

# Working with LGBTQ+ Individuals: A Brief FactSheet for Crisis Hotline Responders

# **Executive Summary**

This brief fact sheet aims to assist hotlines in working with LGBTQ+ individuals in a crisis response setting. It provides some context for the importance of being LGBTQ+ inclusive on hotlines and then discusses tips for crisis responders in working with LGBTQ+ individuals. A full version of this fact sheet with more information on LGBTQ+ individuals and crisis response hotlines can be found HERE.

#### Context

### An LGBTQ+ Need for Crisis Response Hotlines

LGBTQ+ individuals experience higher rates of suicide than their cisgender, heterosexual counterparts<sub>1</sub>. Moreover, LGBTQ+ individuals are disproportionately affected by financial, food, and housing insecurities when compared to their non-LGBTQ+ counterparts; additionally, they oftentimes have less familial support than the average individual, meaning that they rely more on informal networks for care and resources<sub>2-7</sub>. LGBTQ+ individuals also experience disproportionate rates of mental health diagnoses that can sometimes lead to crises<sub>8</sub>. They also experience relationship violence and violence related to discrimination<sub>9-13</sub>. In summary, LGBTQ+ individuals experience disproportionate rates of crises when compared to their heterosexual, cisgender counterparts. Therefore, crisis response hotlines should be prepared to engage the specific needs and experiences of LGBTQ+ individuals.

# **LGBTQ+ Experiences of Crisis Response Hotlines**

LGBTQ+ individuals prefer to reach out to an LGBTQ+ specific hotline over a generalized hotline that is not specific to the LGBTQ+ community<sub>7,14-17</sub>. LGBTQ+ people reach out to LGBTQ+ specific hotlines because they have confidence that the hotline will be accepting of their identities; additionally, LGBTQ+ callers know that there is an understanding from LGBTQ+ specific hotlines about the importance of anonymity when discussing sexual orientation and/or gender identity<sub>7,15-16,18</sub>. Additionally, many LGBTQ+ individuals fear experiencing discrimination from general hotlines that are not specific to the LGBTQ+ community<sub>9-11,15-16</sub>. In addition to LGBTQ+ individuals having a lack of trust in non-LGBTQ+ specific hotlines, LGBTQ+ individuals express more positive and helpful experiences on LGBTQ+ specific hotlines when compared to those hotlines that are not LGBTQ+ specific<sub>14-17</sub>.

Some individuals stated that they experienced discrimination related to their LGBTQ+ identity when on a generalized hotline<sub>9,15-16</sub>. Others experienced fear that these generalized hotlines will involve the police, medical or mental health professionals, housing shelters, and/or mandatory reports related to family, elder, and/or relationship violence<sub>10-11,13,15-16</sub>. Many LGBTQ+ individuals feel that involving these specific institutions is not supportive of their needs in a crisis.

Though LGBTQ+ people tend to have more positive experiences on LGBTQ+ specific hotlines, hotlines that are not specific to the LGBTQ+ community have more global visibility. Since generalized hotlines are more frequently advertised and more visible across the globe, LGBTQ+ individuals will likely be calling to utilize their services, and some of these hotlines have the potential to serve the vital needs an LGBTQ+ person might have in a crisis. Because LGBTQ+ people will call these generalized hotlines, it is imperative that non-LGBTQ+ specific hotlines have the resources to serve their LGBTQ+ clients well.

## **Recommendations for Individual Crisis Responders**

The following suggestions are based on a review of the literature surrounding LGBTQ+ crisis response. This section specifically conveys research-based recommendations for individual crisis responders who might serve LGBTQ+ clients.

**Do not make assumptions.** When working with clients, never assume a client's sexual orientation and/or gender identity. When an LGBTQ+ client is misgendered or assumed to be heterosexual by a crisis responder, they may feel misunderstood or unsafe, which has the potential to escalate their crisis-related feelings<sub>15-16,19</sub>. It is also important to not make assumptions about LGBTQ+ people's experiences. If someone discloses their LGBTQ+ identity, do not make assumptions about their life, their sexual experiences, their gender expression, or even their pronouns. It is best to wait for a client to disclose information to you about their experiences before making assumptions.

