

## Introduction

**Q1.1. To be eligible to complete this survey, you must be a YOUTH ( less than 18 years of age) member of the gay, lesbian, bisexual, transgender, queer or questioning (LGBTQ) community AND either a resident of San Mateo County or employed anywhere in San Mateo County.**

**YOU (THE RESPONDENT OF THIS SURVEY) ARE A YOUTH (LESS THAN 18 YEARS OF AGE) MEMBER OF THE LGBTQ COMMUNITY AND:**

- A resident of San Mateo County
- Employed in San Mateo County
- None of the above

**Q1.2. Are you filling out this survey for yourself?**

- yes
- no, I am filling it out for another person

**Q1.3. If you are filling this survey out for another person, what is your relationship with that person?**

- parent or grandparent
- friend
- brother or sister
- caretaker

other, please explain:

## General Information

**Q2.1. What is your birth year? (for example, 1997)**

**Q2.2. Please select the state and county in which you currently reside.**

State:

County:

**Q2.3.**

**If you reside in San Mateo County, what city or unincorporated area do you live in?**

- Atherton
- Belmont
- Brisbane
- Burlingame
- Colma
- Daly City
- East Palo Alto
- El Granada
- Fair Oaks
- Foster City
- Half Moon Bay
- Hillsborough

- La Honda
- Loma Mar
- Menlo Park
- Millbrae
- Montara
- Moss Beach
- Pacifica
- Pescadero
- Portola Valley
- Redwood City
- San Bruno
- San Carlos
- San Gregorio
- San Mateo
- South San Francisco
- Woodside
- Another unincorporated area of San Mateo County

**Q2.4. What is the zip code at your home?**

**Q2.5. Are you of Hispanic, Latino or Spanish origin? Mark all that apply.**

- No, not of Hispanic, Latino or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino or Spanish origin. Print origin, for example

Colombian, Argentinian, Dominican. Etc

Prefer not to answer

**Q2.6. What is your race? Mark all that apply.**

White

Black or African American

American Indian or Alaska Native. Print name of tribe or tribal affiliation

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian: Print race, for example Hmong, Laotian, Thai. Print race

Middle Eastern or Arab American, any race

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander: Print race, for example Fijian, Tongan. Print race

Other race

Prefer not to answer

**Q2.7. Who do you currently live with? Mark all that apply**

Parent



current home

Parents in a prior home

Parents in a prior home 2

Parents in a prior home 3

**Q2.10. Are you currently in school**

yes

No

**Q2.11.**

**What type of school do you attend?**

- Public elementary school
- Private elementary school
- Charter elementary school
- Public middle school or junior high school
- Private middle school or junior high school
- Charter middle school or junior high school
- Public high school
- Private high school
- Charter high school
- Alternative education school

- Home school
- Independent study
- Continuation school
- Community day school
- College, community college, or university
- Does not apply, I have already graduated or completed GED
- Dropped out
- Other, please specify

**Q2.12. What is the name of your school ?**

**Q2.13.**

**What grade are you in?**

- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Ungraded or other grade
- College
- Not attending school
- Other, please specify

**Q2.14. How do you describe your sexual orientation? Mark all that apply.**

- Heterosexual / straight
- Gay
- Lesbian
- Bisexual
- Queer
- Asexual
- Pansexual
- Another sexual orientation, please specify
- Prefer not to answer

**Q2.15.**

**What is your gender identity? Mark all that apply.**

- Male
- Female
- Transgender boy or man
- Transgender girl or woman
- genderqueer/gender fluid/gender non-conforming
- Other gender, please specify
- Prefer not to answer

**Q2.16. What sex were you assigned at birth?**

- Male
- Female
- I do not know
- Other, please specify

I prefer not to answer

**Q2.17. Have you ever had a same-sex consensual sexual experience?**

yes

no

Prefer not to answer

## Health

**Q3.1.**

**If you needed queer or LGBTQI-friendly health care, would you know where you can go?**

Yes

No

I do not know

**Q3.2.**

**Where would you go for queer or LGBTQI-friendly health care? Mark all that apply.**

Private doctor's office

Community health center clinic

School or student health services

Hospital

Emergency room

Mobile clinic/teen van

Home

Other, please specify



You have been physically assaulted, punched, kicked or shoved at SCHOOL because you are LGBTQ or someone thought you were

