DiGeSt

Journal of Diversity and Gender Studies

# Crisis Responders' Perspectives on the Unique Needs of 2SLGBTQIA+ Individuals in Crisis: A Qualitative Exploration

Monica Sesma-Vazquez, Tara Collins, Kendra Neeb, Melissa Mostert, Karen Lazaruk, Tristan McSwiney, Nathanael Hammond, and Mike Velthuis Kroeze

*DiGeSt Journal of Diversity and Gender Studies, Volume [13], Issue [1]*
https://doi.org/10.21825/digest. 93333
Print ISSN: 2593-0273. Online ISSN: 2593-0281
Content is licensed under a Creative Commons BY
DiGeSt is hosted by Ghent University Website: *https://www.digest.ugent.be/*

# Crisis Responders' Perspectives on the Unique Needs of 2SLGBTQIA+ Individuals in Crisis: A Qualitative Exploration

Monica Sesma-Vazquez
University of Calgary
msesmava@ucalgary.ca

Tara Collins
University of Calgary
tara.collins2@ucalgary.ca

Kendra Neeb
University of Calgary
kendra.neeb@ucalgary.ca

Melissa Mostert
University of Calgary
melissa.mostert@ucalgary.ca

Karen Lazaruk
University of Calgary
karen.lazaruk@ucalgary.ca

Tristan McSwiney
University of Calgary
tristan.mcswiney@ucalgary.ca

Nathanael Hammond
University of Calgary
nathanael.hammond@ucalgary.ca

Mike Velthuis Kroeze
University of Calgary
michael.velthuiskroeze@ucalgary.ca

**Abstract**
2SLGBTQIA+ populations experience disproportionately higher rates of completed suicide, suicide attempts, and suicidal ideation compared to heterosexual and cisgendernormative populations. However, assumptions of heteronormativity and cisnormativity, and fear of judgment in general healthcare settings, remain prevalent. The question 'how can general crisis lines in Canada adopt more trauma-informed, gender-affirming, and sexual identity affirming approaches to improve services for the 2SLGBTQIA+ community?' was posed to strengthen crisis response by exploring the perceptions of crisis responders who have supported 2SLGBTQIA+ callers. Nineteen semi-structured interviews were conducted with crisis line service providers from Alberta, Manitoba, and Saskatchewan. Thematic analysis revealed three overarching themes: understanding the past experiences of 2SLGBTQIA+ callers, personal mindsets, and service provider actions. Within these themes, participants identified key traits for trauma-informed and sexual identity and gender-affirming practice, which may help address challenges 2SLGBTQIA+ individuals experience in healthcare settings.

**Keywords**
2SLGBTQIA+, crisis response, crisis lines, service providers, suicide prevention, suicide.

**Introduction**

This paper examines the practices and experiences of crisis call and text responders who support 2SLGBTQIA+ individuals on general crisis lines in Canada. 2SLGBTQIA+ refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional sexually and gender diverse people; placing '2S' first recognizes Two-Spirit peoples as the first 2SLGBTQIA+ communities (Government of Canada, 2022). Understanding the unique needs of 2SLGBTQIA+ individuals who access crisis services in Canada is crucial in creating a trauma-informed and sexual and gender-affirming service. The voices of crisis responders fill a gap in the literature by offering new insights to improve gender and sexual identity affirming care on crisis lines.

Approximately 1.3 million 2SLGBTQIA+ individuals over the age of 15 live in Canada (Government of Canada, 2024). This represents 4.4% of the total adult population in Canada. Despite this significant number, discrimination against the community remains widespread. According to the Government of Canada (2024), 57% of 2SLGBTQIA+ individuals have experienced familial rejection, 52% have faced verbal harassment, and 49% have been physically harassed or threatened. These high rates of community-directed violence are compounded by significant mental health challenges including post-traumatic stress disorder (PTSD) (Marchi et al., 2023). A study examining depression and suicide among 2SLGBTQIA+ individuals found that 73.6% were at risk of suicide (Ferlatte et al., 2019). This population experiences disproportionately higher rates of completed suicide, suicide attempts, suicidal ideation, and mental health challenges compared to heterosexual and cisgender populations (di Giacomo et al., 2018; Kann et al., 2018; Kingsbury et al., 2022; Zullo et al., 2021). In addition to the increased risk, 2SLGBTQIA+ populations often encounter significant barriers when accessing mental health and crisis services. Ferlatte et al. (2019) identified 94.5% of 2SLGBTQIA+ individuals at risk of suicide experienced barriers to accessing support services.

In healthcare settings, many 2SLGBTQIA+ individuals have faced significant challenges including stigmatization, ignorance, discrimination, systemic barriers and resulting exhaustion (Crawford & Schuller., 2023; Ferlatte et al., 2019; Ross et al., 2018; Schwab et al., 2022). For instance, many general healthcare and service providers operate based on the presumption of heteronormativity, resulting in an environment that makes disclosure challenging and vulnerable (Ramsey et al., 2022; Rossman et al., 2017; Schwab et al., 2022; Utamsingh et al., 2016). In these situations, service users were required to self-advocate and educate providers about their own gender identity and/or sexual identity (Campbell et al., 2023; Schwab et al., 2022). Many individuals described experiencing discrimination after disclosure including, misgendering, using deadnames (Crawford & Schuller, 2023; Ross et al., 2018; Scwhab et al., 2022), having their story challenged (Goldbach et al., 2019; Lim et al., 2021a; Stojanovski et al., 2021), and being asked questions that implied the service user's gender and sexuality were the causes of their distress/crisis (Lim et al., 2021b).

Despite the high prevalence of trauma and discrimination experienced by 2SLGBTQIA+ populations, trauma-informed care is seldom integrated into population-specific service delivery (Public Health Agency of Canada, 2018; Tam et al., 2024). Bridging service provider's perspectives help to clarify competencies, knowledge, and organizational challenges in offering gender- and sexual-identity affirming and trauma-informed care. The lack of trauma-informed care in practice often results in retraumatizing the perpetuation of trauma, discrimination, and stigma, and is connected to inadequately supportive 2SLGBTQIA+-specific services (Poteat & Singh, 2017). Given the challenges faced by this population, it is particularly critical to ensure a trauma- informed approach (Tam et al., 2024). However, even when these approaches are applied, many organizations do not know how to transfer the knowledge to 2SLGBTQIA+ populations and training is limited (Tam et al., 2024).