**Use inclusive language.** When working with clients, use gender-inclusive language. When you don't know someone's pronouns, always default to using they/them pronouns (gender neutral pronouns) or using a person's name instead of using pronouns. You may even choose to share your pronouns at the beginning of a crisis call, which could open the door for a client to feel comfortable sharing their own pronouns. Use gender-inclusive words when referring to people and their relationships. Saying words like **person** instead of woman or man might make an LGBTQ+ client feel safer. Saying words like **partner** instead of husband or girlfriend might make an LGBTQ+ client feel safe to discuss their relationship.

Research has noted that Transgender and Gender Non-Binary (TGNB) clients experience casual cisgenderism on non-LGBTQ+ specific hotlines frequently<sub>16</sub>. Casual cisgenderism occurs when an individual unknowingly or unintentionally utilizes language that assumes a person is cisgender. If a crisis responder enacts casual cisgenderism on a crisis response call, a TGNB client may feel misunderstood or unsafe<sub>19</sub>.

Stay curious about LGBTQ+ experiences. Be interested in the lives of LGBTQ+ individuals. Research shows that crisis responders are more likely to assume that issues of violence in LGBTQ+ relationships are less serious; crisis responders are also more likely to ask fewer questions about issues of LGBTQ+ relationship violence when compared to man-on-woman relationship violence<sub>9</sub>. Maintain curiosity about the experiences of LGBTQ+ people, even if those experiences seem different from the societal norm. Utilize active listening skills to pick up on people's identity-related experiences, their pronouns, or details related to their crises<sub>14,19</sub>

**Be aware of nonverbal communication.** When on a crisis response hotline call, be aware of how your nonverbal communication could be received by an LGBTQ+ client – this includes tone of voice, your reactions to disclosure, and other forms of nonverbal communication. Research shows that LGBTQ+ people are acutely attuned to nonverbal communication, particularly when disclosing things about their LGBTQ+ identity or experiences<sub>19</sub> They will be able to pick up on any feelings of discomfort or judgment. This might cause an LGBTQ+ client to feel unsafe with a crisis responder.

Consider the impact of specific events on LGBTQ+ clients. Research shows that LGBTQ+ hotline calls rise when specific societal events that impact the LGBTQ+ community occur<sub>20</sub>. In particular, the rise of anti-LGBTQ+ legislation across the country has influenced feelings of unsafety within the LGBTQ+ community; this harmful legislation even influences the rate of LGBTQ+ poverty in the country<sub>1,21-22</sub> Be aware of how certain events might affect members of the LGBTQ+ community, and be ready to offer empathy to LGBTQ+ callers who are affected by specific events, even if you do not understand.

**Offer LGBTQ+ affirming resources.** Instead of utilizing institutions or organizations that have the potential to retraumatize LGBTQ+ individuals, consider finding LGBTQ+ affirming organizations and networks to offer LGBTQ+ clients. LGBTQ+ individuals are less likely to pursue services in a crisis unless they know those resources are affirming of their LGBTQ+ identity and experiences<sub>15-17</sub>. Work with your organizations to cultivate a list of LGBTQ+ inclusive resources in your community that can be ready to share with any LGBTQ+ clients.

Find other ways to be an ally. Pursue education on and advocacy for the LGBTQ+ community outside of crisis responding. The more that you seek knowledge on the LGBTQ+ community, the more likely you are to be able to operate empathetically when working with LGBTQ+ clients. Educate yourself on LGBTQ+ questions that you have, and do not rely on members of the community to answer all your questions. Remember that you can always advocate for LGBTQ+ people by speaking up for LGBTQ+ inclusive policies within your organization or community, by relying less on institutions and organizations that LGBTQ+ clients may not trust, and by supporting local LGBTQ+ organizations within your community.

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$373,636.85 with 72% percentage funded by ACL/HHS and \$104,878.85 amount and 28% percentage funded by non-governmental source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement, by ACL/HHS, or the U.S. Government. All Right Reserved.