You have been physically assaulted, punched, kicked or shoved at HOME because you are LGBTQ or someone thought you were

You have been harassed on-line, sometimes called cyber-bullying, because you are LGBTQ or someone thought you were

You have seen your friends/allies face ostracization (being excluded or snubbed) due to their association with you

**Q3.4. Where do you most often hear positive messages about being LGBTQI?**

**Mark all that apply.**

- At school
- In movies, television shows or on the radio
- On the Internet
- On Facebook, Twitter or other social media
- From support groups or youth groups
- At school from the gay straight alliance
- At school from teacher-student groups
- From your counselor or therapist
- From your family
- From leaders in your community
- From your peers or people your own age
- From your faith community
- Other, please specify

**Q3.5.**

**Please answer the following questions and provide additional information if you wish.**

	Definitely yes	Probably yes	Might or might not avoid	Probably not	Definitely not
Do you avoid gender-segregated spaces (bathrooms, locker rooms) in school because you feel unsafe? <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you prevented from wearing clothes that fit your gender expression?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you prohibited from discussing or writing about LGBTQ topics in school assignments?

    

Are you restricted from forming or promoting a Gay Straight Alliance?

    

Have you been disciplined for public displays of affection that were not disciplined among non-LGBTQ students?

    

Have you reported harassment, assault, or other discrimination to school authorities and school staff did nothing in response?

    

Have you heard homophobic remarks at school?

    

Have you heard "gay" used in a negative way (for example, "that's so gay")?

    

Do you avoid school functions and extracurricular activities because you feel unsafe/unwelcome?

Have you missed at least one day of school in the last month because you felt unsafe?

Are you prevented from dating the person of your choice?

You know where you can get support if you ever felt unsafe in your relationship.

**Q3.6.**

**Many useful services are offered by government agencies and non-governmental organizations in our community. Please let us know how important are any of the following items or services to you, either because you will use them yourself, or they are important for you and/or your family's wellness. ANSWER ONLY THOSE QUESTIONS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY. SKIP TO QUESTION 3.8 IF NONE APPLY.**

	Extremely unimportant	unimportant	neutral	Important	Extre impo
Behavioral health services	<input type="radio"/>				
Clothing or other household items	<input type="radio"/>				
Food and nutrition	<input type="radio"/>				
Dental care	<input type="radio"/>				
Disability/special access needs	<input type="radio"/>				
Domestic violence services	<input type="radio"/>				

Drug and alcohol services	<input type="radio"/>				
HIV care	<input type="radio"/>				
Homeless shelters	<input type="radio"/>				
Housing	<input type="radio"/>				
Immigration services	<input type="radio"/>				
Job training/job placement/ employment	<input type="radio"/>				
Legal services	<input type="radio"/>				
LGBTQ groups/resources	<input type="radio"/>				
Mental health services	<input type="radio"/>				
Public bathrooms	<input type="radio"/>				
Public parks or recreational areas	<input type="radio"/>				
Primary health services	<input type="radio"/>				
Schools	<input type="radio"/>				
Sexually transmitted diseases screening	<input type="radio"/>				
Specialty health services, for example dermatology, optometry, orthopedics	<input type="radio"/>				
Transportation	<input type="radio"/>				
Trans specific medical services	<input type="radio"/>				
Other:	<input type="radio"/>				
<input type="text"/>					

**Q3.7.**

**Which of the following services do you have a hard time accessing? ANSWER**

**ONLY THOSE QUESTIONS THAT APPLY DIRECTLY TO YOU AND/OR YOUR FAMILY. SKIP TO THE NEXT QUESTION IF NONE APPLY.**

	very easy to access	easy to access	average access	hard to access	very hard to access
Behavioral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clothing or other household items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability/special access needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug and alcohol services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless shelters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigration services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job training/job placement/ employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ groups/resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public bathrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public parks or recreational areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Schools	<input type="radio"/>				
Sexually transmitted diseases screening	<input type="radio"/>				
Specialty health services, for example dermatology, optometry, orthopedics	<input type="radio"/>				
Transportation	<input type="radio"/>				
Trans specific medical services	<input type="radio"/>				
Other: <input type="text"/>	<input type="radio"/>				

