



# TRAUMA EXPERIENCES OF LGBTQ+ VICTIMS: VICTIMIZATION, DISCRIMINATION, AND OTHER STRESSFUL EXPERIENCES



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**Trauma Experiences of LGBTQ+ Victims:  
Victimization, Discrimination, and Other Stressful Experiences**

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## Executive Summary

### Introduction

Research suggests lesbian, gay, bisexual, transgender, and queer individuals and individuals belonging to other diverse sexual minority groups (LGBTQ+) have high rates of trauma, including victimization, discrimination, and other stressful experiences. To better understand the nature of victimization and its impacts among LGBTQ+ victims in Illinois, we surveyed LGBTQ+-identified Illinois residents with victimization histories. Participants from across the state were recruited and were asked about their trauma histories, including victimization, help-seeking and disclosure, mental health, coping, and their related needs. In this study, researchers performed descriptive analyses to answer the following research questions:

- What is the prevalence of victimization, victimization types, hate-motivated victimization, discrimination forms, and other stressful experiences among LGBTQ+ victims?
- What victimization types are most prevalent at different life stages, as a child, youth, or adult, among LGBTQ+ victims?
- What factors (e.g., LGBTQ+ identity, race/ethnicity) motivate victimization and discrimination of LGBTQ+ victims?
- Do experiences with victimization, discrimination, and other stressful experiences vary by LGBTQ+ identity?

### Method

#### *Procedure*

We employed convenience sampling to recruit survey participants. Recruitment methods included emailing LGBTQ+ and allied service providers, distributing study flyers, and posting study information on social media and Craigslist. Participants were screened by phone or online via Qualtrics, an online survey platform. Eligible participants were Illinois residents aged 18 years or older who identified as LGBTQ+ and had experienced physical and/or sexual harm in their lifetimes. Surveys were administered online using Qualtrics or via paper copy, which was mailed to them. Respondents were offered a gift card for participation.

#### *Measures*

The present study analyzed data across four domains: victimization, hate-motivated victimization, discrimination, and other stressful experiences.

**Victimization.** We asked participants to report whether they had experienced any of 15 different victimization types at various points in their lifetimes or life stages. This included experiences with community, sexual, and domestic, and other types of violence, such as arson or injury resulting from impaired driving. For each item, a description of a victimization experience was given (e.g., *Physical force was used against me in a robbery or mugging*) and participants

were asked to report at what age the experience occurred: as a child under 12 years old; youth, aged 12-20; adult, aged 21-59; and/or older adult at 60 years or older.

**Hate-Motivated Victimization.** To assess whether participants' victimization experiences were motivated by hate, we asked participants if, for each type reported, they suspected the victimization was a hate crime or a crime of prejudice or bigotry. In addition, participants were asked to indicate whether they were targeted because of their race, religion, ethnic or national origin, disability, gender identity, gender expression, and/or sexual orientation.

**Discrimination.** We asked participants to indicate whether they had experienced any of five forms of discrimination in their lifetimes, including unfair discipline at work or school; unfair employment practices; unfair medical treatment; unfair treatment by realtors, landlords, or neighbors; and unfair treatment by law enforcement. Participants were also asked to indicate whether they thought their race, religion, ethnic or national origin, disability, gender identity, gender expression, and/or sexual orientation was the main reason(s) for each experience.

**Other Stressful Experiences.** We asked participants to report occurrences of any of 11 different stressful experiences in their lifetimes, including bullying, loss of a close friend or family due to suicide, and financial crime. They were also asked to describe any other extremely distressing experiences that had not been reported elsewhere in the survey.

### ***Sample***

We had a final sample of 212 survey responses. The average age of participants was 31 years old. Most participants resided in Cook County (58.0%), identified as White (67.9%), gay or lesbian (45.8%), and cisgender female (35.4%), had received postsecondary education and training, and reported a household income of less than \$50,000 (58.6%).

### ***Analytic Strategy***

We analyzed the dataset using IBM SPSS Statistics, Version 19.0. Frequencies were calculated for nominal variables (e.g., robbery, housing discrimination, bullying) and percentages reported for participants who endorsed a given traumatic experience. Bivariate analyses (i.e., chi-square and independent sample t-tests) were conducted to test if there were differences in participants' reporting of trauma types by LGBTQ+ identity (i.e., cisgender compared to transgender/gender non-conforming and gay/lesbian compared to bisexual participants).

### ***Limitations***

There were some limitations to the findings of this study. The study was conducted with a non-representative sample of LGBTQ+ victims in Illinois and may have been limited by self-report bias and memory recall issues. Despite being consistent with best practices for capturing sexual orientation,<sup>1</sup> responses provided for this item did not capture the nuanced sexual orientation

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<sup>1</sup> See The Williams Institute (2009). *Best practices for asking questions about sexual orientation on surveys*. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Best-Practices-SO-Surveys-Nov-2009.pdf>



options. We also made changes to the participation methods due to survey fraud which may have inadvertently discouraged some from participating. Finally, we may have removed some valid survey responses from the dataset because we suspected fraud and/or were unable to confirm participation, but this was necessary to ensure the validity of responses included in the analysis.

## **Findings**

### ***Victimization***

Participants reported experiencing an average of six victimization types, ranging from one to 14, in their lifetimes ( $SD = 3.03$ ). The most common victimization types were sexual abuse (77.9%), family verbal abuse (67.9%), stalking (63.7%), verbal intimate partner violence (57.1%), and sexual assault (55.7%). They were most likely to report experiencing victimization as a youth than at any other life stage (88.2%). More participants reported experiencing family verbal abuse as children and youth than other forms of victimization at 48.6% and 54.7%, respectively. Stalking was the most common victimization type participants experienced as an adult (43.2%).

### ***Victimization Motivated by Hate***

Two-thirds of participants (66.5%) reported experiencing a victimization motivated by hate during their lifetime due to disability, LGBTQ+ identity, race/ethnicity, and/or religion. Participants were most likely to report family verbal abuse motivated by hate (31.1%) than any other hate-motivated victimization type. A majority of participants reported experiencing a hate-motivated victimization resulting from their LGBTQ+ identity (63.2%). Of participants who had experienced a hate-motivated victimization, 95% reported the victimization was motivated by their LGBTQ+ identity. Regardless of the victimization type, participants were most likely to attribute the hate-motivated victimization to their LGBTQ+ identity than to any other motivating factor. Across all types of hate-motivated victimization participants reported as being motivated by LGBTQ+ identity, more endorsed family verbal abuse (24.5%) than any other victimization type.

### ***Discrimination***

More than half of survey participants reported experiencing at least one of five forms of discrimination in their lifetimes (57.1%) and about half reported experiencing discrimination because of their LGBTQ+ identity (50.9%). Unfair discipline at work or school was the most common form of discrimination reported (36.3%). More participants reported that each form of discrimination was due to their LGBTQ+ identity than to any other motivating factor. An analysis of differences by gender identity found that more than three times as many transgender or gender non-conforming participants reported unfair medical treatment as cisgender participants at 38.2% and 10.7%, respectively.

### ***Other Stressful Experiences***

Participants reported experiencing an average of three stressful experiences, ranging from zero to 10, in their lifetimes ( $SD = 2.13$ ). Being bullied at school, at work, or electronically was the most

commonly experienced stressful experience (68.9%). About one in five participants (21.2%) described other experiences they found to be extremely distressing, including medical and faith-related trauma and distress due to a parent or close friend's mental health disorder. Analyses of differences by sexual orientation and gender identity revealed gay and lesbian participants were more likely to report that someone had threatened to tell others about their LGBTQ+ identity without permission (57.8%) and to have experienced homelessness (35.7%), an eviction (36.5%), or "couch surfing" (i.e., living with others when homeless) (22.1%) than bisexual participants. In addition, transgender and gender non-conforming participants were more likely to indicate that a close family member, intimate partner, or friend died from suicide (45.9%) than cisgender participants (25.4%).

## **Discussion and Recommendations for Policy and Future Research**

### ***Provide Trauma-Informed Services and Supports to LGBTQ+ Youth***

In the present study, we found that LGBTQ+ victims were most vulnerable to victimization as youth aged 12 to 20. Due to the high prevalence of trauma among LGBTQ+ youth, the National Resource Center for Mental Health Promotion and Youth Violence Prevention (n.d.a; n.d.b) recommends that schools and community-based agencies serving this population adopt a trauma-informed approach and offers guidance for doing so. To better support youth victims, service providers can offer school-based services to reduce barriers to access and teen-focused programs or interventions (Whitman, 2005). Examples of approaches that may be well received by youth include teen-staffed hotlines and opportunities to express their experiences through journaling, drama, and art. Victim service agencies can better serve LGBTQ+ youth by expanding their partnerships and/or referral networks to include both LGBTQ+ and youth organizations.

### ***Train Law Enforcement to Appropriately Respond to Sexual and Hate-Motivated Victimization of LGBTQ+ Individuals***

Study participants reported experiencing high rates of sexual violence, most reported experiencing an LGBTQ+ hate-motivated victimization during their lifetime, and nearly all who had experienced a hate-motivated victimization were targeted due to their LGBTQ+ identity. However, the present study sampled only LGBTQ+ victims, which could explain why participants reported more LGBTQ+ hate-motivated than racially or ethnically hate-motivated victimization. Nationally representative studies of victimization estimate that 33.9% to 41% of sexual violence victims report to law enforcement (Bureau of Justice Statistics, n.d.; Morgan & Truman, 2020) and that 40% of hate crimes are reported to law enforcement (Masucci & Langton, 2017), suggesting law enforcement may be likely to encounter LGBTQ+ victims who have experienced these victimization types.

Law enforcement training on LGBTQ+ topics can better prepare officers to respond to LGBTQ+ victims. The National Resource Center for Reaching Victims and FORGE, an organization committed to providing services to transgender/non-binary and training resources, have outlined topics for inclusion in law enforcement training (Dreke et al., 2020). All officers should receive training (Copple & Dunn, 2017; Dreke et al., 2020) and, when possible, training should be co-developed and co-facilitated by law enforcement and LGBTQ+ subject matter experts from the

community (Copples & Dunn, 2017; Dreke et al., 2020; National Center for Transgender Equality, 2019).

