

Interpersonal Violence Victimization of Sexual and Gender Minority Youth: A Cross-Sectional Study of Risk and Protective Factors

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ABSTRACT

BACKGROUND: Little is known about risk and protective factors associated with distinct forms of violence victimization among lesbian, gay, bisexual, transgender, or questioning youth, or youth who define their sexual identity another way (LGBTQ+). This study sought to examine this in a statewide representative sample of Rhode Island high school students.

STUDY DESIGN AND METHODS: Data were from the 2023 Rhode Island High School Youth Risk Behavior Survey—a biennial, voluntary, and anonymous survey designed to measure health-related behaviors and experiences among high school students. The sample comprised 1,932 high school students (weighted sample $n = 46,603$), of whom 28% identified as lesbian, gay, bisexual, transgender, questioning, or defined their sexual identity another way (“LGBTQ+” weighted sample $n=11,891$). The primary outcomes of interest were three types of victimization: bullying/discrimination, intimate partner violence (IPV), and sexual coercion/exploitation. Bivariate analysis explored differences in rates of victimization based on sexual orientation and gender identity. Weighted logistic and multinomial regression models focused on LGBTQ+ youth and examined the role of risk and protective factors in victimization.

RESULTS: LGBTQ+ students who reported always having their basic needs met at home were less likely to experience IPV (Adjusted Odds Ratio [AOR]=0.53, 95% Confidence Interval [CI]= 0.31–0.88), sexual coercion/exploitation (AOR=0.38, 95% CI=0.17–0.85), and multiple types of victimization (AOR=0.32, 95% CI=0.18–0.57). Housing insecurity (AOR=3.36, 95% CI=1.73–6.50), ever living with someone with a drug/alcohol problem (AOR=2.56, 95% CI=1.63–4.04), and ever living with someone with mental illness (AOR=3.97, 95% CI=1.76–8.96) were associated with higher odds of sexual coercion/exploitation.

CONCLUSION: Overall, findings contribute to the understanding of distinct types of victimization that LGBTQ+ youth face. Further research into the relationship between risk factors associated with unstable home environments and victimization would be valuable in identifying opportunities for prevention.

KEYWORDS: interpersonal violence victimization; risk and protective factors; sexual and gender minority youth

INTRODUCTION

Interpersonal violence victimization, including dating violence, sexual violence, and bullying, is a serious public health problem among adolescents that is associated with long-term negative effects on health.¹ In 2023, an estimated 11% U.S. high school students reported experiencing sexual violence during the previous 12 months, and 8% experienced forced sex in their lifetime.² Other studies suggest rates of victimization are higher when accounting for psychological forms of abuse. Sexual minority (i.e., individuals who report non-heterosexual identity) and gender minority (i.e., individuals who do not identify with their sex assigned at birth) youth experience disproportionately greater prevalence of all forms of interpersonal violence victimization compared with their cisgender/straight peers.^{1,3–12} However, most health surveys have not consistently included questions assessing sexual orientation and gender identity (SOGI) and thus risk factors for victimization are understudied in sexual and gender minority (SGM) youth.¹³

The present study examines risk and protective factors associated with distinct forms of violence victimization, as well as experiences of multiple types of victimization among SGM youth (Aim 1). Three understudied risk and protective factors are explored—the home and school environment and connectedness to others (Aim 2). This is the first Rhode Island study to estimate risk and protective factors in relationship to interpersonal violence victimization in a statewide representative sample of SGM high school students.

METHODS

Data were from the 2023 Rhode Island High School Youth Risk Behavior Survey (RI YRBS), a biennial, voluntary, and anonymous survey conducted by the Rhode Island Department of Health with support from the Centers for Disease Control and Prevention (CDC). The survey uses single-item multiple-choice questions to measure health-related behaviors and experiences among high school students. A total

of 25 Rhode Island schools were selected systematically with probability proportional to enrollment in grades 9 through 12 using a random start. Systematic equal probability sampling with a random start was used to select classes from each school that participated in the survey. No bias was found in nonresponse rates between responding versus nonresponding schools by school enrollment size, poverty measure, geographic location, or student grade. Nineteen of the 25 sampled eligible schools participated. The overall response rate of 56%. Data were weighted to obtain statewide population estimates.¹⁴

A combined sexual orientation and gender identity (SOGI) variable was created categorizing respondents as “cisgender and straight” or “lesbian, gay, bisexual, transgender, questioning, or described their sexual identify in another way (LGBTQ+).” This study uses cisgender to describe individuals whose gender identity and expression align with the sex they were assigned at birth. LGBTQ+ and sexual and gender minority (SGM) are used interchangeably as umbrella terms for youth with non-majority sexual orientations or gender identities.

