

Culturally Competent Care for LGBTQ Youth

Transcript of SPARK Talks

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I'm Ashby Dodge, the crisis services director at The Trevor Project. We work in suicide prevention and crisis intervention for LGBTQ youth, ages 13 to 24. LGBTQ youth are lesbian, gay, bisexual, transgender, and queer or questioning youth.

So when we look at suicide prevention for the LGBTQ community, lesbian, gay, and bisexual youth are four times more likely to attempt suicide than their straight peers. That's a huge, huge number. And we want to know why is this? Why is this group of people four times more likely to attempt suicide?

LGBTQ youth are at highest risk just before and just after the coming out process. So if you're not familiar with what the coming out process is, it's acknowledging and communicating your gender identity and/or sexual orientation either publicly or privately. So, if you think about the anticipatory stress of coming out, right, all this time leading up to it, what's going to happen, how will my family react, what will my friends say, how will people treat me at school? There's all of that stress leading up to the coming out process. And then, after the coming out process, it's really dealing with that reality, right, what actually happened, what was the fallout, who supported me, who didn't, and really that possible loss of the support system. More than one third will lose friends through the coming out process, so they're really losing that support system.

LGBT youth who come from highly rejecting families are eight times more likely to attempt suicide. And if you think of other LGBTQ-specific risk factors like gender non-conformity or LGBTQ-related victimization, perhaps bullying at school, this is a real problem.

So, in the mental health community, we need to look at this challenge and say, how do we combat this problem? Right? How do we face this? And really, the mental health community—we're not that great at understanding the LGBTQ population and the LGBTQ community.

So when I first started working at The Trevor Project, I thought, coming from the gay community, I knew it all, I had it down, I understood all of the terminology and knew exactly how to approach everything. And it was a little bit of a rude awakening in the sense that I really didn't know as much as I thought. I had to learn a lot. I had to learn a lot.

So, as we are working with this community, as we are working as clinicians, we need to say, what's the difference between gender identity, gender expression, sexual orientation, biological sex? All of these things are different, and they all kind of exist on this continuum, kind of parallel to one another. If we don't know what the differences are, we really need to find out. And we really need to educate ourselves.

We need to approach our clients with warmth and compassion. Right?

We need to ask people how they identify. What is their PGP? So if you don't know what a PGP is, it's a preferred gender pronoun. How do folks identify? A feminine preferred gender pronoun would be *she, her, hers*; masculine would be *he, him, his*. And some folks may choose to not identify in the gender norm, and

they might prefer a gender-neutral pronoun, like *they*, *them*, and *theirs*. So you might look at me and say, "Oh, I'm assuming that you go by *she*, *her*, *hers*." That may not be the case. I might go by a gender-neutral pronoun: *they*, *them*, *theirs*. So you would want to ask someone that you're working with how they identify.

So, we need to be able to provide culturally competent care. Because if we provide that culturally competent care, folks will be more apt to seek help, to seek care, to seek resources, and then the care that they seek will be more appropriate.

We want to look at using a strengths-based approach. A supportive teacher. A family member that is really accepting. Maybe the school has a gay-straight alliance that the student can become a part of. These are great things to look at and to really recognize, because it shows folks that they have these things in their life. They have what they need in themselves to overcome this situation, or whatever they are going through in this case, and really look at how do I get through this? How do I gain support? How do I decrease my isolation and see that I do have a community of people that care about me? So, a strengths-based approach is really the one that I would look at most in working with the LGBTQ community.

As mental health professionals, we want to look at bringing the LGBTQ community in. So we want to look at planning services with the community, not necessarily for the community. So we want to bring them in so that they can advise on trainings, on interventions, on workshops, so that we're doing this together, and we can effectively reach the most amount of people.

If you think you're doing the best you can, I would challenge you to be better. Learn the terminology. Understand the LGBTQ community. Understand that one young person who thinks that no one is there for them. You can be that person that's there for them. You can be that person that understands and doesn't judge them and doesn't make assumptions, and says, I see you and I hear you just the way you are.