Suicide, Self-Harm, and LGBTQ Youth: Tips for Therapists

Rates of suicide attempts, thoughts of suicide, and deliberate self-harm behaviors are high among lesbian, gay, bisexual, transgender and queer or questioning (LGBTQ) youth. The disproportionate risk for these thoughts and behaviors among LGBTQ youth is thought to be associated with minority stress related to sexual orientation or gender identity, including: internalized stigma and social stigma, bullying, hate crimes, and rejection by family members and other important people in their lives.

Here we offer some tips for therapists based on clinical experience and academic literature. Clinical judgement should guide when and how these tips apply to individual youths, as these tips are designed for youths where there is clinical need to attend to LGBTQ status. In our program for instance, we include self-report questions regarding sexual orientation and whether youths self-identify with the gender assigned at birth, and this information guides future care.
Before we begin, below are some common LGBTQ terms. Definitions have been adapted from Trans Student Educational Resources (TSER) at [http://www.transstudent.org/definitions](http://www.transstudent.org/definitions).

Cisgender/cis: Term for someone who exclusively identifies as their sex assigned at birth. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

Transgender/Trans: Encompassing term of many gender identities of those who do not identify or exclusively identify with their sex assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life.

Queer: A term for people with gender identities and sexual orientations who are not cisgender and/or heterosexual. This term has a complicated history as a reclaimed slur.

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<th>Helpful Approaches</th>
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<td>Because stigma exists for LGBTQ youth, creating a space that feels safe and building rapport is important before asking about LGBTQ status.</td>
<td>• Helping LGBTQ youth feel comfortable with you is important.</td>
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<td>• Building rapport is essential, as is making it clear that the youth is safe with you.</td>
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<td>• Visual Cues- Such as: wearing rainbow nametags, having a trans flag, safe zone sign in your office, hanging a rainbow poster in the waiting area or door, etc. can help a youth feel safe.</td>
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Youth may not have disclosed their sexual orientation or gender identity to their family.

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<td>• Make sure to inform the youth that what they share with you is confidential (with the limitation of safety concerns that must be reported by law) and that you will not disclose facts to parents that the youth is not comfortable disclosing.</td>
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<td>• Do not include facts about sexual orientation or gender identity in the chart if youth’s parents are not aware.</td>
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<td>• Helping prepare the youth to talk with their parents can be helpful.</td>
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<td>• Supporting parents to accept and validate their youth is very important to the youth’s mental health. Parent support is a strong protective factor against suicidal thoughts and behaviors.</td>
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### Challenge

On first meeting youth, current gender identity and sex assigned at birth may not be clear from appearance. Gender identity, the gender that an individual identifies as, can differ from the sex an individual is assigned at birth. It is important to remember that not all youth identify with a binary gender (trans man/trans woman) and to be sensitive to non-binary identities.

### Helpful Approaches

- A great first step is to introduce yourself and state your own pronouns, followed by asking what pronouns the youth would like you to use when addressing them.

- Using the youth’s pronouns helps the youth to feel accepted and validated and indicates to them that you are sensitive and aware of the importance of LGBTQ+ language.

- Using correct pronouns whenever discussing the youth and placing this information in the record or chart (as appropriate in your setting) can help create an environment where the youth feels respected and accepted.

- Also ask the youth what pronouns they would like you to use for them when talking to their parents in case the parents are not comfortable using the youth’s pronouns.

- It is important to remember that not all youth identify with a binary gender (girl or boy) and to be sensitive to non-binary identities that do not conform to social norms (i.e. gender queer, gender fluid, agender).

- Gender identity can be quite fluid in some youth, taking on more or less masculine/feminine traits over time.

- Asking teens about their sexual orientation indirectly can be helpful if the youth seems reluctant to disclose this information. Some teens may not be comfortable coming out directly and may still be exploring/figuring out their sexual orientation. For example, say “Soon you may start dating. Or maybe you already have started. Have you thought about that?” or “Many teens/youth begin having romantic and/or sexual attractions at this age. Have you noticed sexual or romantic feelings toward others?” If yes, “tell me more about those feelings/attractions.”