**Q3.8. Please rate the extent to which you agree with each of the following statements. Please provide additional information if you wish.**

	definitely yes	Probably yes	Might or might not	Probably not	Definitely not
Within the last 12 months, I (and my family if relevant) worried whether our food would run out before we got money to buy more	<input type="radio"/>				
Within the last 12 months, the food I (and my family if relevant) bought did not last and we did not have money to buy more	<input type="radio"/>				
I (and my family if relevant) have a reliable and stable place to live	<input type="radio"/>				

I (and my family if relevant) are concerned about eviction from our house or foreclosure of our house

I (and my family if relevant) have concerns about our housing, such as safety, mold, bugs, mice or structural instability

I (and my family if relevant) have concerns about safety at home related to our sexual orientation or gender identity

**Q3.9.**

**To what degree do you feel safe (protected and free from danger) in the following settings?**

	Extremely unsafe	Unsafe	Neutral	Safe	Extremely safe
Alcohol or substance abuse services	<input type="radio"/>				
Behavioral health care	<input type="radio"/>				
Chronic or convalescent care	<input type="radio"/>				
Court	<input type="radio"/>				
Family	<input type="radio"/>				
Foster Care	<input type="radio"/>				

Health care	<input type="radio"/>				
Home	<input type="radio"/>				
Immigration services	<input type="radio"/>				
Jail	<input type="radio"/>				
Legal services	<input type="radio"/>				
Mental health care	<input type="radio"/>				
Police or law enforcement	<input type="radio"/>				
Public bathrooms	<input type="radio"/>				
Public parks or recreational areas	<input type="radio"/>				
School	<input type="radio"/>				
Seeking employment	<input type="radio"/>				
Sobriety services	<input type="radio"/>				
Transgender health care	<input type="radio"/>				
Work	<input type="radio"/>				
Other, please provide details	<input type="radio"/>				
<input type="text"/>					

**Q3.10.**

**To what degree do you feel welcome (accepted and appreciated) in the following settings?**

	Extremely unwelcome	Unwelcome	Neutral	Welcome	Extrem welcc
Alcohol or substance abuse services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Chronic or convalescent care	<input type="radio"/>				
Court	<input type="radio"/>				
Family	<input type="radio"/>				
Foster Care	<input type="radio"/>				
Health care	<input type="radio"/>				
Home	<input type="radio"/>				
Jail	<input type="radio"/>				
Mental health care	<input type="radio"/>				
Police or law enforcement	<input type="radio"/>				
Public parks or recreation areas	<input type="radio"/>				
School	<input type="radio"/>				
Sobriety services	<input type="radio"/>				
Transgender health care	<input type="radio"/>				
Other, please provide details	<input type="radio"/>				
<input type="text"/>					

**Social Acceptance**

**Q4.1. Have you ever told anyone that you are lesbian, gay, bisexual, pansexual, queer, intersex, or transgender?**

- Yes
- No
- Prefer not to answer

**Q4.2. Here is a list of people you may have told. Please indicate which ones apply in your case.**

	Yes	No	Does not apply
Immediate family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classmates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your religious or spiritual group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your coaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your counselor or therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q4.3. If you have not come out to your immediate family or extended family, please check your reason(s) why. Mark all that apply.**

- I am out to my immediate or extended family
- I am not ready.
- I am still questioning.
- Cultural or language barriers have prevented me from telling them.
- My sexual orientation/gender identity is none of their business.
- My family members might be uncomfortable with my sexual orientation/gender identity.