Thus, there is the need to move beyond the experiences of callers to examine the dispositions and practices of the responders themselves. This shift is important because a responder's attitudes and knowledge regarding 2SLGBTQIA+ issues are often more important than the responder's own identity alone (King et al., 2007). While crisis line studies emphasize universal responder behaviors like empathy and respect, they can often fail to account for which key traits and dispositions affect the relationship between responder behavior and service user outcomes (Mishara et al., 2007; Sindahl et al., 2019).

Although limited, most research has focused on 2SLGBTQIA+ individuals' experience on crisis lines, with comparatively little attention focusing on the challenges that crisis responders encounter when supporting the population. This gap is particularly problematic given that crisis responders' competence and ability to provide gender and sexual identity affirming care impacts service quality (Beder et al., 2010; Mishara et al., 2007). Research highlights that gender- and sexual identity affirming care is dependent on crisis responders' training, systemic challenges, and personal biases (Gould et al., 2021). By integrating the voices of responders, this study offers innovative insight on how to better support 2SLGBTQIA+ populations.

There is a significant gap in Canadian research on crisis responders' experience supporting 2SLGBTQIA+ callers on crisis lines, especially in a Canadian context. Much of the existing literature on crisis lines has been conducted in Australia (e.g. Lim et al., 2022) and the United States (e.g. Goldbach et al., 2019). These studies often exclude or limit 2SLGBTQIA+ individuals and experiences from their samples. Multiple studies use a binary view on gender, and many do not incorporate sexual orientation in data collection (Chan et al., 2018; Doki et al., 2016; Du et al., 2021; Hunt et al., 2018; Liu et al., 2022; Middleton, Gunn et al., 2016; Middleton, Woodward et al., 2016; Ohtaki et al., 2017; Vivekananda et al., 2019; Zeinoun et al., 2023). Moreover, most studies focus on cisgender, heterosexual populations, often muting the voices of responders who are responsible for supporting 2SLGTQIA+ individuals.

Among the few studies outside Canada that included 2SLGBTQIA+ populations in their samples, findings have consistently demonstrated that, when given the option, queer individuals prefer to seek out gender-affirming services (Goldbach et al., 2019; Lim et al., 2021a; Lim et al., 2021b; Mereish et al., 2021). A variety of factors contribute to their preference for 2SLGBTQIA+ affirming mental health and crisis services, with one of the predominant themes centering on the assumptions of heteronormativity and cisnormativity and the fear or presence of judgment in general healthcare settings (Lim et al., 2021b). The desire to avoid discrimination, transphobia, and ignorance, especially when in a state of distress, was cited as a major reason for preferring queer-specific crisis services, despite the possibility of longer wait times (Lim et al., 2021b).

These challenges highlight the pressing need for comprehensive, accessible, and affirming support systems for 2SLGBTQIA+ individuals in Canada, particularly in crisis intervention and mental health services. This study addresses this gap by exploring how general crisis lines in Canada can adopt more trauma-informed and gender- and sexual-identity-affirming approaches to improve services for the 2SLGBTQIA+ community through qualitative interviews with service providers.

## Methods

### *Study setting*

This study was developed through the Distress Centre Calgary Knowledge Hub (DCC K-Hub), a collaboration by the University of Calgary and the Distress Centre Calgary. The DCC K-Hub seeks to enhance crisis response by fostering person-centered, impactful, and relational solutions within an inclusive and culturally responsive service framework. The current study is one of several emerging from this partnership.

***Sampling and data collection***

The study utilized a qualitative interpretive design, employing in-depth interviews (see Appendix A) to gather insights from crisis call and text responders regarding their experiences supporting 2SLGBTQIA+ clients. This design allowed for rich insights to be gathered from participants (Braun & Clarke, 2006).

Following an environmental scan of crisis lines across Canada, responders who had experience working with 2SLGBTQIA+ callers/texters on general crisis lines were purposely sought. A purposive sampling strategy was adopted to recruit participants through various social media platforms, including LinkedIn, Instagram, and Facebook. The recruitment process was further supported by professional organizations, including the Saskatchewan Association of Social Workers, the Manitoba College of Social Workers, and the Alberta College of Social Workers. Purposive sampling ensured that participants were knowledgeable on how crisis lines worked with this population (Patton, 2015). Potential participants expressed their interest by contacting a research assistant, who provided them with an initial contact letter and consent form. To expand the recruitment, snowball sampling was utilized in which participants were asked to refer other crisis responders to the study.

Semi-structured, individual in-depth interviews were conducted by two research assistants. All interviews were held virtually via Zoom. A total of nineteen interviews were completed with crisis line responders across Canada. On average, each interview lasted approximately forty minutes. The interview guide focused on participants' experiences working with 2SLGBTQIA+ individuals in crisis contexts across Canada. Participants who responded to the recruitment were from Alberta, Manitoba, and Saskatchewan. Questions explored workplace culture, 2SLGBTQIA+ training, and the availability of gender-affirming resources.

The data collection process involved audio recording all interviews, which were subsequently transcribed for analysis by the research team. NVivo 14 software was employed to facilitate the qualitative analysis of the transcribed data. The study employed theoretical frameworks drawn from Intersectionality and Queer Theory. Both theories provided a critical lens through which the study interrogated normative assumptions about gender and sexuality, highlighting the fluidity and social construction of these identities (Butler, 2020; Crenshaw, 2013). This perspective was essential for understanding how crisis services could be restructured to be more inclusive and affirming of 2SLGBTQIA+ individuals.

***Data analysis***

Two graduate research assistants analyzed the transcripts using Braun and Clarke's (2006) reflexive thematic analysis, a qualitative data analysis method designed to identify, analyze, and report patterns (themes) within the data. This approach enabled the research team to deeply explore and interpret the experiences shared by participants. The reflexive nature of thematic analysis facilitated an iterative process of meaning-making, leading to the identification of key themes that captured consistent trends across the data. This method proved well-suited to the study's aims, allowing for a comprehensive examination of participants' experiences and the identification of actionable insights for improving crisis services for 2SLGBTQIA+ individuals.

***Ethics***

The University of Calgary Conjoint Faculties Research Ethics Board has approved this study REB23-0926. Participants provided written informed consent to participate in this study.