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**Sexual orientation, or who an individual is attracted to romantically or sexually, is often not known until a youth discloses this information to you.** NOTE: Many parents confuse sexual orientation and gender identity. This confusion can lead to caregivers making incorrect assumptions about their child.
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| Even though youth may be very young, romantic relationships can be extremely distressing. | • Take heartbreak or other romantic concerns seriously.  
• Youth often report a romantic breakup as a precipitant to a suicide attempt.  
• When appropriate, help parents to take the impact of their youth’s relationship seriously. |
| As with all teens, peer relationships are an important part of this stage of development. LGBTQ+ youth, especially from rural areas, are often more socially isolated than their straight, cisgender peers and may not be “out” or may be “stealth” at school and in social situations. This increases their risk of depression and suicide. | • Ask about the youth’s social support system. If they don’t have one, or if it is mainly online, provide local resources if possible to help them connect to supportive peers. |
| LGBTQ+ youth are more likely to be targets of bullying, physical and sexual assault. For transgender youth, bathroom use in school and other public places can be unsafe. | • Make sure to ask about the youth’s safety, at home and at school as this can also increase suicide and self-harm risk.  
• Connect youth to resources that can advocate for them or help them to advocate for themselves. In some instances, the youth’s current school may never be a safe place for them. Discuss options with caregivers and encourage them to take issues at school seriously (bullying, being intentionally misgendered, not having a safe place to use the bathroom, no access to a supportive teacher/counselor/administrator). |
| Because of societal stigma and perhaps trauma, youth may not bring up important issues around their sexual orientation or gender identity. | • Once a youth has disclosed their sexual orientation or gender identity, be sure to ask about how this affects them in areas of their life they bring up. Even if a youth does not continue bringing up this topic, check in about it over time.  
• Asking whether the youth has had sexual experiences and whether those were positive or negative can create a space for the youth to disclose unhealthy sexual or romantic relationships, as well as sexual trauma/abuse. |
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| Even though a parent may verbally state that they are supportive of the youth’s LGBTQ status, the parent’s behavior may suggest that they are not supportive. | • Societal pressure in some groups encourages parents to be outwardly supportive of their LGBTQ youth even though they may not be as internally supportive.  
• Some parents also may be trying to be outwardly supportive of their youth, but are having ambivalence or conflicted feelings about these issues, and their youth may be sensitive to cues of these mixed feelings.  
• Assess whether parents are behaving in a supportive manner.  
• If parents are dismissive of a youth’s relationships or feelings, they may not be as supportive as they state.  
• Helping a parent to become supportive of their youth may be particularly helpful to the youth’s mental health.  
• When appropriate, inform parents of the heightened risk of suicide among LGBTQ youth and the important mitigating role of parental support.  
• Have educational materials ready for the family, including access to the phone number for the Trevor Project suicide hotline and community support materials for youth (such as local LGBTQ+ support or activity groups) and caregivers (such as local PFLAG chapters). |
| Parents may report that they think their LGBTQ child is “going through a phase,” “being influenced by their friends,” “confused,” “too young to know,” or “hanging out with a bad crowd.” | • Begin by validating the parent’s concerns and that youth do go through phases and can be influenced by friends etc. Then remind parents that phases among youth usually last a few weeks to a few months- not years. Youth are influenced by their peers usually to try things out- not be something they are not. Gender and sexual identities are realized not chosen.  
• Do educate parents about LGBTQ issues, as well as gender and sexual identity development in children and youth  
• Provide parents with resources, such as online sources of information about LGBTQ issues. |
Parents may be struggling with becoming comfortable with their child’s LGBTQ identity, especially if their own upbringing included anti-LGBTQ messages.

As with all children and adolescents, LGBTQ youth may present for care for concerns that are unrelated to their sexual orientation or gender identity.

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| Parents may be struggling with becoming comfortable with their child’s LGBTQ identity, especially if their own upbringing included anti-LGBTQ messages. | • Treat parents with empathy even when they may not initially be fully supportive of their youth’s LGBTQ identity.  
• Avoid appearing overly judgmental when working with unsupportive parents and remember your goal of establishing support for the youth, which requires a positive working relationship with parents.  
• Validate parents’ emotional reactions and support them as they work to support their child.  
• Encourage parents to explore support resources, such as PFLAG groups.  
• Take a neutral stance about youth assuming a new LGBTQ identity, making an effort to not take “sides” if there is conflict around this topic. |
| As with all children and adolescents, LGBTQ youth may present for care for concerns that are unrelated to their sexual orientation or gender identity. | • LGBTQ youth can present with any of the traditional issues that bring youth into care. Youths’ sexual orientation or gender identity/expression does not need to be the focus of care if it is unrelated to their presenting concerns.  
• Do be aware of the heightened rates of suicide in this population. |

**Recommended Links**

Common LGBTQ terms and definitions: [https://www.transstudent.org/definitions](https://www.transstudent.org/definitions)

[Mypronouns.org/what-and-why](https://www.transstudent.org/definitions): comprehensive and easy to use guide on the importance of using correct pronouns


Family Acceptance Project: research-based family guidance resources to prevent suicide, increase connectedness and promote well-being for LGBTQ children and youth - [https://familyproject.sfsu.edu/](https://familyproject.sfsu.edu/)

[Leadwithlovefilm.org](https://www.transstudent.org/definitions): a brief film with concrete strategies for parents who are struggling with having their child come out as LGB

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