- My family members might tell other people about my sexual orientation/gender identity.
- I am afraid something bad might happen to me if my family members knew about my sexual orientation/gender identity (for example, get kicked out of the house, get hurt physically).
- They do not play a significant role in my life
- Other, please specify

**Q4.4. If you have not come out to your teachers, please check your reason(s) why. Mark all that apply.**

- I am out to my teachers
- I am not ready.
- I am still questioning.
- Cultural or language barriers have prevented me from telling them.
- My sexual orientation/gender identity is none of their business.
- My teachers might be uncomfortable with my sexual orientation/gender identity.
- My teachers might tell other people about my sexual orientation/gender identity.
- I am afraid something bad might happen to me if my teachers knew about my sexual orientation/gender identity (for example, get graded or treated differently).
- They do not play a significant role in my life.
- Other, please specify

**Q4.5. If you have not come out to your friends or classmates, please check your reason(s) why. Mark all that apply.**

- I am out to my friends or classmates
- I am not ready.
- I am still questioning.
- Cultural or language barriers have prevented me from telling them.

- My sexual orientation/gender identity is none of their business.
- My classmates or teachers might be uncomfortable with my sexual orientation/gender identity.
- My classmates or teachers might tell other people about my sexual orientation/gender identity.
- I am afraid something bad might happen to me if my friends or classmates knew about my sexual orientation/gender identity (for example, get excluded or bullied).
- They do not play a significant role in my life.
- Other, please specify

**Q4.6.**

**When you have needed help and support in your life, to whom have you reached out? Mark all that apply**

- Family members
- Friends
- Members of my racial or ethnic community
- Work colleagues
- Teacher / other adult mentor
- School mates
- Members of my religious or spiritual community
- Counselor or therapist
- Members of an online community
- Other, please specify

**Behaviors**

**Q5.1.**

**During the past 30 days, on how many days did you smoke cigarettes or vape?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**Q5.2.**

**During the past 30 days, on how many days did you drink an alcohol containing beverage?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**Q5.3.**

**During the past 30 days, on how many days did you use an illicit or street drug?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**Q5.4.**

**In the last year, with how many people did you have sex?**

- I have never had sex.
- I have had sex, but not during the last year.
- 1 person
- 2 or 3 people
- 4 or 5 people
- 6 to 10 people
- More than 10 people. State how many

**Q5.5.**

**The last time you had sex, did you or your partner use any kind of protection (such as condoms or dental dams) against sexually transmitted diseases, and pregnancy if relevant?**

- Yes
- No
- I have not had sex

**Q5.6.**

**If no, what are the reasons why you did not use protection? Mark all that apply.**

- I did not plan to have sex.
- I do not think I am at risk for STDs.
- I do not think my partner(s) are at risk for STDs
- I did not feel this was a high-risk activity.
- I am in a monogamous relationship.
- Using protective barriers reduces sexual satisfaction.
- Using protective barriers makes my partner(s) suspicious.

- My partner does not let me use a protective barrier
- It is embarrassing to buy protective barriers.
- It was difficult to discuss using protective barriers with my partner(s).
- Protective barriers are expensive to buy.
- I was high/drunk.
- Other, please specify

**Q5.7.**

**Where do you go for information on LGBTQI safe sex? Mark all that apply.**

- School sex education classes
- School or student health services
- Private doctor
- Community health center clinic
- Internet
- Social media (Facebook, Twitter, etc.)
- Porn
- Friends
- Family
- Youth group
- I don't know of any places to go to for information on LGBTQ safe sex.
- Other, please specify
- Does not apply

**Q5.8. Does your school's sex education classes include information about LGBTQI dating?**

- Yes
- No

- I never took a sex education class
- I do not know

**Q5.9. Does your teacher provide verbal information about LGBTQI dating?**

- Yes
- No
- I do not know

**Q5.10. Does your teacher provide written information about LGBTQI dating?**

- Yes
- No
- I do not know

**Q5.11.**

**Have you ever been forced or pressured into sexual activity when you did not want to, or would not have consented to if you were able at the time?**

- Yes
- No
- Prefer not to answer

**Q5.12.**

**Have you ever been hit, slapped, pushed, kicked, or physically hurt in any way by an intimate partner?**

- Yes
- No
- Prefer not to answer

**Q5.13.**

**Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Do you feel this kind of stress these days?**

- Not at all
- A little bit
- Somewhat
- Quite a bit
- Very much
- I do not know
- I do not wish to answer
- I do not understand the question
- Other: please specify