## Findings

### *Characteristics of responders*

Table 1 represents the demographic characteristics of service providers interviewed. Of these service providers, twelve were from Alberta, fourteen had between one and five years of experience working in crisis services, and nine self-identified as part of the queer community. Thirteen participants reported having had some version of 2SLGBTQIA+ training, however the depth of each individual's training varied greatly. Although the amount of time spent in training was not gathered, participants noted variable differences from half-day awareness workshops, to briefly introducing the topic of affirming care, to multi-day interventions. Modalities also differed and were offered in-person, online, or hybrid.

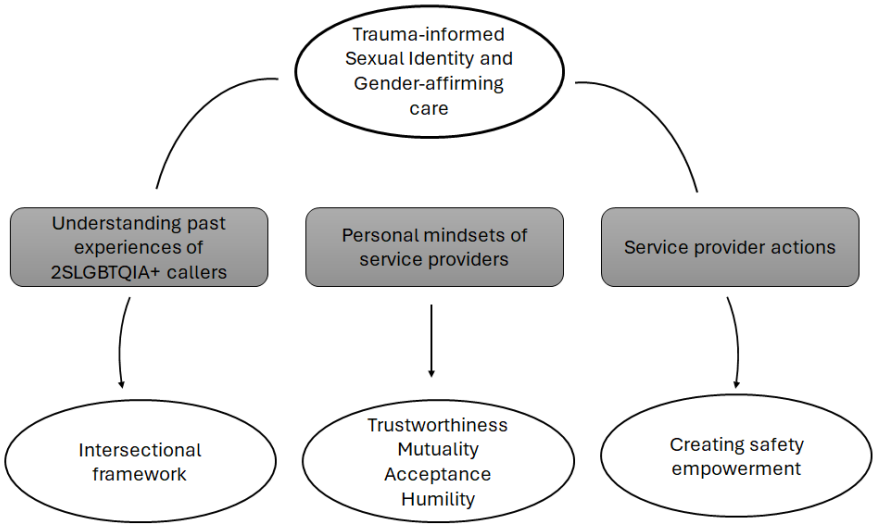
Table 1 Demographic characteristics of responders (n=19)

| | **Responders N (%)** |
|---|---|
| **Province or Territory** | |
| Alberta | 12 (63) |
| Manitoba | 4 (21) |
| Saskatchewan | 3 (16) |
| **Years of Experience** | |
| < 1 | 0 (0) |
| 1 to 4 | 15 (79) |
| 5 to 9 | 2 (10.5) |
| > 10 | 2 (10.5) |
| **Self-Identifies as part of the Queer Community** | |
| Yes | 9 (47) |
| No | 10 (53) |
| **Received 2SLGBTQIA+ Specific Training** | |
| Yes | 13 (68) |
| No | 4 (21) |
| Unsure | 2 (10.5) |
| Total | N=19 |

### *Themes identified as key traits for service providers*

Thematic analysis of interviews revealed three overarching themes: understanding the past experiences of 2SLGBTQIA+ callers, personal mindsets, and service provider actions. Each overarching theme was then subcategorized through traits service providers identified as essential in creating a trauma-informed and gender- and sexual-identity-affirming practice. Figure 1 illustrates a conceptual framework outlining the key traits essential in supporting 2SLGBTQIA+ callers / texters.

Figure 1. Conceptual framework outlining key traits essential in supporting 2SLGBTQIA+ service users




***Understanding Past Experiences of 2SLGBTQIA+ Callers/Texters***

Responders shared that people who do not fall under the cisgender, heteronormative umbrella have varied histories and experiences. One of the crisis responders explained:

> The community is not a monolith, so there is a lot of different experiences, not only between communities, but also between individuals. The lesbian experience is not going to be the same as the trans experience and no one[s] individual experience is going to be the same as another person who's part of the same community. (P15)

Responders described how social interactions impact an individual's experience, highlighting that disclosing to family and friends could have had varied results. Some individuals may have been met with intense adversity and rejection while others may have had supportive and affirming responses, or anywhere in between, as described by these crisis responders:

> This is a thing that some people come through thriving. This is a thing that some people come through and lose everything along the way, and then everything in the middle. Coming out may be nothing to some people, and like a massive life change to others. (P2)

> It just hurts when there are still kids who are scared of what their parents will think, scared of whether their parents will find out where they are going to live; trying to plan out whose couch they could sleep on, and where they could go. And I am giving them emergency shelter numbers because they are scared, and they might need to use them. (P11)

Participants also described how the current political landscape can influence an individual's experience and perception of safety. The political landscape will vary significantly depending on where the service user is currently located, their age and current policies in their region, as described by this crisis responder:

> The political landscape is unfortunately not a very safe or welcoming place, especially to non-binary or trans people. The sense of safety in that community is under target, unfortunately, and so being really mindful of that is important. (P16).

One crisis responder shared:

> I have heard of a lot of folks, especially LGBTQIA+ folks who have been underserved in the hospital system, in the mental health care system, and so that can also be a barrier to access and care, because they can feel just burnt out of trying all these resources and either not being served in the correct ways, or sometimes even, like harmful things have unfortunately happened. (P15)

While some individuals may come through experiences of disclosure thriving, many individuals report harmful responses from family, friends, the medical community and the political environment. In relation to crisis calls, one participant shared, 'I think it is very fair for callers to assume that the kinds of prejudice they face in their regular life, they might face talking to a stranger on the phone.' (P6) For this reason, it is important to create a space of safety, trust, and inclusion.

