Egale
Canada Human Rights Trust

RYERSON
UNIVERSITY

LGBTQ YOUTH
suicide prevention
SUMMIT 2012

Guide for the Development of an LGBTQ Youth Suicide Prevention Strategy

Conference Paper: LGBTQ Youth
Suicide Prevention Summit 2012

Sponsored by
TD

Prepared by: D. Ryan Dyck

Egale Canada Human Rights Trust

2012

ACKNOWLEDGEMENTS

Contents

1 Introduction

Every year, an average of 500 Canadian youth take their own life (Statistics Canada, 2008).[1] What is unknown, however, is how many of these youth identify as lesbian, gay, bisexual, trans, Two Spirit or queer, or are struggling with questions about their sexual orientation or gender identity (LGBTQ).[2] What *is* apparent today is that LGBTQ youth experience a high degree of vulnerability to suicidal ideation and behaviour, both in Canada and the United States, particularly in comparison to their non-LGBTQ peers. Nonetheless, LGBTQ youth are routinely and systemically ignored in research, education and health and social service programming related to suicide prevention. This reality precipitates an urgent need for action and partnerships among researchers, educators, service providers, practitioners, LGBTQ community and youth agencies, policy makers and decision makers.

The form of action needed is the subject of discussion. Clearly, an evidence-based, collaborative and coordinated strategy to address suicidality among LGBTQ youth is essential in the areas of prevention, intervention and postvention. But what should be the scope of such a strategy? Given both the divisions and connections between jurisdictions, a suicide prevention strategy for LGBTQ youth could be sectoral, provincial, national and/or international. It could be coalition-based, or institutional. Alternatively, a distinct LGBTQ youth suicide prevention strategy may be less preferable to the full and meaningful integration of LGBTQ cultural competency within existing, broad-based strategies.

Current suicide prevention strategies in Canada and abroad fail LGBTQ youth for a number of reasons, most due to their lack of cultural competency regarding diverse sexual orientations and gender identities. Strategies that focus primarily on individuals and isolated mental health concerns fail to account for the disproportionate weight of sociopolitical and environmental risk factors in relation to suicidality among LGBTQ youth—homophobia, biphobia, transphobia, heterosexism, heteronormativity and cis-normativity are societal norms that exacerbate the vulnerabilities of LGBTQ youth and must be considered as factors that influence mental health and resiliency (Haas et al., 2010). When considering LGBTQ youth, these external, sociopolitical factors must be given much greater consideration within the concept of suicide prevention, as factors that impact both the need for and nature of intervention and postvention care. Stigma and discrimination—as forms of victimization—are demonstrably correlated to suicidal ideation and behaviour among LGBTQ youth to a degree that is not true of their non-LGBTQ peers.

This *Guide for the Development of an LGBTQ Youth Suicide Prevention Strategy* lays the groundwork for a coordinated, collaborative approach to saving the lives of our LGBTQ youth. It briefly summarizes the current status of knowledge regarding suicidal ideation and behaviour among LGBTQ youth, including risk and protective factors and existing programs and initiatives. This *Guide* is not a comprehensive academic review; rather, it serves as the conference paper for the first LGBTQ Youth Suicide Prevention Summit in Canada, and is designed to assist in the development of concrete recommendations for advancing nation-wide and international work on this subject.

This *Guide*, as with the Summit, brings together knowledge and experience from both Canada and the United States, as any strategy for preventing suicide among LGBTQ youth in either country must be built

---

[1] For the purposes of this paper, and for the LGBTQ Youth Suicide Prevention Summit, "youth" refers to those under the age of 25.

[2] In this paper, the acronym LGBTQ references all people with diverse sexual orientations and/or gender identities, including those who identify as lesbian, gay, bisexual, trans, Two Spirit, queer or questioning.

on partnerships that extend beyond each country's borders. Prevailing stigma against LGBTQ people, negative media messaging and anti-LGBTQ social and political movements—all of which have been shown to contribute to the vulnerability of LGBTQ youth to suicidal ideation and behaviour—are not bound by political borders. Heteronormativity, heterosexism, cis-normativity, homophobia, biphobia and transphobia in Canada and the United States do not exist in isolation from each other, particularly for youth who are increasingly connected through web-based social media.