#### References:

- 1. Dowd R. Suicide prevention month. A summary of data on LGBT suicide [internet]. UCLA School of Law: The Williams Institute; 2020 Aug 31 [cited 2022 May 25]. Available from https://williamsinstitute.law.ucla.edu/press/suicide-prevention-media-alert/
- Rooney C, Whittington C, Durso LE. Protecting basic living standards for LGBTQ people [internet]. Center for American Progress; 2018 Aug 13 [cited 2022 May 25]. Available from https://www.americanprogress.org/article/protecting-basic-living-standards-lgbtg-people/
- 3. Ferlatte O, et al. Sexual and gender minorities' readiness and interest in supporting peers experiencing suicide-related behaviors. J Crisis Interv Suicide Prev. 2020;41(4):273–9.
- 4. Lindhorst T. Foundation knowledge for work with rural gays And lesbians: Lesbian and gay men in the country; Practice implications for rural social work. J Gay Lesbian Soc Serv. 1997 Dec 1;6(1).
- 5. Rusow JA, et al. Homelessness, mental health and suicidality among LGBTQ youth accessing crisis services. Child Psychiatry Hum Dev. 2018 Aug;49(4):643–51.
- 6. Spittal MJ, et al. Frequent callers to crisis helplines: Who are they and why do they call? Aust NZ J Psychiatry. 2015 Jan 1;49(1):54–64.
- 7. The Trevor Project. Digital support for youth in crisis [internet]. 2019 Apr 24 [cited 2022 May 25]. Available from https://www.thetrevorproject.org/research-briefs/digital-support-for-youth-in-crisis/
- 8. American Psychiatric Association. Mental health facts for lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) [internet]. n.d. [cited 2022 May 25]. Available from https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts
- 9. Brown MJ, Groscup J. Perceptions of same-sex domestic violence among crisis center staff. J Fam Violence. 2009 Feb;24(2):87–93.
- 10. Carrie L, et al. The impact of mandatory reporting laws on survivors of intimate partner violence: Intersectionality, help-seeking and the need for change. J Fam Violence. 2020 Apr;35(3):255–67
- 11. Carson LC. Transgender women's perceptions and experience of sexual violence and views of rape crisis center resources [dissertation]. School of Graduate Studies and Research: Indiana University of Pennsylvania; 2017 May [cited 2022 May 25].
- 12. McGuirk C, Muir R. Homophobic violence calls to helpline rising yearly. Mail on Sunday [internet]. 2022 Apr 17 [cited 2022 May 25].
- 13. Rose SM. Community Interventions concerning homophobic violence and partner violence against lesbians. J Lesbian Stud. 2003;7(4):125–39.
- 14. Agarwal A, et al. Implementation of a confidential helpline for men having sex with men in India. JMIR MHealth UHealth. 2015 Feb 1;3(1):e17.
- 15. Lim G, et al. The experiences of lesbian, gay and bisexual people accessing mental health crisis support helplines in Australia. Psychol Sex. 2021 Mar 17;1–18.
- 16. Lim G, et al. Trans and gender-diverse peoples' experiences of crisis helpline services. Health Soc Care Community. 2021;29(3):672–84.
- 17. Mereish EH, et al. Characteristics and perceptions of sexual and gender minority youth who utilized a national sexual and gender minority-focused crisis service. J Crisis Interv Suicide Prev. 2022;43(2):127–34.
- 18. Bielski Z. For transgender youth, a needed lifelineL A teen's suicide in Ohio illustrates why an empathetic ear is crucial for those who come out and then are shunned by family [internet]. Toronto, Canada: Globe & Mail; 2015 Jan 3 [cited 2022 May 25]. Available from www.link.gale.com/apps/doc/A395848701/AONE?u=sain44199&sid=bookmark
  - www.link.gale.com/apps/doc/A395848'/01/AONE?u=sain44199&sid=bookmark-AONE&xid=3620eaad
- 19. University of Southern California Suzanne Dworak-Peck School of Social Work. Four basic guidelines for practicing LGBTQ-affirming social work [internet]. 2019 Nov 4

- [cited 2022 May 25]. Available from https://dworakpeck.usc.edu/news/four-basic-guidelines-for-practicing-lgbtq-affirming-social-work
- 20. Ryan L. A suicide hotline volunteer on talking to LGBTQ teens after the election [internet]. The Cut; 2016 Nov 10 [cited 2022 May 25]. Available from https://www.thecut.com/2016/11/a-suicide-hotline-volunteer-opens-up-about-lgbtq-youth-calls.html
- 21. Movement Advancement Project. Anti-LGBT laws drive significantly higher rates of poverty for LGBT people [internet]. n.d. [cited 2022 May 25]. Available from https://www.lgbtmap.org/unfair-price-news-release
- 22. Weaver J. New poll illustrates the impacts of social & political issues on LGBTQ youth [internet]. The Trevor Project; 2022 Jan 10 [cited 2022 May 25]. Available from https://www.thetrevorproject.org/blog/new-poll-illustrates-the-impacts-of-social-political-issues-on-lgbtq-youth/