The main outcome variables of interest were those related to experiences with violence victimization. Three types of victimization were identified based on factor analysis: bullying/discrimination, intimate partner violence (IPV), and sexual coercion/exploitation. Bullying/discrimination was defined as having experienced bullying on school grounds or electronically in the previous 12 months or having ever been treated badly/unfairly due to one’s perceived SOGI status. Intimate partner violence was defined as experiencing physical or sexual dating violence in the past 12 months. Sexual coercion/exploitation was defined as ever being forced to have sex against one’s will or having ever been given money, a place to stay, food, or something else of value in exchange for sex. Additionally, a combined victimization variable was created tabulating the types of victimization experienced (0, 1, or 2 or more).

Descriptive analyses were conducted to examine demographic characteristics of both groups (LGBTQ+ and cisgender/straight students) and the prevalence of all victimization outcomes and risk and protective factors of interest. Because victimization rates are higher among LGBTQ+ youth, regression analyses examining the relationship between risk and protective factors and victimization focused on LGBTQ+ high school students. Separate multivariable logistic regressions were computed to examine the role of risk and protective factors in each of the three types of victimization experienced (bullying/discrimination, IPV, and sexual exploitation/coercion). A multinomial logistic regression model was then computed modeling the relationship between risk and protective factors and the number of types of victimization experienced (0, 1, or 2 or more). All models adjusted for participants’ sex.

Protective factors of interest included having an adult at

school to talk to if you have a problem, always having basic needs met at home (safety, clean clothes, food), and getting the help needed when feeling sad/angry/anxious. Risk factors of interest included food insecurity (ever going hungry in the past 30 days because there was not enough food in the home), housing insecurity (ever getting kicked out of the home or not usually sleeping at home due to parents not being able to afford housing in the past 30 days), student substance use (current alcohol/ marijuana use or ever abusing pain medications), or ever living with someone with a drug or alcohol problem or who was depressed, mentally ill or suicidal.

RESULTS

In 2023, 1,932 Rhode Island high school students completed the YRBS—representing a statewide weighted sample of 46,603 students, of whom 28% identified as LGBTQ+ (weighted sample $n=11,891$). Among those who identified as LGBTQ+, the most common sexual orientation was bisexual (46.2%) and 14.4% identified as transgender [Table 1].

Analysis of victimization outcomes revealed LGBTQ+ high school students were more likely than cisgender/straight students to experience nearly all types of victimization assessed [Table 2]. Two-thirds (66.6%) of LGBTQ+ students were a victim of bullying and/or discrimination, 17.2% experienced dating violence in the past year, and 15.6% have been a victim of sexual coercion/exploitation in their lifetime. Rates among cisgender/straight students were significantly lower, with 21.9% experiencing bullying/discrimination ($p<.0001$), 7.3% experiencing dating violence ($p<.0001$), and 5.4% experiencing sexual coercion/exploitation ($p<.0001$).

Analysis of risk and protective factors found that among LGBTQ+ high school students, 59.3% have ever lived with someone who was depressed, mentally ill, or suicidal, which was two times higher than for cisgender high school students [26.5%; $p<.0001$; Table 3]. A higher percentage of LGBTQ+ students than cisgender students had ever lived with someone with a drug or alcohol problem (44.7% vs. 23.0%; $p<.0001$). Additionally, LGBTQ+ students were more likely than cisgender students to report substance use. (43.5% vs. 30.7%; $p=.0004$). Among high school students who reported having felt sad, empty, hopeless, angry, or anxious in the 12 months before the survey, cisgender students were about five times as likely to get the help needed than LGBTQ+ students (82.4% vs. 17.6%; $p<.0001$; data not shown).