### ***Prevent LGBTQ+ Hate-Motivated Discrimination in Work and School Settings***

About half of participants reported experiencing several forms of discrimination because of their LGBTQ+ identities and were most likely to have experienced discrimination in a work or school setting. To help prevent LGBTQ+ hate-motivated discrimination, employers and educators should develop and implement policies that protect employees and students from discriminatory practices regardless of their sexual orientation or gender identity and assess impacts of any existing or new policies and practices. Employers can review discrimination and harassment policies to confirm they include protections for LGBTQ+ employees (Stonewall, 2018). Schools can examine their policies and procedures to ensure supports are in place for LGBTQ+ students, including involving educators who are LGBTQ+ allies, building in curriculum that incorporates LGBTQ+ history (GLSEN, n.d.), and identifying ways to bolster efforts.

### ***Adopt Gender Affirming and Trauma-Informed Practices in Healthcare Services***

In the present study, transgender and gender non-conforming participants were more likely than cisgender participants to experience unfair medical treatment. Healthcare providers should take steps toward providing equitable care for all regardless of gender identity and integrate trauma-informed practices to effectively respond to the experiences and needs of transgender and gender non-conforming clients. This may include creating safe and gender-affirming environments by asking clients preferred names and gender pronouns, using less gendered terms to refer to human anatomy or terms used by client (Potter, 2020), and updating forms and bathroom signage to be gender inclusive (Morenz et al., 2020). Providers should also solicit feedback from transgender and gender non-conforming clients on how to adapt their practices to be more responsive (American Psychological Association, 2015) and acknowledge when care falls short of being gender inclusive.

### ***Conduct Additional Research on Trauma Among LGBTQ+ Victims***

Over two-thirds of participants reported bullying. Past research has shown that past victimization or trauma can put individuals at increased risk of future victimization (National Sexual Violence Resource Center, 2012) and that those who have experienced different victimization types are more likely to have experienced a serious victimization and to have more trauma symptoms (Finkelhor et al., 2011). Future research is needed on direct and indirect relationships between bullying and victimization. Research on LGBTQ+ victims' experiences with self-described medical trauma, faith-based trauma, or extreme distress due to a loved one's mental health disorder is scarce and more studies are needed to better understand these extreme stressors, their impacts, and relationship to other trauma.

## **Conclusion**

Participants reported experiencing multiple forms of victimization and other trauma, including discrimination and other stressful experiences. We found some differences by LGBTQ+ identity,

including that transgender and gender non-conforming participants were more likely to report unfair medical treatment than cisgender participants. LGBTQ+ victims require culturally sensitive support from institutions, systems, social and victim service agencies, and informal support sources as they work towards meaningful recovery from trauma. Direct service providers, funders, researchers, and others can collaborate to help LGBTQ+ victims heal.

## Introduction

There is tremendous diversity within the LGBTQ+ population. Members of this population identify as gay, lesbian, bisexual, and other sexual orientations, such as queer and asexual. They also have diverse gender identities. This includes transgender individuals whose sex assigned at birth does not match their gender identity or expression and gender non-conforming (GNC) or non-binary individuals who identify outside the gender binary; for example, they may identify as neither male or female, both male or female, or different genders at different times (Rimes et al., 2017).

Research suggests lesbian, gay, bisexual, transgender, and queer individuals, as well as individuals belonging to other diverse sexual minority groups (LGBTQ+) have high rates of trauma, including victimization, discrimination, and other stressful experiences. To better understand the nature of victimization and its impacts among LGBTQ+ victims, we surveyed LGBTQ+-identified Illinois residents with a history of victimization. Participants were recruited from throughout Illinois and were asked about their trauma histories, including victimization, help-seeking and disclosure, mental health, coping, and victimization-related needs. We performed descriptive analyses to answer the following research questions:

- What is the prevalence of victimization, victimization types, hate-motivated victimization, discrimination forms, and other stressful experiences among LGBTQ+ victims in Illinois?
- What victimization types are most prevalent at different life stages, as a child, youth, or adult, among LGBTQ+ victims in Illinois?
- What factors (e.g., LGBTQ+ identity, race/ethnicity) motivate victimization and discrimination of LGBTQ+ victims in Illinois?
- Do experiences with victimization, discrimination, and other stressful experiences vary by LGBTQ+ identity?

This study focused on understanding the trauma experiences of LGBTQ+ individuals in Illinois. Study findings revealed important details about the myriad ways LGBTQ+ individuals experienced trauma, including victimization, discrimination, and other stressful experiences (e.g., bullying, homelessness) and pointed to important recommendations for practice and future research.

## Literature Review

### LGBTQ+ Victimization

Research has found LGBTQ+<sup>2</sup> individuals experience victimization at higher rates than their heterosexual and/or cisgender counterparts (Black et al., 2011; Edwards et al., 2015). A recent study of victimization and help-seeking among Illinois residents found individuals who identified as LGBTQ+ were more likely to report having been victimized at some point in their lifetime than non-LGBTQ+ individuals (Vasquez, 2019). Additionally, LGBTQ+ victims were more likely to have experienced a violent crime in their lifetime and more victimizations overall compared to non-LGBTQ+ victims. A meta-analysis showed that lesbian, gay, and bisexual individuals were, on average, nearly four times as likely to experience sexual abuse, 1.3 times more likely to experience parental physical abuse, and nearly two times as likely to be assaulted at school compared to their heterosexual peers (Friedman et al., 2011). LGBTQ+ victimization studies conducted between 1992 and 2009 found that bisexual women were at greater risk of intimate partner and sexual violence than their heterosexual counterparts (Katz-Wise & Hyde, 2012). Estimates from the National Intimate Partner and Sexual Violence Survey (NIPSV) also indicated that one in three bisexual women experience stalking in their lifetime compared to one in six heterosexual women (Walters et al., 2013). A U.S. survey of 27,715 transgender individuals found that nearly half of participants had experienced sexual assault in their lifetimes and one-tenth reported being the victim of sexual assault within the prior year (James et al. 2016). Over half who had been in an intimate relationship in their lifetime experienced partner violence. Thirteen percent experienced a physical attack within the prior year.

While some studies suggest LGBTQ+ individuals experience similarly high rates of victimization regardless of their identity (Katz-Wise & Hyde, 2012), others point to differences between bisexual and gay or lesbian individuals. One study found that bisexual Illinois residents were more likely than those identifying as gay or lesbian to report experiencing child sexual abuse, domestic violence, stalking, and sexual assault (Vasquez, 2019). NIPSV findings also revealed that bisexual women reported a higher lifetime prevalence of rape (46.1%) compared to heterosexual (17.4%) and lesbian (13.1%) women (Walters et al., 2013). In addition, bisexual women reported severe physical violence by an intimate partner at rates 1.6 times higher than lesbian and two times higher than heterosexual women.

### Hate Crime Victimization

LGBTQ+ communities in the United States are likely to experience hate crimes at rates higher than expected based on their representation in the general population (Herek, 2009). According to the FBI's Uniform Crime Reporting Program, in 2018, 17% of all victims reporting hate crime to law enforcement indicated the crime was motivated by their perceived sexual orientation and

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<sup>2</sup> We use the term *LGBTQ+* to be inclusive of all sexual orientations and gender identities, but some research studies cited in this report have limited study participants to lesbian, gay, and bisexual (LGB), lesbian, gay, bisexual, and transgender (LGBT), or transgender/gender non-conforming individuals. The terms *LGB*, *LGBT*, and other descriptive language are used in this report to alert the reader when cited research has included only a sub-set of LGBTQ+ individuals.

2.4% indicated the crime was motivated by their gender identity (FBI, 2019). By some estimates, LGBTQ+ individuals comprise 4.5% of the population (The Williams Institute, 2019); therefore, hate crime victimization may be four times greater than would be expected for the population's size. Between 2011 and 2015, the National Crime Victimization Survey, an annual nationally representative study of approximately 90,000 U.S. households, found 29.3% of hate crimes were motivated by gender identity and 22.1% by sexual orientation (Masucci & Langton, 2017). A national study of 662 gay, lesbian, and bisexual adults in the United States also found 20% experienced a person or property crime motivated by their sexual orientation (Herek, 2009).

Based on the UCR, gay men may be at high risk for experiencing a hate crime. In 2018, gay men reported to law enforcement 60% of all hate crime motivated by sexual orientation (FBI, 2019). Nationally representative studies confirm gay men are at high risk for victimization. In one study, 20% of gay, lesbian, or bisexual individuals reported hate crime victimization, with gay men at the highest risk; 38% of gay men reported violence against their person or property (Herek, 2009).

Since 2013, there have been at least 130 documented cases of fatal violence against transgender individuals in the United States (Human Rights Campaign, 2018). This violence disproportionately and overwhelmingly affects trans women of color (who account for four out of five anti-transgender homicides), specifically Black transgender women.

## **LGBTQ+ Discrimination**

People who are LGBTQ+ have reported experiencing harassment, mistreatment, and/or discrimination in varied settings. Forty-two percent of LGB individuals participating in a nationally representative study of the U.S. population reported at least one form of workplace discrimination (e.g., harassment at work, lost a job) during their lifetime and 27% had experienced workplace discrimination within the prior five years (Sears & Mallory, 2011). The U.S. Transgender Survey of 2015 revealed one in three participants felt mistreatment or discrimination on the job (James et al., 2016), whereas the National Transgender Discrimination Survey, conducted in 2008, suggests that discrimination in the workplace may be even more pervasive, with 90% of participants reporting harassment or discrimination at work (Grant et al., 2011). Results from both studies indicate unemployment among transgender individuals may be two to three times higher than that of the general population. In addition, one in five participants reported difficulties securing housing due to gender identity or expression (Grant et al., 2011) and 14% reported experiencing unequal treatment or services in public spaces, such as retail stores, busses, trains, taxis, and rape crisis centers, within the prior year because of their transgender identity or expression (James et al., 2016). Fifty three percent had experienced verbal harassment or disrespect in public spaces, such as retail stores, hotels/restaurants, and government agencies (Grant et al., 2011). In a survey of LGBT youth aged 18-24, 19% reported being treated harshly by school personnel because they identified as LGBTQ+ and one in five were suspended in middle or high school (Lambda Legal, 2015).