2   Suicidal Ideation and Behaviour among LGBTQ Youth

Increasingly, studies confirm that suicidal ideation and behaviour are disproportionately prevalent among LGBTQ youth in comparison to their non-LGBTQ peers. There is substantial data to demonstrate this trend among LGB youth; however, few research studies have focused on the minorities within this minority group, such as trans, Two Spirit, questioning or racialized youth (Haas et al., 2010):

- Over half of GLB students (47% of GB males and 73% of LB females) have thought about suicide (Eisenberg & Resnick, 2006).
- In 2010, 47% of trans youth in Ontario had thought about suicide and 19% had attempted suicide in the preceding year (Scanlon, Travers, Coleman, Bauer, & Boyce, 2010).
- LGBTQ youth are 4 times more likely to attempt suicide than their heterosexual peers (Massachusetts Department of Education, 2009).
- Adolescent youth who have been rejected by their families for being LGB are 8.4 times more likely to attempt suicide than their heterosexual peers (Ryan, Huebner, Diaz, & Sanchez, 2009).
- A study in Manitoba and Northwestern Ontario revealed that 28% of transgender and Two Spirit people had attempted suicide at least once (Taylor, 2006).
- Both victims and perpetrators of bullying are at a higher risk for suicide than their peers. Children who are both victims *and* perpetrators of bullying are at the highest risk (Kim & Leventhal, 2008; "Suicide and bullying: Issue brief," 2011).
- Bullying can have a long-lasting effect on suicide risk and mental health. The relationship between bullying and suicide is stronger for lesbian, gay and bisexual youth than for their heterosexual peers (Kim & Leventhal, 2008).

3   Sectors and Stakeholders

3.1   Education

Educational facilities are a critical source of both risk and protection for LGBTQ youth (Nichols, 1999; Taylor et al., 2011). According to *Every Class in Every School: Final Report on the First National Climate Survey on Homophobia, Biphobia and Transphobia in Canadian School*s (Taylor et al., 2011), LGBTQ youth face greater prejudice and victimization in their schools and a correspondingly lower level of school connectedness than their non-LGBTQ peers:

- 68% of trans students, 55% of LB students and 42% of GB students reported being verbally harassed about their perceived gender identity or sexual orientation.
- 20% of LGBTQ students reported being physically harassed or assaulted about their perceived gender identity or sexual orientation.
- 49% of trans students, 33% of lesbian students and 40% of gay male students have experienced sexual harassment in school in the last year.
- 64% of LGBTQ students feel unsafe in their schools (compared to 15% of non-LGBTQ students).

- 30% of trans students and 20% of LGB students strongly agreed that they sometimes "feel very depressed" about their school (compared to 6% of non-LGBTQ students).

Despite the upsetting reality revealed by this and similar studies both in Canada and the United States, school communities often provide the strongest resistance to measures intended to eliminate discrimination and harassment based on sexual orientation and gender identity:

- Educators and education service providers do not receive substantive pre-service training in the areas of LGBTQ cultural competency and suicide prevention.
- Legislation and policy regarding safety and inclusivity in schools rarely contain specific references to sexual orientation and gender identity.
- Comparatively few schools have established gay-straight alliances (GSAs), or similar LGBTQ-specific safe space and support groups, and many face significant community, political and religious barriers to doing so.
- Peer education initiatives rarely involve LGBTQ suicide prevention components.
- Existing education and suicide prevention strategies or programs often label identities (e.g. being gay, lesbian, trans, etc.) as risk factors themselves, rather than school, community and societal responses to those identities, often resulting in a form of secondary victimization.

3.2 Health and Social Services

Health and social service providers are often well placed, but not well prepared to recognize the signs of suicidal ideation and behaviour and to intervene accordingly:

- Health and mental health care providers do not receive substantive pre-service training in the areas of LGBTQ cultural competency and suicide prevention.
- Strategies for eliminating heteronormativity, heterosexism and cis-normativity in health and social service sectors often lack comprehensive coordination, funding and political backing.
- Links between homophobia, biphobia and transphobia and mental health outcomes have not been fully analysed and interrogated.
- Social service providers in areas such as domestic violence, children's aid and homelessness often lack the training and resources to adequately and competently care for and ensure the safety of LGBTQ youth.
- Youth shelters and transitional housing facilities for youth are inadequately resourced and prepared to ensure the safety of LGBTQ youth and respond to the trauma and mental health concerns of youth who have been forced to leave home because of their sexual orientation or gender identity.
- Access to LGBTQ-inclusive health and social services is inequitable across regions, particularly in rural and northern communities.
- In some cases, barriers such as mandatory parental notification inhibit youth from accessing services.