***Personal mindset***

Participants shared open-mindedness as an important way to set the stage for safety. They conveyed that although callers may not share their gender or sexual identities, responders could still create safe and affirming spaces in simple ways by how they respond to every call. They shared the importance of not making assumptions about the gender of any caller and those individuals with whom they are in a relationship in these words:

> Someone on the other line will assume this person sounds male. They must be male. This person sounds like a woman. They must be women. We just need to be training the people right away that even though it sounds really high pitched, it does not automatically make that a woman or a female. And if it is lower, same thing, right? Not a man or not necessarily a male. So, voices can have different ranges and people have different hormonal therapy regimens. (P12)

> I think not to assume when someone is talking about their partner, not to assume the gender of their partner. And honestly, with so much, we live in a very heteronormative society, but I think with the more experience you have on the lines, the less assumptions you make, in general, about anything that someone is saying, but I think that is a pretty primary rule also not to assume someone is gender based on their voice. (P6)

Responders suggested using neutral language (they/them, partner, child, sibling, parent, friend, folks etc.) when referring to all callers and their family and friends, until a gender has been specified by the caller. One crisis responder shared how asking open questions like this can be effective in providing affirming care:

> Ultimately, it is about giving people the space to communicate their own comfort level and what they want to communicate themselves. We do this by asking open questions so that the caller ultimately guides the conversation with the answers that they are comfortable sharing. (P7)

They also shared that having an open non-assumptive mindset is essential when disclosures do happen. They noted that there are downfalls to asking someone to disclose as articulated

by one participant, 'it can be harmful to make someone tell us, especially because someone might not even know how to answer the question of their identity or orientation.' (P17) They highlighted that disclosures may be different for everyone; some individuals may be very vulnerable:

> One thing that we specifically teach is, we do get a lot of people, individuals come out, maybe earlier than they have to friends and family, and something we specifically teach is how to respond to that showing it is a huge sign of trust, conveying that this is a confidential service ultimately showing interest and curiosity at the part of them that they are sharing with us. (P7)

> I think when people are calling in and the point of their counselling call is around them not feeling accepted by their parents, or they have been facing discrimination, just a lot of like, reassurance that I support them, and there is no judgment, and that is like that must be so difficult and to face that discrimination or that, you know, isolation from family or whatnot. (P3)

> I had a caller who was sharing with me that they are an individual at that moment who still identified as heterosexual. And then they were sharing an encounter that they had with the same sex. And it was very interesting because as we were chatting and talking, there was some message by what he was saying, almost kind of like fear of admitting that he may be attracted to the same sex and when I did upfront, ask him like, Are you like trying to share with me like what your sexual identity is? (P1)

Other situations may be different, as described by this responder:

> I think it depends on the situation. Being a queer person has been part of my life for a long time. It is weird if you share that and people are like, 'Oh, thank you for being open with me.' And you are like, 'it is like, it is not a thing, right?' To me, part of it is do not make a thing out of it, unless people are making a thing out of it. It is another piece of information. It is a normal thing for them that they have mentioned if it was relevant, which is very different than someone who struggles to get it out that they think they might be gay or trans or whatever then you want to give that like space to a big disclosure, but it is not necessarily a big disclosure just because someone mentioned that they are gay. (P2)

Responders shared that if a caller discloses their sexual or gender identity, it is important to not assume that this is the cause of the distress. They noted that it may be related to distress, because of experienced harassment, bullying or stigma, or it may just be tangential information:

> Do not assume that their issue is directly connected to them being a part of the community. People who are gay also just are sad, sometimes it has nothing to do with them being gay so follow where the caller is going. If they are connecting their emotional distress to their identity, then follow that and ask them questions about that, and sift through that with them. If they are not, then I do not think there would be a reason to go that direction. (P3)

> I feel like it is not that different from a regular crisis call. If everyone is going through their own crisis, whether it relates to their identity or orientation or anything, I feel like crisis is kind of navigated in a similar fashion. (P5)

Responders highlighted that approaching each conversation with empathy and validation can help callers feel heard and understood. Crisis responders underscored the importance of empathy and validation in all crisis responses, and highlighted the specific role they play for 2SLGBTQIA+ callers to help them not feel alone, 'I think the first thing would be to always build rapport with callers and then once you build rapport, callers slowly open up and slowly talk about what they're going through.' (P19). A second participant emphasized the importance of validating and normalizing experiences:

> Doing a lot of affirming, validating their emotions, validating their experience, you know, if someone would come in and is really struggling, validating that it sounds like you are struggling with that and you know, a lot of people struggle with that issue. (P8)

Another respondent highlighted that they deserve to feel safe and heard:

> When somebody is sharing that somebody in the community upsets them, whether that be through a statement that they said or through a discriminatory action really showing that you care for that experience, saying 'I am sorry that you have to go through that. You did not deserve to be told that. You deserve to feel comfortable in public spaces. You deserve to be accepted for who you are.' So really conveying that and really communicating that is really important not just as somebody who is going through some sort of crisis, but also with that context of being part of that community. (P15)

Acceptance and humility were also described as necessary mindsets by crisis responders in supporting sexual and gender diverse callers:

> As much as I can project this aura of comfortability, of calm, that this is something that we talk about all the time. I am totally comfortable with this subject. I totally understand and empathize with what you are going through. And it is normal. It is just pushing auras of comfort to them that this is totally normal for me. (P11)

While different responders will have different levels of comfort, one crisis responder shared the importance of grace and patience with themselves and others:

> I feel like, as a responder, we also need to know how to be a learner. In these cases, they are conversations between two humans, so they are unpolished and we need to learn throughout the call how to interact effectively with each other. (P7)

***Service provider actions***

Service providers highlighted several key actions they believed were essential for fostering safety, many of which were grouped into actions that build trust and promote empowerment. Key actions include using language that reflects how the client is self-identifying, validating the client's current experience, and encouraging self-compassion.

Mirroring language works alongside non-assumptive attitudes. One crisis responder described it this way:

> It is explicitly affirming the things that people say when people are talking about being a trans woman talking to them and referring to them in a way that affirms that they are a woman. If someone refers to their partner as partner or spouse, do not reflect back on your wife, because you are hearing what sounds like a male voice. Imitate it and mirror the caller's language, use the pronouns that they use for the people in their lives. (P2)

For when mistakes are made, a responder shared:

> If you misstep, you take accountability for that and be transparent with the service user. Sometimes you might accidentally use the wrong term for something, maybe somebody does not identify with a certain term, and so they will say, 'No, that is not me.' If you do make a misstep with that, say, 'Thank you for clarifying that. I really appreciate you correcting me' and change your behavior after that. (P15)

Crisis responders also recommended being mindful of callers' unique situations when **e**xploring the pain they may be experiencing:

> My first LGBTQ caller was a suicide call, and the main difference was just taking into account that extra level of things they might be dealing with. When we explore the pain...with their situation, I did explore if there was any pressures, or anything like that. They mentioned that there was pressure from parents or coming out or along those lines, and that was contributing to the thoughts of suicide. So, we explored quite a bit. I was mindful before they mentioned it, that could be something as well to keep in mind that a heterosexual person might not have to deal with. (P13)