Research has also found that discrimination is more prevalent among LGBTQ+ individuals than their non-LGBTQ+ counterparts. One study found LGBT youth were more likely to report perceived discrimination than straight or cisgender youth (31.3% vs. 3.7%; Almeida et al., 2009).

In addition, male-identified LGBT youth were almost twice as likely to have experienced perceived discrimination as female-identified LGBT youth. Another study found that LGBT individuals reported more discriminatory experiences (e.g., when applying for a job, seeking medical care) than non-LGBT individuals and were more likely to have experienced discrimination in the past year (Burgess et al., 2007).

### **Other Stressful Experiences**

Experiences are traumatic when they evoke a great deal of stress and typically involve serious injury or death, threats of injury or death, and/or feelings of helplessness (Centers for Disease Control and Prevention, n.d.). Both the National Child Traumatic Stress Network (n.d.a) and the Substance Abuse and Mental Health Services Administration (2020) consider other stressful experiences, including bullying, the loss of a loved one, and homelessness, to be traumatic. Research has found that LGBTQ+ individuals had high rates of many of these types of stressful, and potentially traumatic, experiences and that they may be higher than for their non-LGBTQ+ counterparts.

Bullying is aggression and harassment that seeks to cause social, emotional, physical, and/or psychological harm, disrupting access to safety in various settings, including school and work (The National Child Traumatic Stress Network, n.d.b). A national school climate survey of LGBTQ+ youth found 74% of LGBT youth had been a victim of verbal harassment within the prior year (Kosciw et al., 2014). Among transgender samples, 54% to 78% of participants had reported harassment at school (Grant et al., 2011; James et al., 2016). An analysis of 9<sup>th</sup> to 12<sup>th</sup> grade Chicago Public School student data found that LGB youth were more likely to be bullied on school property or to be electronically bullied and that male LGB youth were at greater risk for both types of bullying (Chicago Department of Public Health, 2018).

Losing a loved one due to suicide can be distressing and may place those left behind at increased risk of having suicidal thoughts or of attempting suicide themselves (Keys et al., 2014). One study found that being victimized may lead to a higher incidence of suicidality among LGBTQ+ youth (Espelage et al., 2018). Suicidality is also higher among transgender individuals than in the general population. Studies have shown that about 40% of transgender participants have attempted suicide in their lifetime (Grant et al., 2011; James et al., 2016). Transgender individuals were nearly 12 times as likely to have attempted suicide in the past as the general population (7% vs. 0.6%; James et al., 2016). Research suggests that the social support networks of LGB individuals are often comprised of other LGB individuals (Frost et al., 2016). Therefore, LGBTQ+ individuals may be at increased risk of losing someone they rely on for support.

Studies also suggest that 20% to 45% of homeless youth are LGBTQ, a percentage that is two to four times higher than the total number of estimated LGBTQ youth (Romero et al., 2020). Housing discrimination, with higher rents or higher mortgage interest rates, workplace discrimination, and family rejection can pose obstacles to LGBTQ+ individuals in need of stable housing and increases risk of homelessness. Only half of LGBT adults own their own homes compared to 75.1% of non-LGBT adults.



While there is robust literature on the prevalence of traumatic experiences among LGBTQ+ individuals, this study provides much needed information on the prevalence of victimization, discrimination, and other stressful life experiences of LGBTQ+ victims in Illinois. Study findings can demonstrate this population's need for services and supports, including those that are trauma-informed and/or help victims heal from trauma.

## **Method**

### **Procedure**

This study was approved by the ICJIA Institutional Review Board. We employed convenience sampling and used various methods to recruit survey participants, including the following:

- Information about the study opportunity was emailed to LGBTQ+ and allied service agencies and related email listservs.
- Flyers, palm cards, and business card sized recruitment materials were mailed to interested providers to display or distribute
- ICJIA and partner organizations posted on various social media platforms.
- Advertisements were placed on numerous Craigslist pages in Illinois.
- ICJIA issued a press release about the study opportunity.
- Participants from two other victimization studies conducted in the past two years who gave permission to be contacted for future study opportunities were re-contacted.
- Study participants were invited to share information about the study with others.

Interested participants were screened for eligibility by phone or online. Participant criteria included:

- Must be 18 years or older.
- Must be an Illinois resident.
- Must identify as LGBTQ+.
- Must have experienced physical and/or sexual harm in their lifetime.

Participants were offered a gift card for their participation.

We collected data over two distinct time periods. In the first round, we collected data from early December 2018 to mid-January 2019. Data was collected over six months in the second round from July 2019 to December 2019. In both rounds, potential respondents were screened for participation by phone or online via Qualtrics, an online survey platform. Eligible participants had the option of completing the survey online via Qualtrics or completing a paper copy of the survey, which was mailed to them. All participants received an informed consent sheet and list of community resources with the survey. Online participants electronically consented to the study and had access to a downloadable community resource list. Those participating by mail received the informed consent sheet and community resource list with the survey and a postage paid envelope for returning the survey.

### ***Round One of Data Collection***

In round one, participants who completed the screener online were given options to immediately complete the online survey, receive an emailed link to the survey, or have a paper copy mailed to them. Those completing the screener by phone were either emailed a survey link or mailed a paper copy, based on their participation preference. All participants screened by phone chose to receive an individualized link to the online survey via email. Individualized links enabled

participants to pause and return to the survey over multiple days, whereas those completing the survey immediately received a version that didn't save their responses until the survey was submitted.

During this round, the screener was completed 1,097 times. This included 1,092 online screens; the remaining five screens were conducted by phone. From these online screens, we received 965 requests for an individualized link to the online survey, 124 requests to complete the survey immediately, and one request for a mailed paper survey. In addition, one screened participant was ineligible and another did not want to participate in a research study.

All participants screened by phone in round one chose to receive an individualized link to the online survey via email. A total of 293 individuals were invited to participate in round one of data collection; 124 chose to complete the survey immediately, one paper copy of the survey was mailed, and 168 unique survey links were emailed. We received a total of 256 completed surveys, including 113 surveys that were immediately completed, one paper survey returned by mail, and 142 responses completed through an individualized link. These participants were emailed or mailed a \$25 Target or Amazon gift card, based on their preference.

We observed patterns in both the survey participation requests and completed surveys that raised concerns of potential fraud. For example, we received hundreds of completed online screens over a period of less than a week and while the survey was estimated to take 30 to 45 minutes to complete, over 100 surveys were each completed in less than ten minutes, many one right after another (i.e., once one survey was completed in under 10 minutes, another survey was started and completed in less than 10 minutes, and so on). Therefore, we only retained survey responses from round one that could be confirmed via initial screening or a follow up contact. Only 31 individuals from the 256 completed surveys received could be confirmed as eligible participants. This included one participant who completed a paper survey, 18 participants who immediately completed the survey, and 12 who participated via an individual link. Two participants were excluded from the analysis because they did not report any victimization experiences.

### ***Round Two of Data Collection***

To discourage fraud uncovered in round one, we made several changes to the study procedure. We restricted how respondents could participate, no longer allowing them to immediately complete the survey after being screened online. We also reduced compensation from a \$25 gift card in round one to a \$10 gift card in round two. In round two, participants could only receive compensation by mail, whereas in round one participants had the option of receiving payment by email.

In round two, the screener was completed 1,129 times; 1,128 survey screens were completed online and one by phone. Of those completing the screener online in round two, 13 requested a paper copy of the survey and 1,069 others chose survey access via an individualized link that was emailed to them. The participant screened by phone requested a paper copy of the survey. Forty-six individuals were either ineligible or indicated they did not want to participate in a research study. A total of 267 individuals were invited to participate in the second round of data collection; 253 were emailed an individualized link to the survey and 14 were mailed a paper

copy. We received 200 completed or partially completed surveys; 179 completed surveys and 13 partially completed surveys were submitted online and eight completed surveys were returned by mail.

For round two, 19 responses were excluded from the analysis. Twelve were not eligible; this included 10 participants who did not report a history of victimization on the survey and two participants who were not Illinois residents. Six additional responses were excluded for suspected fraud (e.g., mailed payment returned and attempts to contact for updated address were unsuccessful) and one was excluded for poor data quality (i.e., *Prefer not to answer* was selected for most survey items).

In the second round, an additional response option was added to a question on the participants' decisions to disclose victimization. In the first round, participants had four responses to select from, including "I wanted or needed to tell them." In round two, that response was broken into two: "I wanted to tell them" and "I needed to tell them." We made this change after an in-depth analysis of cognitive interviews on victimization disclosure conducted with LGBTQ+ victims found wanting to tell a trusted support source about victimization was distinctly different from needing to tell someone, especially at a time of emotional distress. Study results of disclosure pathways among LGBTQ+ victims can be found [here](#).

## **Measures**

The survey included items that addressed four domains: victimization, hate-motivated victimization, discrimination, and other stressful experiences. In addition, participants reported demographic information (e.g., age, sexual orientation, gender identity).

### ***Sexual Orientation***

Participants could select from one of three sexual orientation categories: heterosexual or straight, gay or lesbian, and bisexual. These sexual orientation response options were consistent with recommendations from a multi-disciplinary panel of LGBTQ+ subject matter experts on best practices for asking about sexual orientation in survey research (The Williams Institute, 2009),

### ***Gender Identity***

The Gender Identity in U.S. Surveillance (2014) group, a multi-disciplinary panel of LGBTQ+ subject matter experts, developed a promising measure for asking participants about their current gender identity in surveys. We adapted this measure for the current study. Participants could select one or more gender identities:

- Cisgender male: assigned male at birth and identifies as male
- Cisgender female: assigned female at birth and identifies as female
- Transgender male: assigned female at birth and identifies as male
- Transgender female: assigned male at birth and identifies as female
- Genderqueer/gender non-conforming: identifies as gender neutral or gender free
- Different identity

Participants who selected a different identity as one of their response options were asked to describe their gender identity.