Multivariable logistic regression models examined risk and protective factors associated with interpersonal violence victimization in the LGBTQ+ high school student sample. Ever living with someone who was depressed, mentally ill or suicidal emerged as a significant risk factor for experiencing bullying/discrimination (Adjusted Odds Ratio [AOR]=1.92,

95% Confidence Interval [CI]=1.22–3.03 [Table 4]. A second multivariable logistic regression model found that student substance use was a significant risk factor for IPV (AOR=2.35, 95% CI=1.17–4.68). Having one's basic needs met at home also emerged as a significant protective factor. Students who reported always having their needs met were less likely than those who do not always have their needs met to experience IPV (AOR=0.53, 95% CI=0.31–0.88).

Table 1. Demographic characteristics of Rhode Island high school students by sexual orientation and gender identity

	LGBTQ+ n=11,891, (28.0%)	Cisgender/ straight n=30,512 (72.0%)	p-value*
Age			0.27
≤14 years	1,139 (9.6%)	3,529 (11.6%)	
15 years	3,018 (25.4%)	7,741 (25.4%)	
16 years	2,761 (23.2%)	6,646 (25.4%)	
17 years	3,203 (26.9%)	6,914 (22.7%)	
18+ years	1,770 (14.9%)	4,558 (15.0%)	
Sex			<.0001
Female	8,655 (74.8%)	14,174 (46.6%)	
Male	2,923 (25.2%)	16,264 (53.4%)	
Race/ethnicity			0.04
White, Non-Hispanic	6,093 (51.9%)	15,749 (51.9%)	
Black, Non-Hispanic	1,062 (9.0%)	2,986 (9.8%)	
Hispanic	3,237 (27.6%)	9,418 (31.0%)	
Other, Non-Hispanic	1,351 (11.5%)	2,220 (7.3%)	
Sexual orientation			
Heterosexual	129 (1.1%)	30,512 (100%)	
Gay or lesbian	1,993 (16.8%)		
Bisexual	5,488 (46.2%)		
Other	2,206 (18.6%)		
Questioning	2,075 (17.4%)		
Gender identity			
Cisgender	8,996 (76.6%)	30,512 (100%)	
Transgender	1,695 (14.4%)		
Unsure	8,12 (6.9%)		
Don't know what this means	2,45 (2.1%)		

Source: 2023 Rhode Island Youth Risk Behavior Survey, weighted data
 * P <=0.05 indicates the groups being compared are significantly different from one another.
 LGBTQ+ = lesbian, gay, bisexual, transgender, questioning, or described their sexual identity in other way..

Table 2. Percentage of high school students who experienced victimization by sexual orientation and gender identity

	LGBTQ+ Percentage (95% CI)	Cisgender/ straight Percentage (95% CI)	p-value*
BULLYING/STIGMA			
Bullied at school ¹	27.1% (20.4–33.7%)	11.9% (8.4–15.3%)	<.0001
Bullied electronically ¹	21.7% (17.3–26.1%)	10.5% (8.3–12.6%)	<.0001
Any type of bullying ¹	33.4% (26.7–40.2%)	16.2% (12.6–19.8%)	<.0001
Discriminated against due to SOGI ²	60.0% (53.9–66.0%)	7.8% (5.1–10.5%)	<.0001
Any bullying/stigma	66.6% (60.5–72.8%)	21.9% (17.4–26.4%)	<.0001
INTIMATE PARTNER VIOLENCE			
Sexual dating violence ¹	15.0% (11.9–18.1%)	5.3% (3.5–7.1%)	<.0001
Physical dating violence ¹	6.1% (3.8–8.5%)	3.6% (2.2–4.9%)	.05
Any dating violence	17.2% (14.4–20.0%)	7.3% (5.1–9.5%)	<.0001
SEXUAL COERCION/ EXPLOITATION			
Ever forced to have sex against will	14.4% (9.3–19.4%)	4.8% (2.9–6.7%)	<.0001
Ever given goods in exchange for sex ³	5.3% (3.4–7.2%)	0.8% (0.1–1.6%)	.0002
Any sexual coercion/ exploitation	15.6% (11.0–20.2%)	5.4% (3.5–7.3%)	<.0001
TOTAL VICTIMIZATION			
0 types victimization	29.3% (24.3–34.3%)	73.1% (68.0–78.2%)	<.0001
1 types victimization	48.8% (44.4–53.2%)	21.32 (17.3–25.0%)	
2 types victimization	16.0% (12.7–19.4%)	4.2% (2.4–6.1%)	
3 types victimization	5.8% (3.7–7.9%)	1.5% (0.5–2.5%)	