3.3 Families

Families have the potential to provide significant protection against suicidal ideation and behaviour, as well as to intervene when LGBTQ youth are at risk of self-harm (Eisenberg & Resnick, 2006). Yet families are not always a source of support, and there is evidence to suggest that family, and specifically parental rejection of a youth's LGBT identity is related to suicide attempts (D'Augelli, Hershberger, & Pilkington, 2001; Ryan et al., 2009). Further, 20% of the homeless youth in Calgary (Worthington et al., 2008) and

28% of those in New York City (Freeman & Hamilton, 2008) identify as LGB, while 23% of the homeless youth in Toronto identify as LGBT (Gaetz, O'Grady, & Buccieri, 2010), a significant overrepresentation. Various studies on homelessness among LGBT youth have demonstrated that street-involvement often leads to elevated risk factors for suicidal behaviour, such as depression, Post Traumatic Stress Disorder, sexual victimization and substance abuse, in comparison to their non-LGBT peers (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004).

- There is a critical lack of effective strategies for educating families and parents about mental health, suicide prevention and the impacts of bullying, specific to LGBTQ youth.
- Greater public education is needed to combat heteronormativity, heterosexism, cis-normativity, homophobia, biphobia and transphobia on a societal level.
- Broad-based community and family service agencies generally do not include LGBTQ-specific programing and services.

3.4 Research

Research plays a critical role in empirically validating and informing the initiatives and observations of community agencies and service providers. For example, LGBTQ advocates have for years supported the widespread establishment of GSAs within schools. These efforts are currently gaining momentum and traction among governments and decision makers, due in no small part to emerging academic research on their effectiveness as tools to mitigate risk factors and increase protective factors against LGBTQ youth suicidality (Taylor et al., 2011; Toomey, Ryan, Diaz, & Russell, 2011). There are, however, still many areas in which a paucity of research exists:

- Coroners and medical examiners do not routinely record or consider sexual orientation or gender identity when reviewing a suicide, inhibiting the accurate collection of information on the scope of the issue and contributing factors.
- There currently exists no empirically-based model of suicide causation among LGBTQ youth.
- Very little information exists regarding suicidality among trans and Two Spirit youth, or the general experiences, realities and challenges of trans and Two Spirit people more broadly.
- Existing research on LGBTQ youth suicidality has not yet reached the level of providing broad-based, representative intersectional analysis of suicidality among LGBTQ youth who also experience oppression, discrimination and harassment based on other aspects of their identities (e.g. race/ethnicity, ability, creed, class, etc.).
- Emerging research (cf. Toomey et al., 2011) indicates that GSAs, or similar groups, can have a significant impact on the wellbeing and resilience to suicidality of LGBTQ youth, but larger scale studies are needed to fully understand the role such groups may play.
- Family support has been identified as a significant protective factor against suicidal ideation and behaviour among LGBTQ youth, but little research exists on effective means of educating families on LGBTQ cultural competency and suicide risk factors.
- Few existing suicide prevention programs and strategies—both general and LGBTQ-specific— undergo rigorous assessment and evaluation, resulting in little information on best practices and the efficacy of suicide prevention programs. In some cases, assessment and evaluation tools have yet to be developed.

3.5 Legislation and Public Policy

Legislation and public policy can be critical tools for the propulsion of action. Legislation that explicitly addresses issues of sexual orientation and gender identity can play a transformative role, particularly within education systems where fear of reprisal from parents and communities can often inhibit teacher intervention and the active creation of safe and inclusive spaces for LGBTQ youth. Indeed, in each sector addressed above, legislative backing could provide the framework, impetus and funding justification for action:

- The inclusion of explicit protection for trans people within all federal and provincial/territorial human rights codes and hate crime provisions within the *Criminal Code* is critical.
- All provincial, board and school policies on anti-discrimination, anti-bullying and safety and inclusion should include explicit references to sexual orientation and gender identity.
- Legislatively-mandated assessments of all anti-bullying policies at the board and school level, with explicit attention to LGBTQ safety, are severely lacking.
- Legislation and education policy have not yet evolved to respond to the increasingly web-based nature of bullying and harassment among youth (cyber-bullying).