### ***Victimization***

We asked participants to report whether they had experienced any of 15 different victimization types at various points in their lifetimes, or life stages. Ten victimization questions were adapted from the Stressful Life Events Screening Questionnaire Revised (SLESQ-R; Green et al., 2006) and included questions about participants' experiences with robbery, losing a loved one to serious injury or homicide, sexual assault, sexual abuse, being threatened with a weapon, physical assault, physical abuse by a parent, child, or caregiver, physical abuse by a current or former intimate partner, verbal abuse by a parent, child, or caregiver, and verbal abuse by a current or former intimate partner. We adapted the remaining five victimization questions from a 2016, ICJIA-contracted victim needs assessment survey conducted by Aeffect, Inc.;<sup>3</sup> these questions captured participants' experiences with human trafficking, kidnapping, arson, stalking, and being hurt due to someone else's driving while distracted or under the influence. For each question, a description of a victimization experience was given (e.g., *physical force was used against me in a robbery or mugging*) and participants were asked to report whether they had each experience as a child under 12 years old; youth, aged 12-20; adult, aged 21-59; and/or older adult at 60 years or older.

### ***Hate-Motivated Victimization***

To determine whether reported victimization experiences were motivated by hate, we asked participants who reported victimizations if they suspected the incidents were hate crimes or crimes of prejudice or bigotry. Language for this item was drawn from the National Crime Victimization Survey (NCVS), a nationally representative self-report survey of victimization in the United States used to provide annual hate crime estimates. In addition, participants were asked to indicate if they believed they were targeted because of their race, religion, ethnic or national origin, disability, gender identity, gender expression, and/or sexual orientation.

### ***Discrimination***

We asked participants to indicate whether they had experienced any of five different forms of discrimination in their lifetime. Three of the discrimination items were drawn from an expanded 19-item version of the Major Experiences with Discrimination Scale (Williams et al., 2012). These questions asked whether participants were denied medical care or had received substandard care, were denied a promotion or fired or not hired, or were prevented from moving to a new neighborhood by a realtor or landlord or treated poorly by neighbors. One question adapted from the 2015 U.S. Transgender Survey asked participants if they had been unfairly disciplined at school or work (James et al., 2016). In the last question, participants were asked to report if law enforcement had ever refused to take a complaint or arrested them for making complaint. This question was adapted from the National Coalition of Anti-Violence Programs

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<sup>3</sup> For information about the study see Aeffect, Inc. (2017). *2016 victim needs assessment*. Illinois Criminal Justice Information Authority.

incident reporting form (Waters, 2016). In addition, participants were asked to indicate if they thought their race, religion, ethnic or national origin, disability, gender identity, gender expression, and/or sexual orientation was the main reason(s) for each experience.

### ***Other Stressful Experiences***

We asked participants to report lifetime histories of 11 different stressful experiences. Five questions were drawn from the SLESQ-R (Green et al., 2006); these items assessed participants' experiences with chronic illness, a life-threatening accident, a loss due to suicide, witnessing harm, or being seriously injured or feeling their life was in danger. Two questions were adapted from the 2015 U.S. Transgender Survey (James et al., 2016); the first of these items asked whether participants had been homeless, evicted, or had to find different places to sleep for short periods of time, and the second item asked if they'd been kicked out of their family home or had run away from home. One question used language from the 2016 Aeffect, Inc., survey to ask about financial crime. We adapted another question on bullying from the Youth Risk Behavior Surveillance Questionnaire (Centers for Disease Control and Prevention, 2016); participants were asked to report whether they had been teased, threatened, hit or, shoved, or had rumors spread about them while at school or work or electronically (e.g., via text, other social media). The two remaining questions were recommended for inclusion by a small group of subject matter experts in the LGBTQ+ and/or victim services community who advised on the survey's development. The questions asked participants to report if someone had ever threatened to out their LGBTQ+ identity or if they had been placed in the care of the child welfare system. Lastly, participants were asked to report any other extremely distressing experiences that had not been reported elsewhere in the survey and to describe those experiences.

### **Sample**

We had a final sample of 212 survey responses, including 29 from round one and 183 from round two. The average age of participants was 31 years old, with participant ages ranging from 18 to 72 years ( $SD = 11.4$ ). One participant did not report their age. More than half of participants resided in Cook County (58.0%). Participants resided in Central Illinois counties (19.3%), Collar counties (9.4%), Northern Illinois counties (3.8%) and Southern Illinois (2.8%) counties.<sup>4</sup> An additional 14 participants (6.6%) did not indicate a county of residence.

Participants self-identified with one or more race or ethnicity categories (*Table 1*). Thirty-two participants identified as more than one race or ethnicity (15.1%).

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<sup>4</sup> Participants from Central Illinois reported living in Adams, Cass, Champaign, Christian, Coles, DeWitt, Kankakee, Macon, McHenry, McLean, Morgan, Peoria, Rock Island, Sangamon, or Tazewell counties. Those from the Collar counties lived in DuPage, Kane, Lake, or Will counties. Northern Illinois participants lived in DeKalb, Grundy, Ogle, or Winnebago counties and Southern Illinois participants were from Fayette, Jefferson, Pulaski, or St. Clair counties.

**Table 1**

*Number and Percentage of LGBTQ+ Participants' Self-Reported Racial/Ethnic Identity (N = 212)*

	N	%
White	144	67.9
Black or African American	39	18.4
Hispanic, Latino, or Spanish	29	13.7
Asian	8	3.8
American Indian or Alaska Native	7	3.3
Middle Eastern or North African	4	1.9
Native Hawaiian or Pacific Islander	2	0.9
Another race or ethnicity	5	2.4
Jewish	2	0.9
Brazilian	1	0.5
Filipino	1	0.5
Indigenous South American	1	0.5
Prefer not to answer	1	0.5
No response	12	5.7
Total	251	118.5

Most participants had received postsecondary education or training, including a postgraduate or professional degree (25.0%), some postgraduate or professional education (5.7%), a bachelor's degree (26.4%), or some college or trade school (25.0%). Other participants reported either being a high school graduate or having a GED (11.3%) and one participant reported not completing high school (0.5%). Thirteen participants did not report their educational background (6.1%).

More than half of participants (58.6%) reported household incomes of less than \$50,000, 12.7% reported household incomes of \$50,000 to \$75,000, and 18.6% reported household incomes greater than \$75,000. A total of 22 participants did not report their household incomes (10.4%). According to 2014 to 2018 estimates, the median household income in Illinois was \$63,575 (U.S. Census Bureau, n.d.).

Participants represented different gender identities (*Table 2*) and sexual orientation. For sexual orientation, participants were asked to select only one response option. They identified as gay or lesbian (45.8%), bisexual (40.6%), or heterosexual or straight (1.9%). Twenty-five participants did not report their sexual orientations.

**Table 2***Number and Percentage of LGBTQ+ Participants' Self-Reported Gender Identity (N = 212)*

	<b>n</b>	<b>%</b>
Cisgender female	75	35.4
Cisgender male	53	25.0
Genderqueer or Gender non-conforming	53	25.0
Transgender male	21	9.9
Transgender female	7	3.3
A different identity	15	7.1
Non-binary or Agender	5	2.4
Lesbian	3	1.4
Two-spirit	2	0.9
Demifemale	1	0.5
Genderfluid	1	0.5
Man	1	0.5
Transmasculine	1	0.5
No text entry	1	0.5
Prefer not to answer	3	1.4
No response	12	5.7
Total	239	112.8

Note: Survey participants could select multiple response options to self-describe their gender identities.

### **Analytic Strategy**

We analyzed the dataset using IBM SPSS Statistics, Version 19.0. Frequencies were calculated for nominal variables (e.g., robbery, housing discrimination, bullying) and percentages reported for participants who selected a given traumatic experience. Sum totals for the victimization and other stressful experiences variables were computed to provide additional descriptive information (e.g., mean, range) about participants' experiences. Individual items were also used to create new variables (e.g., a child victimization variable indicating the percentage of participants who had experienced any of the 15 different victimization types as a child) to facilitate the analysis and interpretation of the data.

Bivariate analyses (i.e., chi-square and independent sample t-tests) were conducted to test if there were differences in participants' reporting of trauma types by LGBTQ+ identity (i.e., cisgender compared to transgender/gender non-conforming and gay/lesbian compared to bisexual participants).

To conduct bivariate analyses by gender identity, we recoded as cisgender and gender non-conforming. A total of 171 participants selected only one gender identity response option; 116 identified as cisgender male or cisgender female and were recoded as cisgender; and 45 identified as transgender male, transgender female, and gender non-conforming and were



recoded as transgender/gender non-conforming. Ten participants selected another identity as their only response option; four of these responses were recoded as transgender/gender non-conforming based on participants' written descriptions of their gender identities (e.g., agender, non-binary). Twenty-six participants selected more than one gender identity. Of these participants, 14 selected were recoded as transgender/gender non-conforming because they indicated their gender identities as a combination of transgender male, transgender female, gender non-conforming, and/or another identity (e.g., non-binary, trans-masculine).

## **Limitations**

There were some limitations to the findings of this study. First, this study was conducted with a non-representative sample of LGBTQ+ victims in Illinois. Few participants identified as transgender male or transgender female, or as Asian, American Indian or Alaska Native, Middle Eastern or North African, or Native Hawaiian or Pacific Islander, or resided in the Northern or Southern regions of Illinois. Thus, study findings are not representative of these victim populations. Second, the study may have been limited by self-report bias and memory recall issues. Specifically, participants may have misunderstood a question or intentionally selected a more positive or socially desirable response. In addition, we asked participants to report lifetime experiences; participants may have had difficulty accurately recalling experiences from years or even decades earlier. Third, the response options for the sexual orientation survey question (i.e., heterosexual or straight, gay or lesbian, and bisexual), despite being consistent with best practices for capturing sexual orientation,<sup>5</sup> did not capture the nuanced sexual orientation options. Participants could not report other sexual orientations such as queer, pansexual, and asexual. Fourth, the potential impact of real and suspected survey fraud may have impacted participation and the dataset. We made efforts to reduce fraud, including changing how individuals could participate; however, those efforts may have inadvertently discouraged some from participating. Finally, we may have removed some valid survey responses from the dataset because we suspected fraud and/or were unable to confirm participation. However, this was necessary to ensure the validity of responses included in the analysis.