Source: 2023 Rhode Island Youth Risk Behavior Survey, weighted data
 SOGI = sexual orientation and gender identity
 * P <=0.05 indicates the groups being compared are significantly different from one another.
 1 Experienced victimization during the past 12 months.
 2 “During your life, how often have you felt that you were treated badly or unfairly because you are or people think you are lesbian, gay bisexual, transgender, or questioning? This could include being treated badly of who you are sexually attracted to or because you express your gender in a way that is different from what people expect?”
 3 “Ever been given money, a place to stay, food, or something else of value in exchange for sex?”

Table 3. Prevalence rates (% , n) of risk and protective factors for interpersonal violence victimization by sexual orientation and gender identity

	LGBTQ+ Percentage (95% CI)	Cisgender/straight Percentage (95% CI)	p-value*
Risk Factors			
Food insecurity (past 30 days) ¹			.02
Ever food insecure	3,850 (32.6%)	8,230 (27.1%)	
Never food insecure	7,959 (67.4%)	22,175 (72.9%)	
Housing insecurity (past 30 days) ²			.06
Any housing insecurity	898 (7.8%)	1,455 (4.9%)	
No housing insecurity	10,522 (92.2%)	28,404 (95.1%)	
Ever lived with someone with drug or alcohol problem			<.0001
Yes	5,127 (44.7%)	6,564 (23.0%)	
No	6,352 (55.3%)	23,286 (78.0%)	
Ever lived with someone depressed, mentally ill, or suicidal			<.0001
Yes	6,826 (59.3%)	7,853 (26.5%)	
No	4,683 (40.7%)	21,815 (73.5%)	
Substance use³			
Yes	4,896 (43.5%)	8,957 (30.7%)	.0004
No	6,352 (56.5%)	20,264 (69.3%)	
Protective Factors			
Basic needs met at home ⁴			.09
Always	8,621 (71.3%)	23,110 (77.8%)	
Not Always	3,333 (28.7%)	6,589 (22.2%)	
Adult at school to talk to if having problems ⁵			.09
Yes	6,525 (56.2%)	18,978 (63.2%)	
No	5,077 (43.8%)	11,054 (36.8%)	
Get help when sad/anxious ⁶			<.0001
Don't feel sad/anxious	1,116 (9.6%)	9,880 (33.1%)	
Usually get help	1,861 (16.0%)	5,329 (17.8%)	
Don't usually get help	8,960 (74.5%)	14,679 (49.1%)	

Source: 2023 Rhode Island Youth Risk Behavior Survey, weighted data
 p < = .05 indicates significant differences between LGBTQ+ Rhode Island high school students compared with their cisgender /straight peers.

- 1 "During the past 30 days, how often did you go hungry because there was not enough food in your home?"
- 2 "During the past 30 days, where did you usually sleep? " (other than parents/guardian home) and "During the past 30 days, did you ever sleep away from your parents or guardians' home because you were kicked out, ran away, or were abandoned?"
- 3 Current (past 30 days) alcohol or marijuana use, or any lifetime misuse of pain medications
- 4 "During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?"
- 5 "Is there at least one teacher or other adult in your school that you can talk to if you have a problem?"
- 6 "When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?" (reference group: don't usually get help)

Table 4. Risk and protective factors associated with violence victimization experienced by LGBTQ+ high school students