In addition, they highlighted encouraging self-compassion, 'I fall on self-compassion to kind of counter a lot of those more negative thoughts about self, because that tends to come up more as well.' (P4) The participant further shared,

> Exploring external supports can be done with care for sexual and gender diverse callers. For one responder this looked like, 'checking in on general supports and communities they were a part of more than I would with other callers.' (P4)

Related to offering resources, one crisis responder advocated for not making assumptions about which resources to offer:

> Do not assume that they were looking for specific resources for their community. I can see how that could make someone feel kind of constrained in terms of how they are perceived and what kinds of resources they should be accessing. General resources have their own assets. Letting people know that they have a place in broader society, and they do not have to be confined within the label of their own community is important. (P6)

Offering resources through an empowering lens was also emphasized:

> Validating and connecting that with empowerment is also really important. 'Wow, you have shown so much strength going through what you have gone through, and that shows a lot of resilience. What tools do you need moving forward for more long-term support?' Showing them that they do have that strength that is carried them on so far, and that they deserve that support to help maintain that work that they are already putting in. (P15)

Being sensitive to situations with family and friends was emphasized when exploring supports:

> Let us not assume they have family or parents or people who are supportive of them and be more mindful of the language. 'Who in your life supports you? Do you have people in your life that you are close to, that you trust to talk to about this?' Really opening it up for people to share what supports them rather than us assuming that their family is a support. (P9)

**Discussion**

This study investigated how general crisis lines can adapt trauma-informed and gender- and sexual identity-affirming practices when working with 2SLGBTQIA+ populations from the perspective of service providers. Using a qualitative interpretive design, findings moved beyond description by highlighting three realms of practice essential to adequately support 2SLGBTQIA+ callers in a crisis context, including (a) understanding and focusing on multiple systems of oppression experienced by 2SLGBTQIA+ service users that result in stigma and exclusion, (b) fostering validating and nonjudgemental mindsets, and (c) instilling actions that foster safety and trust, and promote empowerment for sexually and gender diverse individuals (Levenson et al., 2023). When practices align with sexual and gender affirming care, responders mirror language, avoid misgendering, and take accountability if errors are made (Levenson et al., 2023). These three realms of practice, while presented as distinct themes, operate interdependently in crisis response. Responders described how recognizing the stigma and exclusion informed their validating stance, such that understanding that a caller's hesitation often reflects legitimate responses to historical marginalization rather than the individual's resistance to being helped. Similarly, validation and nonjudgemental mindsets alone are insufficient without concrete safety and empowerment building actions. Responders noted that callers needed both to feel affirmed and to receive tangible support that addressed their specific vulnerabilities. This interdependence suggests that siloed and compartmentalized training addressing only one dimension, for instance, teaching pronoun use without addressing a recognition of past experiences, may fall short of genuinely affirming practice.

Findings from this study are foregrounding and extend upon crisis response research by offering new insight from the perspective of crisis responders working with 2SLGBTQIA+ callers, as opposed to the caller themselves. This study focuses on responders' experiences, competencies, and organizational context in relation to crisis response for 2SLGBTQIA+ callers. Most literature has focused on barriers faced by callers, while voices of responders working with 2SLGBTQIA+ callers remain scarce (Hoffberg et al., 2020). The experiences of crisis responders helped to provide suggestions to enhance crisis response services by offering insight as to what is currently practiced, gaps in services, and recommendations for improvements. However, this responder-centered perspective also introduces some complexity. While providers reported implementing affirming practices, such as mirroring language, taking accountability for mistakes, and validating experiences, we cannot assess from these accounts alone whether 2SLGBTQIA+ callers experienced these efforts as affirming or whether gaps still exist between provider intentions and caller

experiences. In addition, the practices responders described reveal both important affirmations and yet, potential pitfalls. For instance, responders emphasized not assuming callers want 2SLGBTQIA+-specific resources, noting that those assumptions could make someone 'feel kind of constrained in terms of how they are perceived.' However, this same caution against assumptions could inadvertently lead responders to withhold relevant resources that 2SLGBTQIA+ callers might benefit from but hesitate to request.

In Canada, not only is inclusive healthcare challenging to access, but training is also lagging (Community-Based Research Centre, 2024). Inclusive care on crisis lines is also plagued by variable amounts and types of training. Some training on crisis lines are short term and only briefly speak about gender- and sexual identity affirming care. Others, such as Applied Suicide Intervention Skills Training (ASIST), offer two days training focused on suicide with minimal to no discussion on affirming care or cultural humility (Oblea et al., 2023). In the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2025) recommends consistent and clear safety planning for responders to integrate on crisis calls. Effective crisis intervention for 2SLGBTQIA+ callers requires crisis responders to have standardized training and ongoing supervision. Supervision should also include monitoring lines and providing suggestions to ensure that affirming care is being offered such as the correct use of pronouns, neutral language, and not making assumptions. Yet, our findings reveal some tension between standardization and individualization. While standardization can enhance service provision by streamlining processes and ensuring baseline competency (Perry et al., 2022; Zabelski et al., 2023), responders emphasized that affirming care required responsiveness to each caller's unique identity, context, and needs. This was particularly evident in how providers described navigating disclosures, which varied significantly in meaning and significance. For callers coming out for the first time on a crisis line, providers recognized the need to honor 'a huge sign of trust' with appropriate acknowledgment and support. Conversely, for callers whose sexual or gender identity is simply part of their everyday reality, treating this information as extraordinary can feel alienating. For many responders, it is important to be flexible to caller cues, watching verbal and emotional signals about whether identity is central or peripheral to the current crisis. This suggests that supervision should focus not only on compliance with affirming practices but also on developing responders' capacity to notice when standard approaches may not fit and adapt accordingly.

The Government of Canada (2022) has implemented national policies to ensure the ethical collection of data on sexual orientation and gender identity (SOGI) as well as the implementation of regular compliance reviews. This initiative aligns well with offering gender- and sexual identity affirming care. These strategies can be integrated into general crisis lines without creating separate services. Given that 2SLGBTQIA+ callers often avoid general crisis lines due to discrimination and cisnormative practices, insight from service providers offers strategies to reduce stigma and provide callers more agency.