4 Partnerships and Collaboration

Community agencies, frontline workers and gatekeepers often report feeling as though they are waiting for researchers and academics to "prove" what they have already known for years, because without academic and empirical backing, funding and policy changes are out of reach. Similarly, academics routinely fear the publication of yet another beautifully-bound report doomed to collect dust on bookshelves across the country. Synergy is desperately needed both between researchers and the frontline, and between the former groups and funders and policy makers:

- Partnerships are lacking between broad-based suicide prevention agencies and those serving LGBTQ youth and communities.
- Mechanisms for disseminating emerging academic research to LGBTQ agencies could be improved.
- Increased support and funding is needed in order to enable LGBTQ and suicide prevention agencies to put new research into practice and to assess ongoing initiatives.
- There are significant opportunities to involve employers who, from a business perspective, are increasingly invested in improving mental health, as well as those companies who are dependent on youth as their primary consumer base.
- All levels of government have a role to play. In particular, LGBTQ agencies and First Nations governments and bands could form strong intersectional partnerships.
- Partnerships with universities and colleges could result in increased support for vulnerable youth as well as the development and delivery of LGBTQ cultural competency training in all sectors.

5 Conclusions and Next Steps

There are many areas that are lacking action in order to end suicide among our lesbian, gay, bisexual, trans, Two Spirit, queer and questioning youth. Nearly every suicide death is preventable, and there are countless opportunities to make this a reality. Given the daunting scope of the concerns and obstacles outlined in this *Guide*, community and stakeholder agreement and coordination is paramount before

moving forward. The purpose of the first LGBTQ Youth Suicide Prevention Summit in Canada is to capitalize on the knowledge and experiences of participants by distilling the concerns outlined above into concrete, actionable recommendations for moving forward, supported by the synergy and partnerships developed during the course of the Summit. Every life lost tells us that there is more we could and should be doing. This *Guide* and this Summit are one step forward.

6 Works Cited

D'Augelli, A. R., Hershberger, S., & Pilkington, N. (2001). Suicidality Patterns and Sexual Orientation-Related Factors Among Lesbian, Gay, and Bisexual Youths. *Suicide and Life-Threatening Behavior*, *31*(3), 250–264.

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among Gay, Lesbian and Bisexual Youth: The Role of Protective Factors. *Journal of Adolescent Health*, *39*, 662–668.

Freeman, L., & Hamilton, D. (2008). *A Count of Homeless Youth in New York City*. New York, NY: Empire State Coalition of Youth and Family Services.

Gaetz, S., O'Grady, B., & Buccieri, K. (2010). *Surviving Crime and Violence: Street Youth and Victimization in Toronto*. Toronto: JFCY & Homeless Hub.

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., Silverman, M. M., et al. (2010). Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations. *Journal of Homosexuality*, *58*(1), 10–51.

Kim, Y., & Leventhal, B. (2008). Bullying and suicide: A review. *International Journal of Adolescent Medicine and Health*, *20*(2), 133–154.

Massachusetts Department of Education. (2009). *Massachusetts High School Students and Sexual Orientation: Results of the 2009 Youth Risk Behavior Survey*. Youth Risk Behavior Survey. Massachusetts. Retrieved from http://www.doe.mass.edu/cnp/hprograms/yrbs/

Nichols, S. L. (1999). Gay, Lesbian, and Bisexual Youth: Understanding Diversity and Promoting Tolerance in Schools. *Elementary School Journal*, *99*(5), 505–19.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*, *123*(1), 346–352.

Scanlon, K., Travers, R., Coleman, T., Bauer, G., & Boyce, M. (2010). *Ontario's Trans Communities and Suicide: Transphobia is Bad for Our Health* (Trans PULSE E-Bulletin Vol. 1, Issue 2). Trans PULSE. Retrieved from http://www.transpulseproject.ca/public_downloads.html

Statistics Canada. (2008). *Leading causes of death, total population, by age group and sex, Canada* (CANSIM (database) No. 102-0561). Retrieved from http://www5.statcan.gc.ca/cansim/a26

Suicide and bullying: Issue brief. (2011, March). Suicide Prevention Resource Center. Retrieved from http://www.sprc.org/library/Suicide_Bullying_Issue_Brief.pdf

Taylor, C. (2006). *Nowhere Near Enough: A Needs Assessment of Health and Safety Services for Transgender and Two Spirit People in Manitoba and Northwestern Ontario. Final Report.* Winnipeg, Manitoba: University of Winnipeg.