	Type of victimization ¹		
	Any Bullying/Discrimination AOR (95% CI)	Any IPV AOR (95% CI)	Any sexual coercion/exploitation AOR (95% CI)
Demographics			
Female	0.89 (0.52–1.51)	1.33 (0.70–2.56)	1.22 (0.52–2.86)
Risk Factors			
Ever food insecure (past 30 days) ²	1.16 (0.59–2.27)	1.22 (0.68–2.19)	1.31 (0.71–2.43)
Ever housing insecure (past 30 days) ³	0.75 (0.26–2.13)	2.55 (0.91–7.16)	3.36 (1.73–6.50)
Ever lived with someone with drug or alcohol problem	1.40 (0.82–2.38)	1.05 (0.62–1.78)	2.56 (1.63–4.04)
Ever lived with someone depressed, mentally ill, or suicidal	1.92 (1.22–3.03)	1.71 (0.67–4.36)	3.97 (1.76–8.96)
Any substance use ⁴	1.30 (0.82–2.07)	2.35 (1.17–4.68)	3.00 (1.66–5.44)
Protective Factors			
Basic needs always met at home ⁵	0.62 (0.38–1.00)	0.53 (0.31–0.88)	0.38 (0.17–0.85)
Adult at school to talk to if having problems ⁶	1.25 (0.93–1.67)	1.05 (0.62–1.78)	0.76 (0.41–1.40)
Help when sad/anxious ⁷			
Don't feel sad/anxious	0.52 (0.32–1.04)	0.59 (0.21–1.70)	1.14 (0.39–3.35)
Most of the time get help	1.13 (0.57–2.35)	0.65 (0.24–1.78)	1.35 (0.52–3.53)

Source: 2023 Rhode Island Youth Risk Behavior Survey, weighted data
 AOR = adjusted odds ratio
 CI= confidence intervals

- IPV= Intimate Partner Violence
- 1 Three outcomes were modeled in separate logistic regressions. Adjusted odds ratios and 95% confidence intervals shown in bold indicate that the risk or protective factor is significantly associated with victimization, controlling for other factors. All models controlled for participant's sex.
- 2 "During the past 30 days, how often did you go hungry because there was not enough food in your home?"
- 3 "During the past 30 days, where did you usually sleep? " (other than parents/guardian home) and "During the past 30 days, did you ever sleep away from your parents or guardians' home because you were kicked out, ran away, or were abandoned?"
- 4 Current (past 30 days) alcohol or marijuana use, or any lifetime misuse of pain medications
- 5 "During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?"
- 6 "Is there at least one teacher or other adult in your school that you can talk to if you have a problem?"
- 7 "When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?" (reference group: don't usually get help)

In the third outcome assessed—sexual coercion/exploitation among LGBTQ+ students, five factors assessed emerged as significant. Students who faced housing insecurity had more than three times the odds of sexual exploitation/victimization (AOR=3.36, 95% CI = 1.73–6.50) than those who did not face housing insecurity. Additionally, ever living

Table 5. Multinomial regression models examining risk and protective factors associated with number of types of victimization experienced by LGBTQ+ high school students

	Number of types of victimization ¹	
	1 type AOR (95% CI)	2 or more AOR (95% CI)
Demographics		
Female	1.05 (0.55–1.88)	1.18 (0.47–2.98)
Risk Factors		
Ever food insecure (past 30 days) ²	1.31 (0.69–2.49)	1.57 (0.75–3.30)
Ever housing insecure (past 30 days) ³	0.72 (0.14–3.75)	1.81 (0.38–8.64)
Lived with someone with drug or alcohol problem	1.71 (1.14–2.55)	1.86 (1.01–3.44)
Lived with someone depressed, mentally ill, or suicidal	1.71 (0.91–3.23)	3.94 (1.66–9.35)
Any substance use ⁴	1.00 (0.55–1.79)	2.93 (1.39–6.10)
Protective Factors		
Basic needs always met at home ⁵	0.71 (0.38–1.33)	0.32 (0.18–0.57)
Adult at school to talk to if having problems ⁶	1.38 (0.85–2.25)	1.18 (0.71–1.97)
Help when sad/anxious⁷		
Don't feel sad/anxious	0.62 (0.34–1.12)	0.51 (0.16–1.65)
Most of the time get help	0.93 (0.37–2.34)	0.86 (0.28–2.62)

Source: 2023 Rhode Island Youth Risk Behavior Survey, weighted data

AOR = adjusted odds ratio

CI= confidence intervals

1 The reference group is experiencing 0 types of violence victimization versus experiencing 1 type or 2 or more types of victimization. Adjusted odds ratios and 95% confidence intervals shown in bold indicate that the risk or protective factor is significantly associated with victimization. All models controlled for participant's sex.