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<sup>5</sup> See The Williams Institute (2009). *Best practices for asking questions about sexual orientation on surveys*. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Best-Practices-SO-Surveys-Nov-2009.pdf>

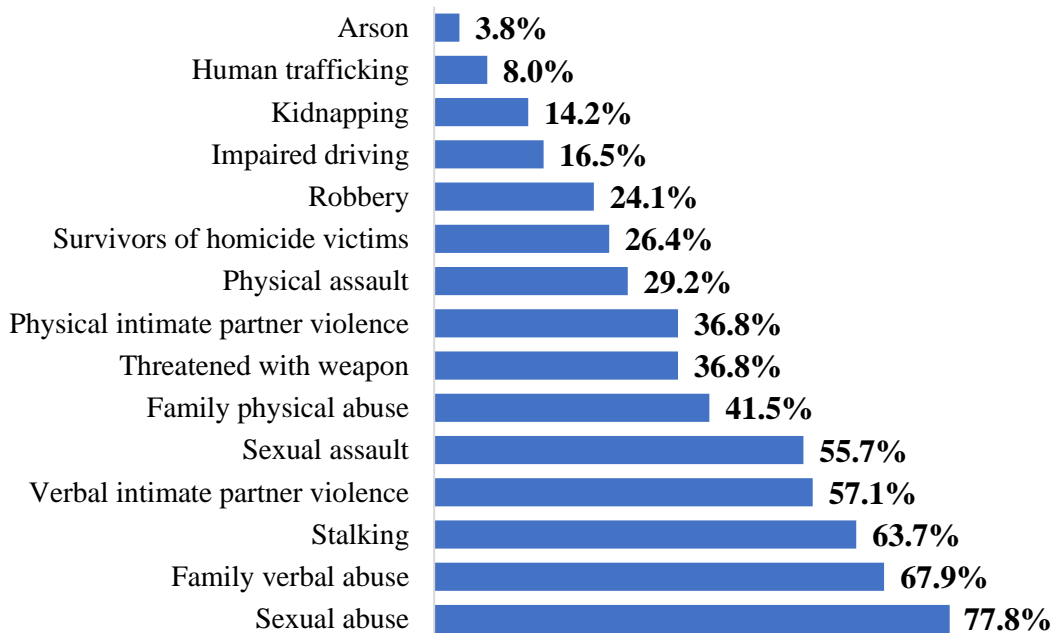
## Findings

### Victimization

Participants reported experiencing an average of six victimization types, ranging from one to 14, in their lifetime ( $SD = 3.03$ ). Gay and lesbian participants reported experiencing more victimization types ( $M = 5.76$ ,  $SD = 3.09$ ) than bisexual participants ( $M = 5.20$ ,  $SD = 2.87$ ), but these differences were not statistically significant,  $t(181) = 1.28$ ,  $p = .203$ . Similarly, transgender and gender non-conforming participants experienced more victimization types ( $M = 5.90$ ,  $SD = 2.84$ ) than cisgender participants ( $M = 5.40$ ,  $SD = 2.98$ ), but results were not significant,  $t(177) = -1.11$ ,  $p = .270$ . The most common types of victimizations they had experienced during their lifetimes were sexual abuse, family verbal abuse, stalking, verbal intimate partner violence, and sexual assault (*Figure 1*). Far fewer reported robbery, being injured as a result of impaired driving, kidnapping, human trafficking, or arson.

**Figure 1**

*Percentages of LGBTQ+ Participants' Self-Reported Victimization, by Victimization Type (N = 212)*

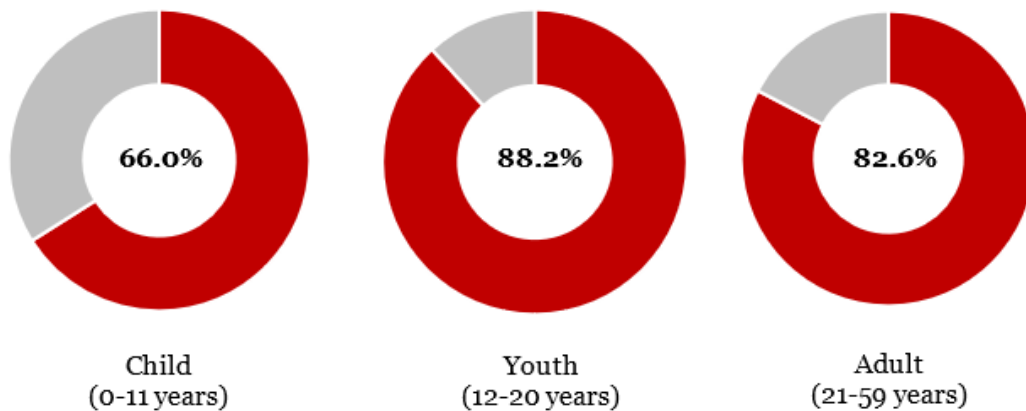


We found no statistically significant differences in victimization experiences between LGBTQ+ identities; there were no differences between gay/lesbian and bisexual participants or between transgender/gender non-conforming and cisgender participants for any of the 15 victimization types.

Participants also reported their experiences with victimization at different stages in their lifetimes, including as children, youth, adults, or older adults. More participants reported experiencing victimization as a youth than at any other life stage (*Figure 2*). In addition, two of eight older adult participants, aged 60 or older, reported experiencing victimization in later life.

**Figure 2**

*Percentages of LGBTQ+ Participants Who Self-Reported Victimization, by Life Stages*



*Note.* Sample sizes varied based on the age of participants: child ( $n = 212$ ), youth ( $n = 212$ ), and adult ( $n = 190$ ).

Participants experienced varied forms of victimization at different life stages (*Table 3*). They were most likely to have experienced family verbal abuse as a child and as a youth than any other victimization type. In addition, family physical abuse was most likely to occur during childhood. More participants reported experiencing family verbal abuse, sexual abuse, sexual assault, physical assault, a loss due to homicide, an injury due to impaired driving, and human trafficking as a youth than as a child or as an adult. Stalking during adulthood was the most commonly reported form of victimization during that life stage. Stalking, verbal intimate partner violence, physical intimate partner violence, being threatened with a weapon, robbery, kidnapping, and arson most often occurred during the participants' adulthoods.

**Table 3**

*Numbers and Percentages of LGBTQ+ Participants' Self-Reported Victimization, by Victimization Type and Life Stage*

	Child (0-11 years)		Youth (12-20 years)		Adult (21-59 years)	
	n	%	n	%	n	%
<b>Community Violence</b>						
Survivors of homicide victims	18	8.5	34	16.0	26	13.7
Physical assault	17	8.0	38	17.9	25	13.2
Threatened with weapon	13	6.1	38	17.9	46	24.2
<b>Domestic Violence</b>						
Family verbal abuse	103	48.6	116	54.7	50	26.3
Family physical abuse	69	32.5	59	27.8	9	4.7
Physical intimate partner violence	1	0.5	41	19.3	51	26.8
Verbal intimate partner violence	9	4.2	74	34.9	78	41.1
<b>Sexual Violence</b>						
Sexual abuse	65	30.7	102	48.1	68	35.8
Sexual assault	38	17.9	67	31.6	55	28.9
Stalking	19	9.0	80	37.7	82	43.2
<b>Other Violence</b>						
Arson	3	1.4	2	0.9	3	1.4
Impaired driving	6	2.8	20	9.4	12	6.3
Human trafficking	4	1.9	8	3.8	5	2.6
Kidnapping	5	2.4	8	3.8	19	10.0
Robbery	3	1.4	26	12.3	30	15.8

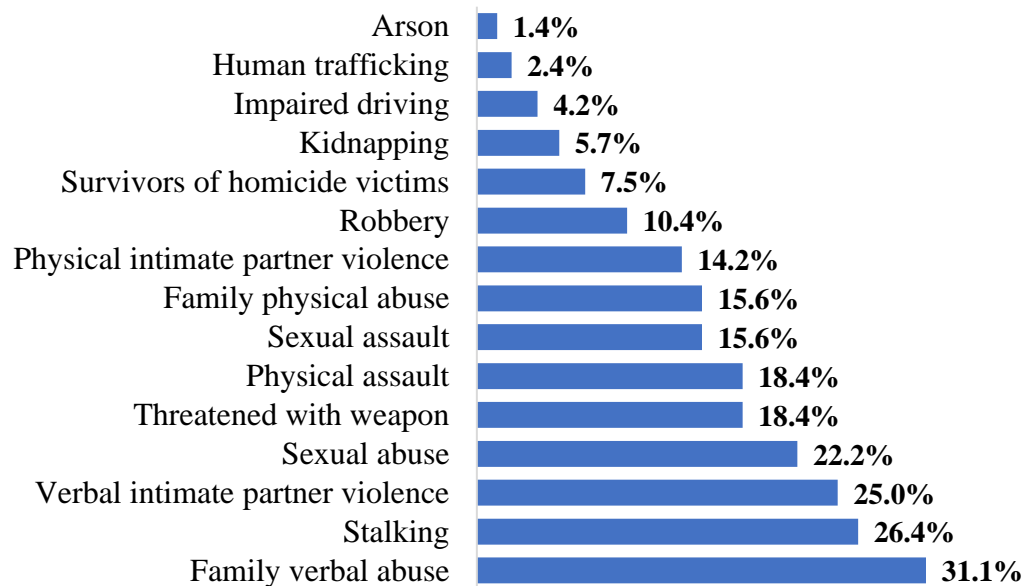
*Note.* Sample size varied based on the age of participants: child ( $n = 212$ ), youth ( $n = 212$ ), and adult ( $n = 190$ ).