Future research should integrate efficacy measurements that monitor responder's behavior to improve affirming care on crisis lines. Evidence gathered can help modify how responders support 2SLGBTQIA+ callers and create innovative solutions to better support the population. Moreover, evaluation should focus on comparing general lines with 2SLGBTQIA+ specific lines. Additionally, research should examine the perspectives of 2SLGBTQIA+ individuals who have used both general and specialized crisis lines to understand from their vantage point what elements of crisis response feel affirming. Participatory approaches that involve 2SLGBTQIA+ communities in defining quality indicators would ensure that evaluation reflects what matters most to those accessing services. The comparison can provide critical insight on gaps and areas that general crisis lines can improve in their services.

## Conclusion

Given that many studies focus solely on service users, this study is instrumental in offering insight from key players to deliver affirming and trauma-informed crisis response. Findings from this study provide a framework and outline key characteristics that service providers can embody. This knowledge can be incorporated into general crisis lines through enhanced training for service providers. Reducing these barriers and making general crisis lines more accessible, gender and sexual identity affirming, and trauma-informed will result in better support for the 2SLGBTQIA+ population as well as a more positive organizational culture.

A major strength of this study was the use of interviews with service providers who are directly supporting the 2SLGBTQIA+ population. Those interviewed had first-hand knowledge of what they felt best reflected a trauma-informed stance. Service providers were able to lean on their personal experiences, and many of those interviewed had been working in crisis services for a significant length of time. Through their lived experience, they can offer deep insight and recommendations to transform crisis response so that crisis lines offer more inclusive, trauma-informed affirming practices. Future research should explore the impact of implementing affirming care into practice on caller well-being.

### *Practice implementations*

Many service providers report feeling underprepared and overwhelmed when supporting crisis callers who identify as 2SLGBTQIA+. This study highlights specific traits that can guide the development of targeted training programs, moving beyond broad terms like 'trauma-informed.' By integrating these findings into new training opportunities, service providers can be better equipped to meet the unique needs of this population. Future research should prioritize incorporating the perspectives and experiences of service users to ensure training remains relevant and effective.

### *Limitations*

A limitation of the study is that the voices of service users were not included. This research tells us how responders perceive best practices for working with this community. But without direct engagement with service users, we cannot determine how this support may be perceived. When completing research on specific populations, it is best practice to always have these populations involved and their voices centered. Furthermore, because we used convenience sampling, the service providers interviewed are a distinct group that may have more motivation to engage with this topic, meaning that the views of this small group may not transfer to a larger, more representative group of service providers.

## Acknowledgement

The authors would like to acknowledge the strong support of the Distress Centre Calgary, the Faculty of Social Work, University of Calgary, and other members of their research team, including Nasiha Fazal, Elsie Anokwa, and Sabrina Ahmed.

## Conflict of interest

The authors declare no conflict of interest.

## References

Beder, J., Postiglione, P., & Strolin-Goltzman, J. (2010). Social work in the aftermath of disaster: The case for a trauma-informed approach. *Social Work, 55*(4), 336–343. https://doi.org/10.1093/sw/55.4.336

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Butler, J. (2020). Critically queer. In *Playing with fire* (pp. 11-29). Routledge.

Campbell, J., Nathoo, A., Chard, S., Messenger, D., Walker, M., & Bartels, S. A. (2023). Lesbian, gay, bisexual, transgender and or queer patient experiences in Canadian

Primary Care and emergency departments: A literature review. *Culture, Health & Sexuality 25*(12), 1707-1724. https://doi.org/10.1080/13691058.2023.2176548

Chan, C. H., Wong, H.-K., & Yip, P. S.-F. (2018). Exploring the use of telephone helpline pertaining to older adult suicide prevention: A Hong Kong experience. *Journal of Affective Disorders*, *236*, 75–79. https://doi.org/10.1016/j.jad.2018.04.093

Community-Based Research Centre. (2024). *Health and healthcare access for 2S/LBTQ+ women and gender-diverse people in Canada*[Primer]. https://resourcesforpractice.policywise.com/resource?id=110

Crawford, R. P., & Schuller, K. (2023). Functional, communicative, and hybrid barriers to accessing mental health care in LGBTQ+ communities. *Psychology & Sexuality*, *14*(3), 513–527. https://doi.org/10.1080/19419899.2023.2181096

Crenshaw, K. (2013). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In *Feminist legal theories* (pp. 23-51). Routledge.

di Giacomo, E., Krausz, M., Colmegna, F., Aspesi, F., & Clerici, M. (2018). Estimating the risk of attempted suicide among sexual minority youths. *JAMA Pediatrics*, *172*(12), 1145-1152. https://doi.org/10.1001/jamapediatrics.2018.2731

Doki, S., Kaneko, H., Oi, Y., Usami, K., Sasahara, S., & Matsuzaki, I. (2016). Risk factors for suicidal ideation among telephone crisis hotline callers in Japan. *Crisis*, *37*(6), 438–444. https://doi.org/10.1027/0227-5910/a000384

Du, N., Ouyang, Y., He, Z., Huang, J., Zhou, D., Yuan, Y., Li, Y., He, M., Chen, Y., Wang, H., Yue, Y., Xiong, M., & Pan, K. (2021). The qualitative analysis of characteristics of callers to a psychological hotline at the early stage of COVID-19 in China. *BMC Public Health*, *21*(1). https://doi.org/10.1186/s12889-021-10883-w

Ferlatte, O., Salway, T., Rice, S., Oliffe, J. L., Rich, A. J., Knight, R., Morgan, R. & Ogrodniczuk, J. S. (2019). Perceived barriers to mental health services among Canadian sexual and gender minorities with depression and at risk of suicide. *Community Mental Health Journal*, *55*(8), 1313-1321. https://doi.org/10.1007/s10597-019-00445-1

Goldbach, J. T., Rhoades, H., Green, D., Fulginiti, A., & Marshal, M. P. (2019). Is there a need for LGBT-specific suicide crisis services? *Crisis*, *40*(3), 203–208. https://doi.org/10.1027/0227-5910/a000542

Gould, M. S., Chowdhury, S., Lake, A. M., Galfalvy, H., Kleinman, M., Kuchuk, M., & McKeon, R. (2021). National Suicide Prevention Lifeline crisis chat interventions: Evaluation of chatters' perceptions of effectiveness. *Suicide and Life-Threatening Behavior, 51*(6), 1126–1137. https://doi.org/10.1111/sltb.12795