2 "During the past 30 days, how often did you go hungry because there was not enough food in your home?"

3 "During the past 30 days, where did you usually sleep? " (other than parents/guardian home) and "During the past 30 days, did you ever sleep away from your parents or guardians' home because you were kicked out, ran away, or were abandoned?"

4 Current (past 30 days) alcohol or marijuana use, or any lifetime misuse of pain medications

5 "During your life, how often has there been an adult in your household who tried hard to make sure your basic needs were met, such as looking after your safety and making sure you had clean clothes and enough to eat?"

6 "Is there at least one teacher or other adult in your school that you can talk to if you have a problem?"

7 "When you feel sad, empty, hopeless, angry, or anxious, how often do you get the kind of help you need?" (reference group: don't usually get help)

with someone with a drug or alcohol problem (AOR=2.56, 95% CI=1.63–4.04), ever living with someone depressed, mentally ill, or suicidal (AOR=3.97, 95% CI=1.76–8.96), and student substance use (AOR=3.00, 95% CI=1.66–5.44) were associated with greater risks of sexual exploitation/victimization.

Lastly, like IPV, always having one's basic needs met at home emerged as a significant protective factor (AOR=0.38, 95% CI=0.17–0.85).

Results of a multinomial regression model found that among LGBTQ+ students, those who ever lived with someone who was depressed, mentally ill, or suicidal had nearly four times the odds of experiencing multiple types of victimization [AOR=3.94, 95% CI=1.66–9.35; **Table 5**]. Having lived with someone who had an alcohol or drug problem (AOR=1.86, 95% CI=1.01–3.44) and student substance use (AOR=2.93, 95% CI=1.39–6.10) also were associated with increased risk of multiple victimization. Those who always have their basic needs met at home were significantly less likely to report multiple types of victimization (AOR=0.32, 95% CI=0.18–0.57).

DISCUSSION

This is the first study to use data from a statewide representative survey of Rhode Island high school students to estimate risk and protective factors for multiple measures of interpersonal violence victimization among LGBTQ+ youth. The findings add to a growing body of research that LGBTQ+ youth face disproportionately higher rates of victimization, often experiencing multiple, concurrent forms of intimate partner violence and sexual coercion, compared to non-sexual and gender minority youth.^{5,15}

Regression models focused solely on LGBTQ+ high school students. Seventy percent of LGBTQ+ students in this study experienced one or more forms of interpersonal violence victimization. Three important risk factors included in the regression models were students' home and school environments and school connectedness. LGBTQ+ students who reported always having their basic needs met at home were less likely to experience IPV, sexual coercion/exploitation, and multiple forms of violence victimization. Housing insecurity was associated with higher odds of sexual coercion and exploitation. Although the exact number is unknown, unhoused LGBTQ+ youth who engage in "survival sex" (exchanging sex for food, shelter, or basic needs) are highly vulnerable to assault, trauma, and trafficking.^{16,17} Another key finding was that LGBTQ+ youth who ever lived with someone who was mentally ill or had a problem with drugs or alcohol had increased odds of being the victim of sexual coercion/exploitation and multiple forms of victimization. The relationship between a young person's home environment and interpersonal violence victimization is undoubtedly complex. Improved data collection on risk factors that

contribute to LGBTQ+ youth being unhoused would be valuable in identifying opportunities for prevention.¹⁸ Such efforts would benefit from including standard questions for adverse childhood experiences (ACEs) with an LGBTQ+ identifier, as LGBTQ+ youth experience significantly higher rates of ACEs compared to their cisgender peers (e.g., sexual, physical, and/or emotional abuse, household instability).¹⁹ One example would be the ACE question, “Have you ever experienced sexual abuse because of your LGBTQ+ identity?”