### **Victimization Motivated by Hate**

Two-thirds of participants (66.5%) reported experiencing a victimization motivated by hate during their lifetimes due to disability, LGBTQ+ identity, race/ethnicity, and/or religion. While more gay and lesbian participants reported experiencing a hate-motivated victimization (78.2%) than bisexual participants (72.4%), this difference was not statistically significant,  $\chi^2(1, n = 163) = 0.74, p = .391$ . A similar percentage of cisgender (75.3%) and transgender/gender non-conforming participants (73.3%) reported experiencing a hate-motivated victimization during their lifetimes,  $\chi^2(1, n = 157) = 0.07, p = .788$ . Across 15 different victimization types, participants were most likely to report family verbal abuse motivated by hate than any other hate-motivated victimization type (*Figure 3*). More than 20% also reported experiencing hate-motivated stalking, verbal intimate partner violence, and/or sexual abuse. Participants were least likely to have been the victim of hate-motivated arson.

**Figure 3**

*Percentages of LGBTQ+ Participants' Self-Reported Victimization Motivated by Hate (N = 212)*



We compared the number of participants who experienced each victimization type to those who indicated that a victimization was motivated by hate. Of participants who had experienced a physical assault during their lifetimes, 63% reported that it was hate-motivated. Half of participants threatened with a weapon attributed the victimization to hate. More than a third who experienced family verbal abuse (45.8%), verbal intimate partner violence (43.8%), robbery (43.1%), stalking (41.5%), physical intimate partner violence (38.5%), and/or family verbal abuse (37.5%) indicated the victimization was motivated by hate. Over a quarter of participants reported that their experiences as a survivor of a homicide victim (28.6%), with sexual abuse (28.5%), and/or sexual assault (27.9%) were hate-motivated. Kidnapping, impaired driving, human trafficking, and arson were not examined because few participants reported experiencing those victimization types during their lifetime.

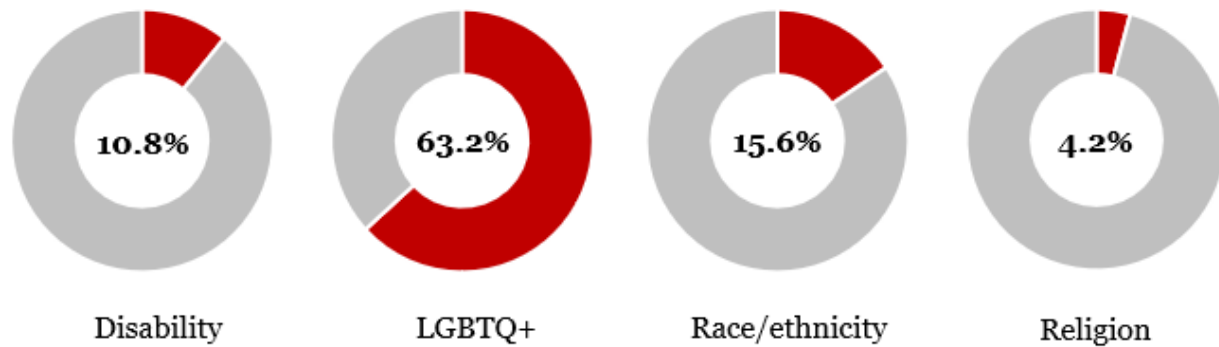
We found no statistically significant differences between gay and lesbian participants and bisexual participants for any type of hate-motivated victimization. Transgender and gender non-conforming participants were more likely to report experiencing hate-motivated family verbal abuse than cisgender participants, at 44.1% and 24.5% respectively; no other statistical differences were found between those two groups.

Participants were asked whether they had experienced hate-motivated victimization resulting from four motivating factors: disability; LGBTQ+ identity—sexual orientation, gender identity, and/or gender expression; race/ethnicity or national origin; and religion. Most participants reported experiencing a hate-motivated victimization because of their LGBTQ+ identity (*Figure 4*). Fewer experienced a hate-motivated victimization due to disability, race/ethnicity, or religion.

Almost all participants who had experienced a hate-motivated victimization said the victimization was motivated by their LGBTQ+ identities (95%). Fewer indicated the hate-motivated victimization was due to their races/ethnicities (23.4%), a disability (16.3%), or religions (6.4%).

**Figure 4**

*Percentages of LGBTQ+ Participants Who Self-Reported Victimization Motivated by Hate, by Motivating Factor (N = 212)*



Participants indicated whether they perceived their victimization to be motivated by a disability, their LGBTQ+ identities, their races/ethnicities and/or religions (*Table 4*). Participants were more likely to attribute the hate-motivated victimization to their LGBTQ+ identity than to any other motivating factor. Of all hate-motivated victimization types reported by participants as being motivated by LGBTQ+ identity, more endorsed family verbal abuse than any other victimization type, followed closely by stalking. Less than 6% of participants reported experiencing any one type of hate-motivated victimization due to disability, race/ethnicity, or religion.

**Table 4**

*Numbers and Percentages of LGBTQ+ Participants' Self-Reported Victimization Motivated by Hate, by Victimization Type and Motivating Factor (N = 212)*

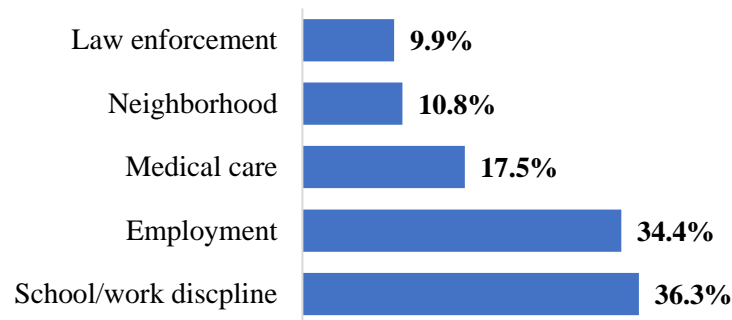
	Disability		LGBTQ+		Race/ethnicity		Religion	
	n	%	n	%	n	%	n	%
<b>Community Violence</b>								
Survivors of homicide victims	4	1.9	8	3.8	1	0.5	1	0.5
Physical assault	5	2.4	31	14.6	9	4.2	0	0.0
Threatened with weapon	0	0.0	33	15.6	11	5.2	0	0.0
<b>Domestic Violence</b>								
Family verbal abuse	9	4.2	52	24.5	8	3.8	3	1.4
Family physical abuse	3	1.4	23	10.8	5	2.4	3	1.4
Physical intimate partner violence	5	2.4	21	9.9	5	2.4	0	0.0
Verbal intimate partner violence	9	4.2	41	19.3	5	2.4	1	0.5
<b>Sexual Violence</b>								
Sexual abuse	1	0.5	38	17.9	6	2.8	1	0.5
Sexual assault	1	0.5	26	12.3	5	2.4	0	0.0
Stalking	2	0.9	48	22.6	10	4.7	3	1.4
<b>Other Violence</b>								
Arson	1	0.5	3	1.4	0	0.0	0	0.0
Impaired driving	0	0.0	2	0.9	2	0.9	0	0.0
Human trafficking	0	0.0	5	2.4	1	0.5	0	0.0
Kidnapping	0	0.0	9	4.2	1	0.5	0	0.0
Robbery	0	0.0	17	8.0	4	1.9	1	0.5

## Discrimination

More than half of survey participants reported experiencing at least one of five forms of discrimination in their lifetimes (57.1%), including unfair discipline at work or school; unfair employment practices; unfair medical treatment; unfair treatment by realtors, landlords, or neighbors; and unfair treatment by law enforcement. Three-quarters of gay and lesbian participants reported experiencing at least one form of discrimination compared to 68.4% of bisexual participants, but this difference was not statistically significant,  $\chi^2(1, n = 167) = 0.91, p = .340$ . A greater percentage of transgender and gender non-conforming participants (80%) reported experiencing at least one form of discrimination than cisgender participants (70.9%), but results were not significant,  $\chi^2(1, n = 163) = 1.65, p = .199$ . Overall, participants were most likely to report unfair discipline at work or school and least likely to report unfair treatment by law enforcement (*Figure 5*).

**Figure 5**

*Percentages of LGBTQ+ Participants Who Self-Reported Experiencing Discrimination, by Discrimination Form (N = 212)*

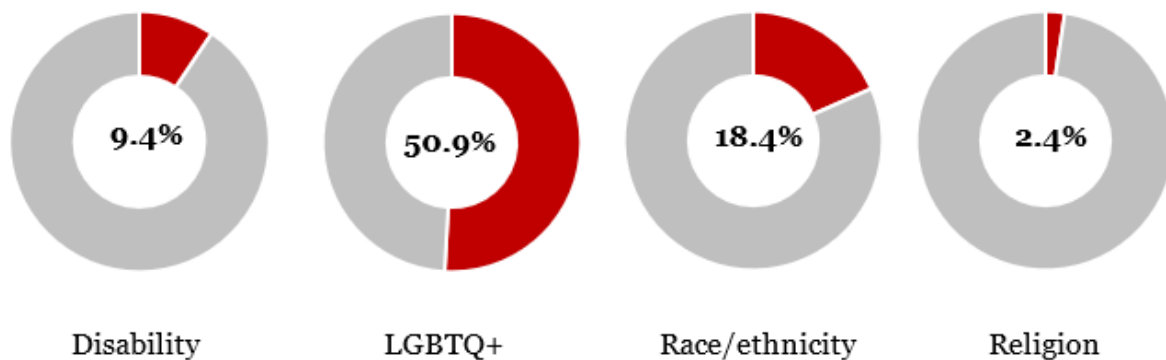


We found no statistically significant differences between gay and lesbian participants and bisexual participants for any form of discrimination. Chi-square tests found transgender and gender non-conforming participants were more likely to report unfair medical treatment than cisgender participants,  $\chi^2(1, n = 166) = 17.30, p = <.001$ . More than three times as many transgender or gender non-conforming participants (38.2%) reported unfair medical treatment as cisgender participants (10.7%). The analysis showed no other statistically significant differences.

Participants indicated whether they had experienced discrimination due to a disability, their LGBTQ+ identities, their races or ethnicities, or their religions. About half reported experiencing discrimination because of their LGBTQ+ identities (*Figure 6*). Fewer experienced discrimination due to disability, race/ethnicity, or religion.

