Barriers to Supporting 2SLGBTQIA+ Crisis Line Callers from the Perspective of Service Providers

Tristan McSwiney, Monica Sesma-Vazquez, Tara Collins, Nasiha Fazal, Nathanael Hammond, Karen Lazaruk, Melissa Mostert, Kendra Neeb

Faculty of Social Work

UNIVERSITY OF CALGARY

Abstract:

Research question: What prevents service providers from offering effective support to 2SLGBTQIA+ callers?

Methodology: Our research consisted of 18 semi-structured interviews with crisis line service providers across Alberta, Saskatchewan, and Manitoba. We are currently seeking ethics approval to interview 2SLGBTQIA+ crisis line service users. We are organizing our data using inductive thematic analysis.

Findings: Responders described challenges due to a) lack of training regarding terms, b) fear of saying the wrong thing or being misunderstood, c) demographics as connected to disclosure, and d) insufficient resources when offering referrals.

Discussion: Crisis lines may benefit from offering training around key 2SLGBTQIA+ terminology to all their responders, as not knowing terms is a common form of apprehension for responders when supporting this demographic. Further, building comfort around having conversations around 2SLGBTQIA+ issues may help service users to feel more comfortable having these discussions. Due to their short-term and over-the-phone nature, crisis Lines are also inherently limited in terms of their ability to understand each service user's identity. Acknowledging these limitations within responder training and reminding service providers to be cautious about making assumptions may help to maintain rapport and create an affirming atmosphere on interactions.

Background

2SLGBTQIA+ people in Canada face unique stressors due to discrimination. 57% have experienced shunning from family, 52% have experienced verbal harassment, and 49% have experienced physical harassment (Government of Canada, 2024).

2SLGBTQIA+ people also experience worse mental health outcomes, including higher rates of anxiety, depression, and suicidal ideation (Stinchcombe & Hammond, 2021).

Discrimination in healthcare settings is a common experience for this community , and may take multiple forms (Ramsey et al., 2022, Rossman et al., 2017).

Limitations and Practice Implications:

This research is limited in terms of its scope as participants self-selected – those that volunteered to speak with us may have a deeper investment in the research topic, so their challenges in adequately supporting 2SLGBTQIA+ callers would likely be quite different from the challenges encountered by responders that are less invested in the topic.

Crisis lines will likely benefit from investing more time into training responders on how to support 2SLGBTQIA+ callers and texters. When supporting this demographic, it is particularly important to avoid making assumptions.

Findings:

Lack of training/Knowledge

Multiple responders referenced a fear that they were lacking in appropriate knowledge or vocabulary, and worried about damaging rapport with service users due to this lack of context or knowledge.

"I guess it has been so long ago that I did training, but I guess if we were to be updated, there'd be more social issues now than there was, like 10 years ago, even with the LGBTQIA community. I feel like there probably was training that I don't really remember. (Participant 5)"

Fear of Misunderstanding/Saying the Wrong Thing

This theme is related but distinct from the theme listed above. Multiple responders referenced concerns that they might misinterpret or misspeak, accidentally offending the caller. Because of this, they opted not to engage with the service user's identity at all.

"I just kind of sat there and I was like, I wish I like knew more. And I wish I knew how to respond better than just a typical response. And I'm not trying to treat them like, oh, they deserve like this grand prize for telling me or anything, but it's almost like I blanked out if that makes sense." (Participant 1 describing a conversation where a caller came out as gay).

Demographics and disclosure

Multiple responders referenced the fact that callers might not feel comfortable disclosing their identity, or worrying that disclosure may lead to the responder placing unwarranted importance on the service user's gender or sexuality. Because there is little opportunity to collect demographics on crisis lines, there is little information about the frequency with which 2SLGBTQIA+ people reach out – their identification is dependent on disclosure, which might not occur due to fear of discrimination.

"So like, a way to kind of just disclose without... because you can't, you can't see them, like, the only indicator you have is their voice. So the disclosure is almost necessary to fight those assumptions, but kind of automatically get made and that can be really hard, especially if you're... which kind of goes back to barriers of having to do that over and over again when you're getting different people on the line? (Participant 4)

Insufficient resources when offering referrals.

Multiple responders referenced the lack of supports available for 2SLGBTQIA+ people, particularly for those residing in rural areas. This can be frustrating for both responders and service users, as it can be challenging to refer service users to appropriate external support

"We had a Conservative government in [Redacted] that was shutting programs left, right and center. So like over the past few years, so much that used to exist doesn't, and a few new things exist, but it's and like you sometimes don't know, unless you are personally connected, whether they've gone back to programs they had prior to the pandemic that make them shut down, whether they lost funding because the you know, [the government] had a tear through the pandemic." (Participant 2)

References

Government of Canada (2024-05-31). Facts, stats and impact: 2SLGBTQI+ communities - Canada.ca

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

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

Stinchcombe, A., & Hammond, N. G. (2021). Sexual orientation as a social determinant of suicidal ideation: A study of the adult life span. *Suicide and Life-Threatening Behavior, 51*(5), 864-871. https://doi.org/10.1111/sltb.12754

tristan.mcswiney@ucalgary.ca