Connectedness to others was not a significant protective factor in any regression models, whether measured as having a trusted adult at school to talk to when there was a problem, or getting the kind of help needed when feeling sad, hopeless, angry, or anxious. There is limited research on having an important adult to turn to as a protective factor for reducing risk of youth violence victimization.²⁰ Having a trusted adult in one’s school can be challenging for LGBTQ+ students. Stigma, discrimination, and prejudice directed toward LGBTQ+ youth function as powerful mechanisms of gender policing, decreasing opportunities for LGBTQ+ youth to feel connected to and accepted by teachers and other adults in their school. High school students who are perceived by others to express their gender in ways that do not conform to their self-reported sex are at greater risk of rejection from teachers and their peers, especially gender-nonbinary youth assigned male at birth.²¹

Creating a safe and affirming school environment for LGBTQ+ youth requires a multipronged approach. Several research studies have created evidence-based frameworks to better protect and support LGBTQ+ youth in schools.²²⁻²⁴ Key strategies include: 1) explicit anti-bullying school policies that are inclusive of sexual orientation and gender identity; 2) cultural sensitivity training for teachers and other school staff to support young people who identify as LGBTQ+; 3) empowering and supporting LGBTQ+ students to create their own safe spaces (e.g., clubs, teams, school-based gender and sexuality alliances); 4) Implementing LGBTQ-inclusive curricula.

Schools can make a positive difference in implementing policies and practices to create environments for LGBTQ+ youth to thrive. But schools alone cannot prevent violence against LGBTQ+ youth. Two public health approaches for those working with and on behalf of LGBTQ youth to consider are offered here.

Systems-level

Systems that interact with SGM youth, such as child welfare agencies, should consider screening for commercial sexual exploitation and survival sex when a child or adolescent is removed from the home based on lack of housing or significant substance use by members of the household. Currently, there is no consensus screening tool to identify trafficking experiences among runaway and unhoused LGBTQ+ youth.

The Commercial Sexual Exploitation-Identification Tool²⁵ and the Human Trafficking Screening Tool²⁶ are two validated screening tools for youth involved with the child welfare system or receiving services from anti-trafficking agencies to better identify exploitation of vulnerable youth, including unhoused LGBTQ+ youth engaged in commercial sex to meet their basic needs.

Individual-level

Social workers and other healthcare professionals caring for LGBTQ+ youth should implement gender-affirming care for LGBTQ+ youth whose experiences of discrimination, physical threats, and stigma contribute to disproportionately high rates of anxiety, depression, and suicide risk.²⁷ Key practices include: 1) using inclusive language; 2) respecting pronouns; 3) creating safety for young patients to disclose their concerns without fear of parental involvement (subject to state laws and the federal Health Insurance Portability and Accountability Act (HIPAA) to protect sensitive patient health information from being disclosed without consent); 4) implementing trauma-informed care; 5) understanding the societal causes of anxiety and depression (stigma, discrimination) that put LGBTQ+ youth at increased risk for negative health and life outcomes; and 6) connecting youth with LGBTQ+ youth-affirming organizations and, when needed, referring youth to healthcare practices that specialize in LGBTQ+ care.

Limitations

Due to sample size, we could not compare risk and protective factors for interpersonal violence victimization by SGM subgroups. Additionally, the temporality of risk/protective factors and victimization cannot be fully ascertained in cross-sectional data.

IMPLICATIONS AND CONCLUSION

The current study provides an important foundation for researchers, educators, and healthcare professionals working to prevent interpersonal violence victimization among LGBTQ+ youth. Although other studies have examined violence victimization among youth, our findings demonstrate a need for continued assessment of interpersonal violence victimization and sexual exploitation of LGBTQ+ youth without comparison to their cisgender peers.

Decades of research have shown that systems-level changes are needed to reverse policies, laws and social norms that make perpetration of violence against LGBTQ+ youth acceptable. LGBTQ+ youth experience elevated rates of violence victimization driven by minority stress, structural inequalities, and exposure to risk factors across the social ecology.

Longitudinal trajectories of interpersonal violence victimization onset, continuation, and escalation from early

adolescence to young adulthood that account for co-occurring social identities based on race, ethnicity, sexual orientation, and gender identity are needed due to intersecting systems of oppression, such as racism, homophobia, and transphobia.³ Efforts to reduce and prevent violence victimization must be comprehensive, addressing legislative and policy actions to uphold protections for LGBTQ+ youth. Such efforts should be implemented concurrently with school, healthcare, and community-based interventions informed by research and data that support the health and well-being of LGBTQ+ youth.

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