**Figure 6**

*Percentages of LGBTQ+ Participants Who Self-Reported Discrimination, by Motivating Factor (N = 212)*



For each form of discrimination, participants indicated whether they believed it was due to a disability, their LGBTQ+ identities, their races/ethnicities, and/or religion (*Table 5*). More participants reported that each form of discrimination was due to their LGBTQ+ identity than to



any other motivating factor. The most commonly reported forms of discrimination due to LGBTQ+ identity were unfair discipline at work or school and unfair employment practices. Few participants (less than 5%) reported experiencing any one form of discrimination due to a disability or religion.

**Table 5**

*Numbers and Percentages of LGBTQ+ Participants' Self-Reported Discrimination, by Discrimination Type and Motivating Factor (N = 212)*

	Disability		LGBTQ+		Race/ethnicity		Religion	
	N	%	N	%	N	%	N	%
School/work discipline	8	3.8	55	25.9	19	9.0	2	0.9
Employment	8	3.8	54	25.5	20	9.4	3	2.4
Medical care	8	3.8	28	13.2	11	5.2	0	0.0
Neighborhood	1	0.5	14	6.6	7	3.3	0	0.0
Law enforcement	2	0.9	16	7.5	5	2.4	0	0.0

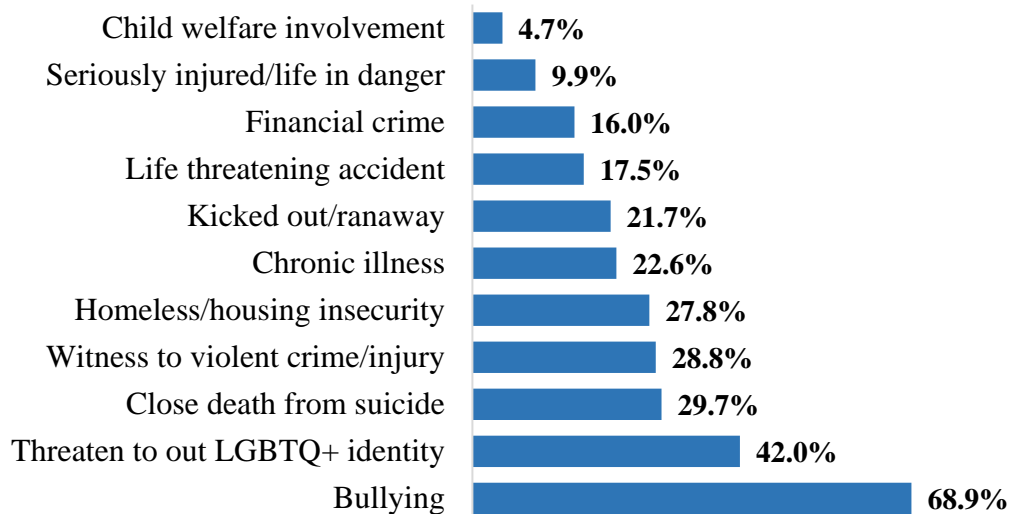
### Other Stressful Experiences

Participants experienced a range of other stressful experiences during their lifetimes, reporting an average of three stressful experiences, ranging from zero to 10, in their lifetimes ( $SD = 2.13$ ). Gay and lesbian participants reported experiencing more stressful experiences ( $M = 3.34$ ,  $SD = 2.15$ ) than bisexual participants ( $M = 2.72$ ,  $SD = 2.13$ ), but these differences were not statistically significant,  $t(181) = 1.95$ ,  $p = .053$ . Cisgender ( $M = 3.03$ ,  $SD = 2.29$ ) and transgender/gender non-conforming participants ( $M = 3.22$ ,  $SD = 1.91$ ) reported experiencing a similar number of stressful experiences,  $t(177) = -0.55$ ,  $p = .580$ .

Being bullied at school, at work, or electronically was the most commonly experienced stressful experience, followed by someone threatening to tell others about participants' LGBTQ+ identity without permission (*Figure 7*). Other stressful experiences involved harm to others, including loss of a family member, intimate partner, or close friend to suicide and being a witness to a violent crime or injury or physical harm to self, such as being chronically ill, seriously injured, or in danger. Participants also reported stress from housing instability: being kicked out of a family home or running away, homelessness or being evicted or couch surfing, and/or being placed in temporary housing by child welfare.

**Figure 7**

*Percentages of LGBTQ+ Participants Who Self-Reported Other Stressful Experiences (N = 212)*



In addition, 47 participants (21.2%) described other experiences they found to be extremely distressing. Eight participants reported medical trauma in which they experienced extreme distress due to a health condition (e.g., mental health disorder, cancer diagnosis), medical procedure, or treatment experience. Five participants described experiences with harassment, particularly in public spaces, emotional abuse, and distress due to a parent or close friend's mental health disorder. Three participants reported negative interactions with law enforcement, being a witness to other forms of harm, such as harassment or suicide, and distress because a faith community was not welcoming or had ostracized them. Family discord, such as fighting, personal or family criminal justice system involvement, or being the primary caregiver to a severely ill or injured parent or partner, and sexual harm were reported as other extremely distressing experiences by two participants. Other experiences cited included being denied leave when a partner died, verbal abuse by an educator, having a partner reveal their LGBTQ+ identity, and workplace ageism and sexism.

For each stressful life event, we tested for differences by sexual orientation and gender identity. These analyses revealed that gay and lesbian participants were more likely to report someone had threatened to tell others about their LGBTQ+ identity without permission (57.8%) than bisexual participants (35.7%),  $X^2(1, n = 174) = 8.49, p = .004$ . A greater percentage of gay and lesbian participants had also experienced homelessness, an eviction, or had "couch surfed" or lived with others when homeless (36.5%) than bisexual participants (22.1%),  $X^2(1, n = 182) = 4.49, p = .034$ . Furthermore, cisgender participants were more likely to report having experienced a serious injury or a feeling that their lives were in danger (15.9%) than transgender and gender non-conforming participants (3.2%),  $X^2(1, n = 175) = 6.38, p = .012$ . However, transgender and gender non-conforming participants were more likely to indicate that a close family member, intimate partner, or friend died from suicide (45.9%) than cisgender participants (25.4%),  $X^2(1, n = 175) = 7.58, p = .006$ .

## **Discussion and Recommendations for Policy and Future Research**

LGBTQ+ victims reported their experiences with different victimization types, victimization motivated by hate, discrimination, and other stressful experiences during their lifetimes. Findings from this study point to important recommendations for policy and future research on LGBTQ+ victimization and other forms of trauma.

### **Provide Trauma-Informed Services and Supports to LGBTQ+ Youth**

In the present study, we found that LGBTQ+ victims were most vulnerable to victimization as youth aged 12 to 20). Overall, participants were more likely to report victimization as a youth than during any other life stage and were more likely to experience two types of community violence—being a homicide survivor and physical assault—and two types of sexual violence – sexual assault and sexual abuse – as a youth. In addition, while more participants reported certain types of domestic violence during childhood (i.e., family physical abuse) and adulthood (i.e., verbal intimate partner violence) than as a youth, participants still experienced these victimization types at comparably high percentages (32.5% vs. 27.8% and 41.1% vs. 34.9%, respectively), suggesting LGBTQ+ youth are at risk of multiple types of victimization.

The 2019 NCVS also found youth aged 12-17 and young adults aged 18-24 had a higher rate of violent victimization than adults 25 and older (Morgan & Truman, 2020). Several factors may place children and youth at increased risk of victimization, including their smaller size, their dependency on adults, social acceptance of certain types of abuse (e.g., hitting a child), and an inability to choose one's home, school, and community environment (Finkelhor, 2011).

Victims can experience additional distress, or feel retraumatized, when providers fail to provide services in a way that attends to the impacts of trauma (Kolís & Houston-Kolnik, 2018). Due to the high prevalence of trauma among LGBTQ+ youth, the National Resource Center for Mental Health Promotion and Youth Violence Prevention (n.d.a; n.d.b) recommends that systems, including schools and community-based agencies serving this population adopt a trauma-informed approach and offers guidance for doing so. This includes increasing knowledge of LGBTQ+ language and definitions and prevalence of trauma among LGBTQ+ youth and its impacts on this group. Providers also may need more education on specific LGBTQ+ sub-populations, such as transgender youth, who can have unique experiences and/or risk factors (National Resource Center for Mental Health Promotion and Youth Violence Prevention, n.d.b). Also important is the establishment of safe and accepting physical spaces and environments, including supportive relationships. Safe spaces can be fostered by agencies displaying LGBTQ+ affirming signage and resources and mitigating safety risks to LGBTQ+ youth through increased monitoring and bathroom or changing facility accommodations (National Resource Center for Mental Health and Violence Prevention, n.d.b). To build supportive relationships with LGBTQ+ youth, agencies can ensure equal treatment, use appropriate gender pronouns and gender inclusive language, speak out against homophobic or inappropriate remarks, and provide opportunities for LGBTQ+ youth to come together to discuss concerns and support one another. In addition, mental health providers should use treatment modalities that have been adapted for use with LGBTQ+ youth, when possible (National Resource Center for Mental Health and

Violence Prevention, n.d.b), such as Gay Affirmative Cognitive Behavioral Therapy for Sexual Minority Youth.<sup>6</sup>

A study of victim service availability for LGBTQ+ victims was conducted in 2009 by the National Center for Victims of Crime and the National Coalition of Anti-Violence Programs (Ciarlante & Fountain, 2010). Findings suggest few providers tailored services for LGBTQ+ victims; 43% of providers surveyed did not partner with LGBTQ+ organizations. Victimization can have a profound impact on youth's physical, cognitive, social, emotional, and adult identity development, resulting in a negative body image, social isolation, and development of an identity characterized by weakness and vulnerability (Whitman, 2005). To better support youth victims, service providers can offer school-based services to reduce barriers to access and teen-focused programs or interventions. Examples of approaches that may be well received by youth include teen-staffed hotlines and opportunities to express their experiences through journaling, drama, and art. Thus, victim service agencies can better serve LGBTQ+ youth by expanding their partnerships and referral networks to include both LGBTQ+ and youth organizations. Through these partnerships, victim service agencies may be better positioned to learn about LGBTQ+ issues, adapt programming to more fully meet the needs of LGBTQ+ youth, and provide meaningful referrals to LGBTQ+- and youth-focused agencies.