Government of Canada. (2022). *Federal 2SLGBTQI+ Action Plan.* https://www.canada.ca/en/women-gender-equality/free-to-be-me/federal-2slgbtqi-plus-action-plan/federal-2slgbtqi-plus-action-plan-2022.html

Government of Canada. (2024). *Facts, stats and impact: 2SLGBTQI+ communities*. https://www.canada.ca/en/women-gender-equality/free-to-be-me/federal-action-2slgbtqi-communities/facts-stats.html

Hoffberg, A. S., Stearns-Yoder, K. A., & Brenner, L. A. (2020). The effectiveness of crisis line services: A systematic review. *Frontiers in Public Health, 7*(399), 1-14. https://doi.org/10.3389/fpubh.2019.00399

Hunt, T., Wilson, C., Caputi, P., Wilson, I., & Woodward, A. (2018). The impact of caller gender on telephone crisis-helpline workers' interpretation of suicidality in caller vignettes. *International Journal of Environmental Research and Public Health*, *15*(4), 831. https://doi.org/10.3390/ijerph15040831

Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., Lowry, R., Chyen, D., Whittle, L., Thornton, J., Lim, C., Bradford, D., Yamakawa, Y., Leon, M., Brener, N., & Ethier, K. A. (2018). Youth Risk Behavior Surveillance - United

States, 2017. *Morbidity and Mortality Weekly Report. Surveillance Summaries, 67*(8), 1–114. https://doi.org/10.15585/mmwr.ss6708a1

King, M., Semlyen, J., Killaspy, H., Nazareth, I., & Osborn, D. (2007). *A systematic review of research on counselling and psychotherapy for lesbian, gay, bisexual & transgender people* (pp. 1–40). British Association for Counselling and Psychotherapy.

Kingsbury, M., Hammond, N. G., Johnstone, F., & Colman, I. (2022). Suicidality among sexual minority and transgender adolescents: A nationally representative population-based study of youth in Canada. *Canadian Medical Association Journal*, *194*(22), E767-E774. https://doi.org/10.1503/cmaj.212054

Levenson, J. (2020). Translating trauma-informed principles into social work practice. *Social Work (New York)*, *65*(3), 288–298. https://doi.org/10.1093/sw/swaa020

Levenson, J. S., Craig, S. L., & Austin, A. (2023). Trauma-informed and affirmative mental health practices with LGBTQ+ clients. Psychological Services, 20(Suppl 1), 134–144. https://doi.org/10.1037/ser0000540

Lim, G., Waling, A., Lyons, A., Pepping, C. A., Brooks, A., & Bourne, A. (2021a). The experiences of lesbian, gay and bisexual people accessing mental health crisis support helplines in Australia. *Psychology & Sexuality*, *13*(5), 1150–1167. https://doi.org/10.1080/19419899.2021.1904274

Lim, G., Waling, A., Lyons, A., Pepping, C. A., Brooks, A., & Bourne, A. (2021b). Trans and gender-diverse peoples' experiences of crisis helpline services. *Health & Social Care in the Community*, *29*(3), 672–684. https://doi.org/10.1111/hsc.13333

Liu, G.-Y., Chang, Y.-H., Hwang, I.-T., Shaw, F. F.-T., Hsu, W.-Y., Hsu, C.-Y., Gunnell, D., & Chang, S.-S. (2022). The impact of the COVID-19 pandemic on calls to a national suicide prevention hotline in Taiwan: An analysis of time trend and characteristics of calls. *Archives of Suicide Research 27*(4), 1245-1260. https://doi.org/10.1080/13811118.2022.2114867

Marchi, M., Travascio, A., Uberti, D., De Micheli, E., Grenzi, P., Arcolin, E., Pingani, L., Ferrari, S. & Galeazzi, G. M. (2023). Post-traumatic stress disorder among LGBTQ people: a systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, *32*, e44. doi: 10.1017/S2045796023000586

Mereish, E. H., Feinstein, B. A., Mamey, M. R., & Goldbach, J. T. (2021). Characteristics and perceptions of sexual and gender minority youth who utilized a national sexual and gender minority-focused crisis service. *Crisis*, *43*(2), 127–134. https://doi.org/10.1027/0227-5910/a000765

Middleton, A., Gunn, J., Bassilios, B., & Pirkis, J. (2016). The experiences of frequent users of crisis helplines: A qualitative interview study. *Patient Education and Counseling*, *99*(11), 1901–1906. https://doi.org/10.1016/j.pec.2016.06.030

Middleton, A., Woodward, A., Gunn, J., Bassilios, B., & Pirkis, J. (2016). How do frequent users of crisis helplines differ from other users regarding their reasons for calling? Results from a survey with callers to Lifeline, Australia's National Crisis Helpline Service. *Health & Social Care in the Community*, *25*(3), 1041–1049. https://doi.org/10.1111/hsc.12404

Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., Bardon, C., Campbell, J. K., & Berman, A. (2007). Comparing models of helper behavior to actual practice in telephone crisis intervention: A silent monitoring study of calls to the U.S. 1-800-SUICIDE Network. *Suicide & Life-Threatening Behavior*, *37*(3), 291–307. https://doi.org/10.1521/suli.2007.37.3.291

Oblea, P. N., Bathan, N. Q., Gaa, C. A., Lustik, M. B., Tartavoulle, T. M., Nguyen-Wu, E. D., & Siaki, L. A. (2023). Outcomes of LGBTQ culturally sensitive training among civilian and military healthcare personnel. *Journal of Public Health, 45*(3), e557-e566. https://doi.org/10.1093/pubmed/fdac145

Ohtaki, Y., Oi, Y., Doki, S., Kaneko, H., Usami, K., Sasahara, S., & Matsuzaki, I. (2017). Characteristics of telephone crisis hotline callers with Suicidal Ideation in Japan. *Suicide and Life-Threatening Behavior*, *47*(1), 54–66. https://doi.org/10.1111/sltb.12264

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Sage Publications.

