

# Quick Guide for Clinical Competence

LGBTQ+ individuals experience crises at a higher rate when compared to the cisgender, heterosexual population. LGBTQ+ individuals are disproportionately affected by financial, food, and housing insecurities. Additionally, they oftentimes have less familial support and rely more on informal networks for care and resources.



- **For this reason, clinicians need to validate an LGBTQ+ person’s fear of being discriminated against, being misunderstood, or being forced interact with institutions or organizations that might feel unsafe. Organizations can work to provide LGBTQ+ training to their clinicians, and they can advocate for creative crisis responses that prioritize person-centered, community-driven care for LGBTQ+ individuals.**

## Notes of Importance

1. **Mental Health and Suicide:** LGBTQ+ individuals are twice as likely to experience mental health issues in their life, and have more than double the rate of depression than the heterosexual population. Suicide is the leading cause of death for LGBTQ+ people ages 10-24. LGBTQ+ youth are more than five times more likely to die by suicide than their heterosexual peers.
2. **Trauma and Familial Conflict:** LGBTQ+ individuals experience trauma at a higher rate than the heteronormative population. Almost half of homeless LGBTQ+ youth are “throw away kids” meaning they ran away because they were disowned by their family due to their sexual orientation or gender identity. These youth also have higher rates of physical, emotional, or sexual abuse at home.
3. **Transphobia:** Transgender people have disproportionate rates of murder, increased risk of sexual violence, higher likelihood of being a victim of police brutality, and most report having experienced harassment and verbal abuse.
4. **Online Violence:** LGBTQ+ people frequently face threats, harassment, and violence online, and regularly see comments that deny their humanity and right to exist. Queerbaiting and queer erasure are common in media.
5. **Compounding Social Dislocation:** People of color face discrimination from within the LGBTQ+ community. Positions of power are often monopolized by white middle- and upper- class members of the community. LGBTQ+ people of color face heightened bigotry at the intersection of their race and their queerness by society at large.
6. **Sexual Assault and Harassment:** Over forty percent of lesbian women have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. Bisexual women, trans women, and women of color experience the highest risk of sexual assault and harassment.

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## LGBTQ+ Individuals and Crisis Services

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- LGBTQ+ individuals prefer to reach out to an LGBTQ+ specific service or a service that openly displays and has a reputation for LGBTQ+ acceptance. They do not always have the confidence that the crisis worker(s) will be accepting of their identities or honor the importance of confidentiality when discussing sexual orientation and/or gender identity. Much of this distrust is a result of historical discrimination from the mental health and medical systems.
- Historically, LGBTQ+ people have been pathologized by medical and mental health professionals, including the classification of having an LGBTQ+ identity as a mental disorder. There is also a history of crisis care involving the police, medical, or mental health professionals, or mandatory reports related to family, elder, and/or relationship violence. Many LGBTQ+ individuals have prior negative encounters with these institutions and do not want to be forced to interact with them.

It's imperative that generalized crisis response programs have the skills and resources to serve the LGBTQ+ community well.



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### Recommendations for Clinicians Responding to Crisis

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- **Do not make assumptions about a person's Sexual Orientation, Gender Identity Expression (SOGIE): Never assume a client's sexual orientation or gender identity. Being misgendered or assumed to be heterosexual by a crisis responder can lead to elevated feelings of being misunderstood or unsafe.**

- Pro Tip: Recognize the importance of coregulation of an individual in the midst of a crisis, and regulate your own language, behavior, and physiological reactions

- **Do 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 their pronouns.**

- Pro Tip: Wait for the person to disclose whatever information is relevant to the situation.



- **Use inclusive language: When working with any clients, use gender-inclusive language. When you do not know someone's pronouns, always default to using they/them (gender neutral pronouns) or using a person's name instead of using pronouns.**

- Pro Tip: Offer your pronouns at the beginning of every new interaction with clients. This can be an invitation for a client feeling comfortable sharing their own pronouns.

- **Avoid casual cis-genderism: Casual cis-genderism occurs when an individual unknowingly or unintentionally utilize language that assumes a person is cisgender. Casual cis-genderism by a crisis responder can lead to a client, especially Transgender and Gender Non-Binary (TGNB) individuals, may feel misunderstood or unsafe. Words like woman, man, husband, girlfriend might make a LGBTQ+ individuals feel rejected and not really seen.**

- Pro Tip: Use gender-inclusive words like "person" instead of woman or man and "partner" instead of assuming the identity of a significant other.



- **Stay curious about LGBTQ+ experiences: Maintain curiosity about the experiences of LGBTQ+ people, even if those experiences seem different from the societal norm.**



- Pro Tip: Utilize active listening skills to pick up on people's identity-related experiences, their pronouns, or SOGIE related details pertinent to the crisis situation.

- **Be aware of nonverbal communication: Stay alert to how your nonverbal communication could be received by an LGBTQ+ population. Research shows that LGBTQ+ people are acutely attuned to nonverbal communication, particularly when disclosing things about their LGBTQ+ identity or experiences. They are attuned to any feelings of discomfort or judgement.**



- Pro Tip: Pay attention to your stance, tone of voice, reactions to disclosures, etc.

- **Consider the impact of societal events on LGBTQ+ individuals: Research shows that crisis calls rise when there are current events that might impact LGBTQ+ community occur. In particular, the rise of anti-LGBTQ+ legislation across the country has influenced feelings of being unsafe and distant from general society.**



- Pro Tip: Pay attention to current events on national, state, and community levels and how they might impact an LGBTQ+ person's life. Be ready to offer empathy to LGBTQ+ individuals who are affected by specific events, even if you do not understand.

- **Offer LGBTQ+ affirming resources: Seek to understand how non-supportive institutions and organizations have the potential to retraumatize LGBTQ+ individuals. LGBTQ+ individuals are less likely to pursue services in a crisis unless they know these resources are affirming of their identity and experiences.**



- Pro Tip: Keep a list of inclusive resources that can be accessed to offer LGBTQ+ individuals.

- **Find other ways to be an ally: The more that you seek knowledge on the LGBTQ+ community, the more likely you are to be able to operate empathetically when working with this population. Seize opportunities to advocate for LGBTQ+ people by speaking up for inclusive policies within your organization and community and supporting local LGBTQ+ organizations.**



- Pro Tip: Educate yourself on LGBTQ+ issues and do not rely on members of the community to answer all of your questions.