexual and physical abuse, however, clearly are not the *cause* of developing a gay, lesbian, or bisexual orientation, as earlier researchers sometimes considered (Simari & Baskin, 1982). In the seven surveys as in other population-based ones, the majority of adolescents who identify as gay, lesbian, or bisexual do not report any abuse, and the overwhelming majority of adolescents who report sexual or physical abuse identify as heterosexual, because they outnumber LGB students so greatly.

Although the stigma may lead to less protection for LGB teens, or a perception that they are more deserving of abuse, a potential alternate explanation for the higher prevalence of abuse among teens exists. Physical and sexual abuse also carries a burden of shame and stigma (Finkelhor & Browne, 1985). Sexual abuse, even more than physical abuse, carries a potent stigma, what Goffman (1968) describes as "spoiled identity" in his pioneering work on stigma: Society presents clear messages that those who have been sexually violated somehow are tainted or "damaged," no longer innocent and pure. As a result of their lost "innocence," victims of sexual assault or exploitation suffer a further loss of status and worth.

For most teens, the likely costs of acknowledging a stigmatized orientation may be too risky to recognize same-gender attractions, so they may suppress that knowledge. In contrast, abused teens, having already suffered loss of status and self-worth

owing to abuse, may be more open to recognizing and disclosing their same-gender or both-gender attractions because they have less to lose socially by admitting another stigmatized status. They still may risk further victimization after disclosure, and an additive effect of multiple types of stigma may occur, which further increases their odds of substance abuse and other risky coping behaviors. This additive effect was suggested by a different analysis of the four cohorts from the Pacific Northwest, where the authors found an interaction between sexual minority status and abuse that predicted higher involvement in HIV risk behaviors such as IV drug use and risky sexual behaviors (Saewyc, Richens, Skay, Reis, Poon, & Murphy, in press).

Regardless of the timing or reason for the abuse, the higher prevalence of abuse among LGB youth suggests they will be disproportionately found among runaway, homeless, juvenile justice, and foster care populations, which a number of studies have already confirmed (Frankowski & the American Academy of Pediatrics Committee on Adolescence, 2004; Murphy, Poon, & Weigel, 2001). Child welfare and other youth services need to be aware of the added vulnerability of LGB youth and be prepared to provide orientation-sensitive and appropriate care among those populations. Education for social workers, foster parents, and others involved in child protection work should include training on the development of sexual orientation and gender identity among children and adolescents, identification and fostering of healthy environments for sexual minority teens, and boundary issues related to personal and religious values.

The routine assessment for experiences of physical and sexual violence among all adolescents is necessary, and LGB youth are no exception. Professionals who work with the families of LGB youth in crisis should help them respond to sexual orientation disclosure in helpful, not harmful, ways. The American Psychiatric Association, the American Psychological Association, the American Academy of Pediatrics, the National Association of

Social Workers, and other professional organizations have denounced as unethical therapy aimed at trying to change sexual orientation with children and adolescents, because the methods have the potential to cause great harm, and little credible evidence for their effectiveness exists (American Psychiatric Association, 2000). Families need encouragement and resources that help them support their sexual minority child, rather than messages further stigmatizing them. For families and youth concerned about how their religious community views sexual orientation, it may be useful to provide information about safe, open, and affirming religious institutions within their local area.

Individual and community interventions intended to prevent child abuse and family violence should incorporate messages that emotional pressure or corporal punishment will not change a child's most natural gender expression or sexual orientation. Organizations and caseworkers must raise awareness about the unacceptable level of violence directed at LGB teens, whether in families or in the community, but they must do it in ways that work toward reducing that risk rather than unintentionally reinforcing the expectation of violence from the people youth should look to for love and support. Schools, as a key institution for positive youth development, have an important role in supporting LGB youth, as well as linking teens to supportive community resources when needed.

Effective prevention of the violence and enacted stigma targeting sexual minority teens will require further societal efforts to reduce the stigma of LGB orientation. The Canadian Charter of Rights affirms individuals' right to protection from discrimination based on characteristics such as race, sex, religion, or age; it does not mention orientation, but the courts have since ruled it also prohibits discrimination based on other characteristics, including sexual orientation (de Bruyn, 2004). In the United States, several cities and states have incorporated similar language in their equal opportunity and antidiscrimination laws. Legal efforts, however, must



be augmented with advocacy and interventions to increase respect for diversity and reduce community acceptance of violence toward those marginalized. When society truly values and nurtures all children, LGB teens will no longer face the added hazards from stigma in their families, foster care, school, and their community.

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