Taylor, C., Peter, T., McMinn, T. L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., et al. (2011). *Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final Report.* Toronto, ON: Egale Canada Human Rights Trust.

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2011). High School Gay–Straight Alliances (GSAs) and Young Adult Well-Being: An Examination of GSA Presence, Participation, and Perceived Effectiveness. *Applied Developmental Science*, *15*(4), 175–185.

Whitbeck, L., Chen, X., Hoyt, D., Tyler, K., & Johnson, K. (2004). Mental Disorder, Subsistence Strategies, and Victimization among Gay, Lesbian, and Bisexual Homeless and Runaway Adolescents. *Journal of Sex Research*, *41*(4), 329–342.

Worthington, C., MacLaurin, B., Huffey, N., Dittmann, D., Kitt, O., Patten, S., & Leech, J. (2008). *Calgary Youth, Health and the Street. Final Report.* Calgary: University of Calgary.

7   Appendix A: Survey Results

Participants in the LGBTQ Youth Suicide Prevention Summit were asked to complete a short survey at the time of registration, and the responses to this survey were consulted when preparing the above *Guide*. Below is a brief summary of all responses received from participants.

7.1   Obstacles

7.1.1   Resources

The resources available to both LGBTQ youth and the greater LGBTQ community seeking to support its youth are limited in capacity and accessibility. Community groups that are able to foster the healthy growth and development of LGBTQ youth at risk of suicide are often under-funded and in competition with other groups for financial support from the government and the donor community at large. These groups require more financial support in order to deliver on their goals to improve the lives of LGBTQ youth at risk of suicide. Furthermore, studies are needed to better assist these communities in supporting LGBTQ youth. In order to receive more funding and to better care for these youth, empirical evidence is needed. Currently, there is a lack of systemic data on LGBTQ youth suicide against which to measure the effectiveness of suicide prevention programs.

There is a lack of coordination between groups seeking to support LGBTQ youth and to prevent suicide within this community. There is a risk of 'strategy overload' by which the important messages each group seeks to advance are not being addressed in a comprehensive manner. This lack of cohesion is conflated by various actors trying to provide similar services, resulting in competing interests between LGBTQ community groups. Consequently, important issues such as the training of councillors or the inclusion of safe-space networks for LGBTQ youth (including GSAs and shelters) are left unresolved. In order to better support LGBTQ youth, a greater coordination of services and merging of strategies is needed.

7.1.2   Resistance

Parties attempting to improve support for LGBTQ youth at risk of suicide often face resistance from groups who only wish to afford partial inclusion of the LGBTQ community. Socially conservative institutions, such as the education system in some places, seek to limit the access that LGBTQ youth have. These forces are strengthened by social dynamics of homophobia and transphobia in a heteronormative and cis-normative society. LGBTQ youth risk rejection by peers as they are often considered 'deviant' or 'other'. Youth who do not identify as LGBTQ are generally taught or pressured into discriminating against this community. There is a lack of understanding regarding the experiences of LGBTQ people, often resulting in significant fear. Heteronormativity is reinforced through the media and its lack of inclusion of LGBTQ characters and role models. Failure by the education system and by the media to address the needs of LGBTQ youth puts them at a greater risk of suicidal ideation. It also legitimizes rejection and harassment from their non-LGBTQ peers.

7.1.3   Accessibility

There are many barriers for LGBTQ youth wishing to access support services. The strict parental supervision of youth when accessing services is often overlooked as a barrier that impedes their ability to get support. Many youth experience this barrier in different ways, often complicated by their socioeconomic status and their geographic location (e.g. rural youth cannot utilize services in major cities).

The scarcity of health care providers who are knowledgeable in LGBTQ issues serves as an additional barrier. Health care providers in particular must receive training in LGBTQ cultural competency in order to better serve and assist these at risk youth.