Perry, S. W., Rainey, J. C., Allison, S., Bastiampillai, T., Wong, M. L., Licinio, J., Sharfstein, S. S., & Wilcox, H. C. (2022). Achieving health equity in US suicides: A narrative review and commentary. *Bmc Public Health,22*(1), 1360. https://doi.org/10.1186/s12889-022-13596-w

Poteat, T. C., & Singh, A. A. (2017). Conceptualizing trauma in clinical settings: Iatrogenic harm and bias. In K. Eckstrand & J. Potter (Eds.), *Trauma, resilience, and health promotion in LGBT patients: What every healthcare provider should know* (pp. 25–33). Springer. https://doi.org/10.1007/978-3-319-54509-7_3

Public Health Agency of Canada. (2018). *Trauma and violence-informed approaches to policy and practice.* https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violenceinformed-approaches-policy-practice.html#s4/

Ramsey, Z. S., Davidov, D. M., Levy, C. B., & Abildso, C. G. (2022). An etic view of LGBTQ Healthcare: Barriers to access according to healthcare providers and researchers. *Journal of Gay & Lesbian Social Services*, *34*(4), 502–520. https://doi.org/10.1080/10538720.2022.2042452

Ross, L. E., Gibson, M. F., Daley, A., Steele, L. S., & Williams, C. C. (2018). In spite of the system: A qualitatively-driven mixed methods analysis of the mental health services experiences of LGBTQ people living in poverty in Ontario, Canada. *PLOS ONE*, *13*(8). https://doi.org/10.1371/journal.pone.0201437

Rossman, K., Salamanca, P., & Macapagal, K. (2017). A qualitative study examining young adults' experiences of disclosure and nondisclosure of LGBTQ identity to health care providers. *Journal of Homosexuality*, *64*(10), 1390–1410. https://doi.org/10.1080/00918369.2017.1321379

SAMHSA (2025). National guidelines for a behavioral health coordinated system of care. https://988crisissystemshelp.samhsa.gov/sites/default/files/2025-04/national-guidelines-crisis-care-pep24-01-037.pdf

Schwab, A., Peter, N., Lawson, K., & Jessani, A. (2022). Expectation is always that the practitioner might not be okay with queerness: Experiences of LGBTQ + with the healthcare system in Saskatchewan, Canada. *Journal of Homosexuality 74*(1), 56-71. https://doi.org/10.1080/00918369.2022.2103871

Sindahl, T. N., Côte, L. P., Dargis, L., Mishara, B. L., & Bechmann Jensen, T. (2019). Texting for help: Processes and impact of text counseling with children and youth with suicide ideation. *Suicide and Lifethreatening Behavior,49*(5), 1412–1430. 10.1111/sltb.12531

Stojanovski, K., King, E. J., Bondikjova, V., & Mihajlov, A. (2021). Stigma shapes lesbian, gay, bisexual, transgender, and Queer person's mental health and experiences with mental health services in North Macedonia. *Global Public Health*, *17*(6), 857–869. https://doi.org/10.1080/17441692.2021.1896767

Tam, M. W., Pilling, M. D., MacKay, J. M., Gos, W. G., Keating, L., & Ross, L. E. (2024). Development and implementation of a 2SLGBTQ+ competent trauma-informed care intervention. *Journal of Gay & Lesbian Mental Health*, *28*(3), 335-359. https://www.tandfonline.com/action/showCitFormats?doi=10.1080/19359705.2022.2141936

Utamsingh, P. D., Richman, L. S., Martin, J. L., Lattanner, M. R., & Chaikind, J. R. (2016). Heteronormativity and practitioner–patient interaction. *Health Communication*, *31*(5), 566–574. https://doi.org/10.1080/10410236.2014.979975

Vivekananda, K., Bamford, H., Allen, C., Evans, A., Woodward, A., & Leckie, S. (2019). A trial to address the complex needs of counselling helpline callers. *Advances in Mental Health*, *19*(2), 152–163. https://doi.org/10.1080/18387357.2019.1675477

Zabelski, S., Kaniuka, A. R., Robertson, A., R., & Cramer, R. J. (2023). Crisis lines: Current status and recommendations for research and policy. *Psychiatric Services*, *74*(5), 505–512. https://doi.org/10.1176/appi.ps.20220294

Zeinoun, P., Khederlarian, L., Yordi, S., Atoui, M., El Chammay, R., Nahas, Z., & Yehia, F. (2023). Evaluation of Lebanon's National Helpline for emotional support and suicide prevention: Reduction of emotional distress among callers. *Intervention*, *19*(2), 197. https://doi.org/10.4103/intv.intv_50_20

Zullo, L., Seager van Dyk, I., Ollen, E., Ramos, N., Asarnow, J., & Miranda, J. (2021). Treatment recommendations and barriers to care for suicidal LGBTQ youth: A quality improvement study. *Evidence-Based Practice in Child and Adolescent Mental Health*, *6*(3), 393–409. https://doi.org/10.1080/23794925.2021.1950079

**Appendix A. Interview Guide for Crisis Line Responders.**

**Participants**
Crisis Line and Text Responders located in Canada
**Duration of the Interview** – Approximately 60 minutes
**Platform**: University of Calgary Zoom platform

**Interview Questions**

1. Do you work or volunteer at a non-LGBTQ+ specific or a LGBTQ+ specific crisis call center?
2. Did you receive any training? How would you evaluate the quality of the training?
3. When you were taking your Crisis Line Responder training, what training was there when it came to working with the LGBTQ+ community?
4. Did you feel prepared from your training to work with LGBTQ+ callers or texters? Please explain.
5. What do you think was missing from your training? What would you recommend for improving it?
6. Do you receive any or additional LGBTQ+ inclusivity training? Please explain. If so, how often?
7. Does your workplace support LGBTQ+ inclusivity and anti-oppressive practices? Please explain.
8. How/What are some ways that agencies convey the message of being LGBTQ+ and gender-affirming?
9. How/What are some ways that you, as a responder, convey the message in your practice of being LGBTQ+ and gender-affirming?
10. How was your first experience when interacting with a LGBTQ+ caller or texter?
11. In general, how are your experiences when it comes to working with LGBTQ+ callers or texters?
12. What are some barriers that you encountered or noticed when it comes to responding to the needs of LGBTQ+ callers or texters? Please explain.
13. How do you cater to the needs of LGBTQ+ callers or texters?
14. Have you received any feedback or recommendations from the LGBTQ+ callers or texters about your work with them? Please explain.
15. As a crisis responder, what types of resources do you provide to callers or texters?
16. What are your key learnings on what are the best practices when working with LGBTQ+ callers or texters?
17. What are some recommendations or suggestions you would make to improve crisis response for LGBTQ+ callers or texters?
18. Are there any additional questions or comments you would like to add that were not addressed in our conversation?