**Q5.14.**

**During the past 12 months, did you ever feel so sad, hopeless or anxious almost every day for two weeks or more in a row that you stopped doing some usual activities?**

- Yes
- No
- Prefer not to answer

**Q5.15. If you felt so sad, hopeless or anxious, which of your usual activities did you avoid doing? Mark all that apply**

- Failed to do my homework
- Skipped class or school
- Skipped a meal

- Stopped seeing my friends
- Skipped scheduled after-school activity
- Other, please specify

**Q5.16.**

**In the past 12 months, if you felt sad, hopeless, anxious, or otherwise emotionally unwell, did you do any of the following things? Mark all that apply.**

- I did not feel any of these things in the last 12 months
- Talked to my doctor
- Talked to my school counselor
- Talked to a therapist, counselor, or social worker outside my school
- Talked to a teacher, coach, or other staff at my school
- Talked to a minister, priest, rabbi, imam or other religious leader
- Talked to my parent(s)
- Talked to another adult family member
- Attended a support group
- Talked to a friend
- Exercised
- I did not seek any help with my feelings or emotions
- Other, please specify

**Q5.17.**

**During the past 12 months, did you ever consider harming yourself ?**

- Yes
- No
- Prefer not to answer

**Q5.18. If you considered harming yourself, how did you think you would do this?**

**Mark all that apply**

- Cutting
- Attempt suicide
- Using drugs or alcohol
- Having unsafe sex
- Other, please specify

**Q5.19.**

**Does your school have a gay straight alliance?**

- Yes
- No
- I do not know

**Q5.20.**

**If your school has a GSA, are you an active member?**

- Yes
- No
- Prefer not to answer

**Q5.21.**

**If your school has a GSA, who is the faculty director? This information will be used to create a comprehensive list of GSAs in the County and will be made public. If you have any concerns do not answer this question.**

**Q5.22.**

If your school has a GSA, Who is the student leader? This information will be used to create a comprehensive list of GSAs in the County and will be made public. If you have any concerns do not answer this question.

**Q5.23.**

Below is a list of possible reasons for not seeking help even if you think you might need it. Please indicate whether the following statements apply to you.

	Yes	No	Prefer not to answer
I did not want my family to find out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want my friends to find out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want my teachers or other people at my school to find out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not want to talk to a professional about my personal problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not know where to get services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q5.24.**

During the past 12 months, did you have a regular check up with a doctor when you were not sick or injured?

- Yes
- No
- Prefer not to answer

**Q5.25.**

**During the past 12 months did you visit a dentist for an examination, teeth cleaning or dental work?**

- Yes
- No
- Prefer not to answer

**Q5.26. If there is one thing that the San Mateo County Board of Supervisors could do to enhance your well being, please tell us what this would be.**

**End**

**Q6.1. Thank you for your time and attention to this survey. If you feel there is something else that you would like to bring to the attention of the LGBTQ Commission, please let us know here.**

Some of the questions on this survey use explicit language, including anatomic names of body parts and behaviors to ask about sexual situations. This survey also asks about sexual assault and other forms of sexual violence. Here are the phone numbers of resources in San Mateo County that are available to you, should you feel you need them:

Rape Trauma Services - 650-692 - RAPE (7273)

StarVista Crisis Intervention and Suicide Prevention Center - 800-273- TALK (8255)

Community Overcoming Relationship Abuse (CORA) - 800-300-1080

Algunas de las preguntas de esta encuesta utilizan un lenguaje explícito, incluyendo los nombres anatómicos de las partes del cuerpo y comportamientos que preguntan sobre situaciones sexuales.

En esta encuesta también se pregunta sobre agresión sexual y otras formas de violencia sexual. Aquí están los números de teléfono de recursos en el Condado de San Mateo que están disponibles para usted si usted siente que los necesite:

Servicios de trauma de violación: 650-692 - 7273

StarVista Centro de intervención en crisis y prevención del suicidio - 800-273- 8255

Comunidad Superando el Abuso de Relación (CORA) - 800-300-1080

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