7.1.4 Regional Realities
When assessing the needs of LGBTQ youth across Canada, geographical constraints to cooperation and collaboration must be considered. Those seeking to support LGBTQ youth must ensure a consistency of services is being offered nation-wide. A national strategy must also take local experiences into account when creating recommendations for prevention strategies among LGBTQ youth at risk of suicidal ideation and behaviour.

7.1.5 Individual Vulnerabilities
LGBTQ youth are exposed to risks that make them more vulnerable to suicidal ideation, such as family rejection (and the associated risks of emotional trauma, financial instability and violence) and discrimination from spiritual communities they may be personally invested in. Furthermore, LGBTQ youth who belong to other marginalized groups, like new immigrants, refugees, rural and racialized youth, are subject to increased risks due to these vulnerabilities. Youth experiencing issues with mental health and substance abuse are also in need of services that are appropriately prepared to assist them. LGBTQ youth require a national strategy that takes these diverse and complex experiences into account.

7.2 Approach

7.2.1 Community Cooperation
A cohesive community approach must be adopted to effectively deliver services to better support LGBTQ youth. National strategies aimed at reducing the overall number of LGBTQ youth suicides must not assume the homogeneity of this community. The intersectionality of identities for LGBTQ youth must also be acknowledged. From this perspective, comprehensive approaches and solutions can be developed to properly address the needs of this diverse community.

Service and care providers need to establish and maintain meaningful connections with youth whose access to these services are normally impaired due to their circumstances. LGBTQ youth may have limited access to services due to strict parental supervision, low visibility of relevant services, cost, homelessness, etc. Those interested in supporting LGBTQ youth can mitigate the effects of these factors by enhancing their services to reach a broader scope of youth, increasing the visibility of their resources, and removing the paternalistic or technical barriers to access. Additionally, LGBTQ youth must be meaningfully incorporated in any multi-service and mixed-level approach conceived of through a national strategy coalition.

A greater effort toward institutional cohesion must be encouraged. Groups must actively facilitate the sharing of information between state and non-state actors to ensure the consistency and efficiency of services provided. Collaboration between groups specifically interested in reducing the overall number of LGBTQ youth suicides must continue, and the youth perspective must remain relevant in addressing these issues.

7.2.2 Awareness and Education
Stigma and misinformation are barriers to youth accessing support. LGBTQ youth and their peers can benefit from being exposed to accurate representations of the LGBTQ community. The invisibility of the LGBTQ community contributes to its oppression and exclusion from public discourse. Increasing the visibility of the LGBTQ community and LGBTQ issues disrupts the flow of misinformation that fosters

discrimination against this vulnerable community. Common misconceptions, such as the alleged link between homosexuality and pedophilia, must be dispelled and critiqued. To ameliorate the effects of ignorance and insensitivity, which contribute towards a climate conducive to discrimination against the LGBTQ community, early and comprehensive inclusion of LGBTQ issues in school curricula must be considered.

Moreover, LGBTQ youth suicide prevention strategists must aim to build awareness of LGBTQ youth suicide and issues unique to members of the LGBTQ community. A special emphasis on the different burdens and challenges experienced by LGBTQ youth must be included in this perspective.

7.2.3 Support

Multiple points of intervention are required in order to competently support LGBTQ youth at an increased risk of suicidal behaviour or ideation. Health care providers require specific LGBTQ cultural competency training in order to support at risk LGBTQ youth. Existing support services are too general and lack competency or focus on LGBTQ topics.

Peer-to-peer support is an invaluable resource that requires assistance and guidance in order to remain effective and relevant. Often it is those who are closest to the individuals who are best positioned to intervene. Families and caregivers of LGBTQ youth require help in learning how to accept and support their youth. Peer based support through GSAs and peer acceptance can help to foster the healthy growth and development of LGBTQ youth. Community engagement can aim to minimize the feelings of marginalization and alienation from the community that a youth may be experiencing. Spiritual support for those who require it must also be encouraged, since many LGBTQ youth are experiencing perceived conflicts between their LGBT identity and their spiritual beliefs.

Parties interested in assisting LGBTQ youth must also aim to nurture the self-care methods of these youth. Often these youth are in need of developing the skills that will allow them to avoid self-harm as a coping mechanism.