Executive Summary

This fact sheet aims to assist non-LGBTQ+ specific hotlines in working with LGBTQ+ individuals in a crisis response setting. It discusses tips for individual crisis responders in working with LGBTQ+ individuals and also discusses tips for crisis response organizations in supporting LGBTQ+ communities as a whole. A brief version of this factsheet specifically for hotline crisis responders can be found [HERE].

Context

An LGBTQ+ Need for Crisis Response Hotlines

LGBTQ+ individuals experience higher rates of suicide than their cisgender, heterosexual counterparts[1]. 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[2-7]. LGBTQ+ individuals also experience disproportionate rates of mental health diagnoses that can sometimes lead to crises[8]. They also experience relationship violence and violence related to discrimination[9-13]. 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[7,14-17]. 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[7,15-16,18]. Additionally, many LGBTQ+ individuals fear experiencing discrimination from general hotlines that are not specific to the LGBTQ+ community[9-11,15-16]. Much of this distrust is a result of historical discrimination from the mental health and medical systems in the United States.

LGBTQ+ people have been pathologized by medical and mental health professionals in the past; psychiatrists previously diagnosed having an LGBTQ+ identity as a mental disorder[19]. Because of this, many LGBTQ+ individuals are less likely to trust mental health hotlines that are not explicitly serving the LGBTQ+ community.

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[14-17]. Some individuals stated that they experienced discrimination related to their LGBTQ+ identity when on a generalized hotline[9,15-16]. Others experienced fear that these generalized hotlines will involve the police, medical or mental health professionals, housing shelters, or mandatory reports related to family, elder, and/or relationship violence[10-11,13,15-16]. Many LGBTQ+ individuals feel that involving these specific institutions is not supportive of their needs in a crisis, and they do not want to be forced to interact with these institutions just because they called a generalized hotline. Regardless of the reason, research suggests that LGBTQ+ people have more positive experiences on LGBTQ+ specific hotlines when compared to generalized hotlines that are not specific to the LGBTQ+ community.

LGBTQ+ communities have managed to build their own LGBTQ+ specific hotlines; some of which started from grassroots efforts and have expanded to organizations with a global impact. The Trevor Project Hotline, the Trans LifeLine, and SAGE's National LGBTQ+ Elder Hotline are larger crisis response efforts that specifically serve the LGBTQ+ community. In addition to these larger organizations, smaller LGBTQ+ hotline efforts exist across the globe; many of which are community focused[14,18].

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[15-16,20]. 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[16]. 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[20].

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[9]. 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[14,20].

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[20]. 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[21]. 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[1,22-23]. 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[15-17]. 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 or organizations that LGBTQ+ clients may not trust, and by supporting local LGBTQ+ organizations within your community.

Recommendations for Crisis Response Organizations

The following suggestions are based on a review of the literature surrounding LGBTQ+ crisis response. This section specifically conveys research based recommendations for crisis response organizations who serve LGBTQ+ clients or who want to ally with their local LGBTQ+ community.

Offer intensive employee training on LGBTQ+ experiences. Employee training on LGBTQ+ issues has been shown to increase acceptance and general affirmation of LGBTQ+ experiences[15-16,24]. Your organization should invest in training that is specific to LGBTQ+ experiences, so that your crisis responders are more prepared to offer acceptance and services to LGBTQ+ clients. Visit www.sageusa.care to learn more about SAGE's organizational training on working with LGBTQ+ older adults.

Create a list of LGBTQ+ specific resources for clients. Work to develop of list of LGBTQ+ affirming or specific resources within your community. Research states that LGBTQ+ people are more likely to utilize services in a crisis when they know the services are LGBTQ+ affirming[15-17]. If you create a list of LGBTQ+ affirming organizations within your community, you will be prepared to offer those specific resources to LGBTQ+ clients when they need assistance. Additionally, consider how LGBTQ+ people might have experienced discrimination from certain institutions. For example, an LGBTQ+ person might not desire to be referred to a hospital because they have experienced misgendering at a hospital before. However, they might be willing to wait and see an LGBTQ+ specific primary care doctor who can help them navigate their medical issues. Consider partnering with local organizations to build a list of potential community organizations that provide care to LGBTQ+ individuals.

Consider your organization's relationship with LGBTQ+ specific hotlines. The research conveys that LGBTQ+ individuals desire to seek out LGBTQ+ specific hotline services when in crisis[7,14-17]. Additionally, LGBTQ+ people have more positive experiences on LGBTQ+ specific hotlines than on generalized non-LGBTQ+ specific hotlines[14-17]. Therefore, as you continue to try and make your organization better prepared to serve LGBTQ+ individuals, consider how you could partner with LGBTQ+ specific hotlines to offer support for LGBTQ+ clients[15]. Consider offering LGBTQ+ specific hotlines as a resource to your LGBTQ+ callers. Consider reaching out to local LGBTQ+ specific hotlines to discover their capacity for partnership with your organization.