### **Train Law Enforcement to Appropriately Respond to Sexual and Hate-Motivated Victimization of LGBTQ+ Individuals**

Study participants reported high rates of sexual violence, including sexual abuse, stalking, and sexual assault. In addition, most study participants reported experiencing an LGBTQ+ hate-motivated victimization and nearly all who had experienced a hate-motivated victimization were targeted due to their LGBTQ+ identity. This contrasts with trends observed in nationally representative victimization surveys indicating hate crime is most often motivated by race or ethnicity (Masucci & Langton, 2017); however, the present study sampled LGBTQ+ victims only and this likely explains why participants reported a higher proportion of LGBTQ+-motivated hate. Nationally representative studies of victimization estimate that 33.9% of rape/sexual assault victims and 37% of male and 41% of female stalking victims report the victimization to law enforcement (Bureau of Justice Statistics, n.d.). Research also suggests that over 40% of hate crimes are reported to law enforcement (Masucci & Langton, 2017). Therefore, law enforcement is likely to encounter LGBTQ+ victims who have experienced sexual violence and/or an LGBTQ+ hate-motivated victimization.

Training of law enforcement on LGBTQ+ topics can better prepare them to respond to LGBTQ+ victims. A study of law enforcement found that knowledge of LGBTQ issues and confidence in being able to respond to LGBTQ+ individuals in affirming ways increased following a five-hour LGBTQ+ training (Israel et al., 2013). According to the National Resource Center for Reaching Victims and FORGE, an organization committed to providing services to transgender/non-binary and training resources, LGBTQ+ training for law enforcement should include terminology; transgender, gender non-conforming, and non-binary individuals; issues impacting LGBTQ+

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<sup>6</sup> See Craig, S. L., Austin, A., & Alessi, E. J. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal*, 41(3), 258-266.

youth; gender-based violence; cultural competency; information on HIV; and hate-motivated victimization (Dreke et al., 2020). All officers should receive training, including veteran officers, non-sworn staff, and recruits (Copple & Dunn, 2017; Dreke et al., 2020). When possible, training should be co-developed and co-facilitated by law enforcement and LGBTQ+ subject matter experts from the community (Copple & Dunn, 2017; Dreke et al., 2020; National Center for Transgender Equality, 2019). The [U.S. Department of Justice Community Relations Service](#) (n.d.) offers both a three-hour and roll call trainings to law enforcement on transgender relations and also facilitates discussions and convenes forums with law enforcement and other community partners on hate-motivated victimization. FORGE has webinars and guides for law enforcement on improving interactions with LGBTQ+ communities, including LGBTQ+ victims, on their [website](#).

### **Prevent LGBTQ+ Hate-Motivated Discrimination in Work and School Settings**

About half of participants reported experiencing discrimination because of their LGBTQ+ identity. They were most likely to have experienced discrimination in a work or school setting, with 36.3% reporting unfair discipline at school or work and 34.4% reporting unfair employment practices. This is consistent with a study of discrimination in the United States which found that one in five LGBTQ+ adults reported employment- or education-based discrimination because of their LGBTQ+ identity (Casey et al., 2019).

Research points to a relationship between discrimination of LGBTQ+ individuals and negative economic and education outcomes, poor school performance, and higher high school drop rates and justice system involvement. Various studies have found that gay males earn 10% to 32% less than their similarly skilled male heterosexual counterparts (Sears & Mallory, 2011). A study of LGBT poverty also found that more LGBT adults (21.6%) in the United States live in poverty than non-LGBT adults (15.7%), with even higher rates for bisexual females and transgender individuals (29.4% for both; Mallory et al.; 2019). Findings from a nationally representative study of LGBTQ+ youth indicated school-based discriminatory policies and practices place LGBTQ+ youth at increased risk of dropping out of high school and for justice-system involvement (GLSEN, 2016). Unsafe and hostile school environments and poor academic performance and attendance, resulting from feeling unsafe at school, contributed to LGBTQ+ students' intent to not graduate or uncertainty about completing high school. In addition, LGBTQ+ students who experienced school-based discrimination were more likely to have had justice system involvement than LGBTQ+ students with no history of discrimination at school.

To help prevent LGBTQ+ hate-motivated discrimination employers and educators should ensure development and implementation of policies that protect employees and students from discriminatory practices regardless of sexual orientation or gender identity, and assess impacts of any existing or new policies and practices. A study of LGB individuals found they were less likely to experience workplace discrimination when LGB supportive organizational policies and practices were in place (Ragins & Cornwell, 2001). Specifically, employers can review discrimination and harassment policies to ensure they explicitly include LGBTQ+ individuals and definitions, have zero tolerance for LGBTQ+ discrimination and harassment, provide clear examples of LGBTQ+ discriminatory acts, and outline reporting procedures (Stonewall, 2018). Additional considerations include extending health insurance to same-sex partners and for sex reassignment surgery and employee handbooks that are LGBTQ+ inclusive (Megathlin, 2007).

According to the Gay, Lesbian, and Straight Education Network (GLSEN; n.d.), LGBTQ+ students experience less discrimination when schools have comprehensive non-discrimination and transgender affirming policies; educators who are LGBTQ+ allies; LGBTQ+-student organized clubs, such as a Gay Straight Alliance; and curriculum that incorporates LGBTQ+ history. GLSEN provides resources to [school administrators](#) and [educators](#) on implementing these four supports. Illinois passed legislation expanding public school history curriculum to include LGBTQ+ contributions, beginning with the 2020-2021 school year (Equality Illinois, n.d.). Administrators with support from organizations such as the [Illinois Safe Schools Alliance](#) can assess the roll out of this new curriculum; student, parent, and educator reception; and how to improve efforts.

### **Adopt Gender Affirming and Trauma-Informed Practices in Healthcare Services**

In the present study, transgender and gender non-conforming participants were more likely to experience unfair medical treatment than cisgender participants. A national survey of transgender individuals revealed that 28% of participants had experienced harassment or violence in a healthcare setting and that 28% had delayed medical care due to anticipated discrimination (Grant et al., 2010). Experts have also asserted that any medical exam or procedure can be traumatizing for transgender or gender non-conforming clients (Potter, 2020). Thus, while transgender and gender non-conforming victims may need medical or mental healthcare to address trauma-related impacts, such as physical injuries, depression, or PTSD, they may be hesitant to do so for fear of unfair treatment or being retraumatized.

Healthcare providers should take steps toward providing equitable care for all regardless of gender identity and integrating trauma-informed practices to be responsive to the experiences and needs of transgender and gender non-conforming clients. This may include creating safe and gender affirming environments by asking clients their preferred name and gender pronouns, using less gendered terms to refer to human anatomy or using terms used by client (Potter, 2020), and updating forms and bathroom signage to be gender inclusive (Morenz et al., 2020). Due to past trauma transgender and gender non-conforming individuals may have strong emotional reactions to certain language or behaviors because they remind them of past harm; healthcare providers should avoid using language that can be triggering and be prepared to respond to disclosures of trauma (Morenz et al., 2020). Providers should also solicit feedback from transgender and gender non-conforming clients on how to adapt their practices to be more responsive (American Psychological Association, 2015) and acknowledge when care falls short of being gender inclusive.

### **Conduct Additional Research on Trauma Among LGBTQ+ Victims**

Over two-thirds of participants reported bullying. Due to past bullying, LGBTQ+ youth may fear being revictimized and/or use substances (Gower et al., 2018); substance use can put victims at increased risk for victimization (Messman-Moore & Long, 2002; Rivera et al., 2015). Research indicates past victimization or trauma can put individuals at increased risk of future victimization. For example, a history of child sexual abuse puts adults at increased risk of sexual assault (National Sexual Violence Resource Center, 2012). Polyvictims, or those who have

experienced different victimization types, are more likely to have experienced a serious victimization and to have more trauma symptoms (Finkelhor et al., 2011). Future research should examine whether there is a direct or indirect relationship between bullying and victimization, where one of these forms of trauma puts LGBTQ+ individuals at increased risk of experiencing other trauma, and how experiencing multiple forms of trauma may exacerbate the impacts of a single victimization or trauma type.

Furthermore, while only a handful of participants self-described medical trauma, faith-based trauma, or extreme distress due to a loved one's mental health disorder, it is unknown if more participants would have reported those forms of trauma if they had been assessed with individual survey items. Research on LGBTQ+ victims' experiences with these forms of trauma and/or their impacts on this population is scarce. More research can document the prevalence of these extreme stressors, their impacts, and whether they exacerbate the impacts of victimization among LGBTQ+ victims and/or other victim populations.

## **Conclusion**

Researchers found that participants experienced multiple forms of victimization and other types of trauma. Participants had experienced an average of six different victimization types; over one-third reported discriminatory school and workplace discipline and over two-thirds had been bullied. They were also more likely to have experienced hate-motivated victimization or discrimination due to their LGBTQ+ identities than other motivating factors (e.g., race/ethnicity). We also found some differences by LGBTQ+ identity; for instance, transgender/gender non-conforming participants were more likely to report unfair medical treatment than cisgender participants and more gay/lesbian participants lacked stable housing than bisexual participants.

Trauma exposure has been linked to numerous negative physical health, mental health, social, and educational outcomes. Programming and victim services are needed to reduce the potential for victimization, revictimization, and trauma among LGBTQ+ individuals and to mitigate the impacts of trauma exposure on LGBTQ+ victims. Increased awareness of victimization prevalence, its varied forms, other trauma types experienced by LGBTQ+ victims, how trauma experiences may vary by LGBTQ+ identity, and trauma impacts may also help informal support sources, such as family members, intimate partners, and friends, better support LGBTQ+ victims. As a highly victimized group, LGBTQ+ victims require culturally sensitive support from institutions, systems, social and victim service agencies, and informal support sources to work toward meaningful recovery from trauma. This includes approaches adapted for specific LGBTQ+ populations, such as transgender/gender non-conforming victims. Direct service providers, funders, researchers, and others can collaborate to help LGBTQ+ victims heal by directly supporting LGBTQ+ victims, funding LGBTQ+ victim services, researching best practices for LGBTQ+ services, and providing other forms of needed support.



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