Develop an inclusive organizational environment. Work to address issues of discrimination and harassment in your workplace. Ensure that your employees know that allyship with the LGBTQ+ community is an important desire of your organization. As you work to build a more inclusive organization, your services will feel more inclusive to the LGBTQ+ community[24].

Considerations around Institutions and Person-Centered Care

For many organizations that provide crisis care, there is a reliance on mandatory reporting laws or organizational policies that require crisis workers to report situations of elder or child abuse, situations of high-risk suicidality, and situations of potential emergent medical need. These mandatory reporting laws are meant to care for and protect clients while also legally protecting the crisis workers and organizations that provide crisis care.

Research shows that LGBTQ+ individuals, particularly TGNB individuals and LGBTQ+ people of color, oftentimes fear engaging with the police, medical or mental health professionals, housing shelters, or mandatory reporting polices related to family, elder, and/or relationship violence[10-11,13,15-16]. This is largely because of historical discriminatory experiences from these institutions. However, this is also because discrimination from these institutions still exists for LGBTQ+ communities today. For example, LGBTQ+ victims of relationship violence are more frequently arrested alongside their perpetrating partner when mandatory reporting occurs[10].

Many LGBTQ+ people – alongside other populations who have experienced discrimination – have complex relationships with institutions of power. It is important in crisis care to recognize the impact that these institutions have on many LGBTQ+ individuals, particularly those with additional marginalized identities. Involving these systems might trigger an escalation of anxious feelings for an LGBTQ+ individual. For example, a TGNB person who has been misgendered by the police and misgendered by medical professionals may not desire to involve the police or involuntary hospitalization, regardless of how aggravated their mental health symptomology expresses in a crisis. In a situation such as this one, instead of immediately offering police intervention or involuntary hospitalization, crisis organizations could explore with the client if they have loved ones or community members that could come be with them or that could advocate with them in a medical or mental health setting. When necessary and possible, exploring creative options for care – especially focusing on community-oriented care within the LGBTQ+ community – can better meet the needs of LGBTQ+ clients in a crisis.

Alongside the distrust that many populations have with these institutions of power involved in crisis care, many critiques of mandatory reporting policies are founded in the desire to provide more person-centered care. Person-centered care is an alternative to institutional reporting that should be considered when providing crisis care[25].

Person-centered care involves listening to an individual about their needs for care and trusting that an individual knows what is best for themself. In a hotline crisis setting, this could look like honoring a caller when they say that calling the police would not assist them in managing their suicide crisis. It could also look like helping an LGBTQ+ individual find community alternatives to housing shelters or resources that do not feel welcoming. Some states and organizations have offered innovative alternatives to mandatory reporting: permissive reporting policies, mandatory training, and limited mandatory reporting[25]. When possible, crisis intervention organizations and hotlines should consider their relationships with mandatory reporting policies and interrogate how these relationships are serving their LGBTQ+ clients.

Summary

LGBTQ+ individuals have disproportionate rates of crises when compared to non-LGBTQ+ individuals. However, LGBTQ+ individuals express a nervousness when reaching out to crisis services that are not LGBTQ+ specific. They fear being discriminated against, being misunderstood, or being forced to interact with institutions or organizations that might feel unsafe. Non-LGBTQ+ specific hotlines and their crisis responders can work to make their services more LGBTQ+ inclusive. Specifically, individual crisis responders can work to be more inclusive in their language with clients, and they can consider how different resources might feel more supportive than others to LGBTQ+ clients. Crisis response organizations can work to provide LGBTQ+ training to their responders, and they can advocate for creative crisis responses that prioritize person-centered, community-driven care for LGBTQ+ individuals.

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/
2. 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-lgbtq-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-AONE&xid=3620eaad
19. Drescher J. Out of DSM: Depathologizing homosexuality. Behav Sci (Basel). 2015 Dec 4;5(4):565-75.

20. 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

21. 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

22. 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

23. 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/

24. American Psychological Association. Best practices for mental health facilities working with LGBT clients [internet]. 2011 [cited 2022 May 25]. Available from https://www.apa.org/pi/lgbt/resources/promoting-good-practices

25. Backer RP, et al. New York state doesn't have mandatory reporting: good or something to change [internet]? NYC Elder Abuse Center; 2015 Jan 8 [cited 2022 May 25]. Available from https://nyceac.org/elder-justice-dispatch-new-york-state-doesnt-have-mandatory-reporting-good-or-something-to-change/