



# Suicide Prevention Commission

## Youth Specific Initiatives Work Group

### Recommendation to Support LGBTQ+ Youth

In Colorado, as well as nationally, unacceptable health disparities exist for children, youth, and young adults who identify as lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+)<sup>1</sup>.

According to the [2017 Healthy Kids Colorado Survey \(HKCS\)](#), LGBT youth<sup>2</sup> are more likely to experience bullying, feeling unsafe at school, suicidal ideation and attempts, substance use, and sexual violence. GLSEN's [2017 State Snapshot of School Climate in Colorado](#) indicates that 53% of transgender students were unable to use the school restroom aligned with their gender identity. Additionally, nearly 23% of LGBTQ students and 44% of transgender students were prevented from using their chosen name or pronouns in school.

These disparities persist because LGBTQ+ children, youth, and young adults often face discrimination, stigma, and bias, including rejection from family, friends, and/or community and limited access to LGBTQ+ informed healthcare.

Children, youth, and young adults who feel supported in their identity (including sexual orientation and gender identity), who have trusted adults in their lives, who feel connected to their school, community and peers, and who have access to culturally competent care are less likely to engage in suicidal behavior, substance use, bullying, and other types of violence and risky behavior.

The Youth-specific Initiatives Work Group of the Suicide Prevention Commission puts forth the following comprehensive recommendations to support LGBTQ+ children, youth, and young adults (ages 0-24) in Colorado.

- We acknowledge these recommendations can positively impact the whole community, especially LGBTQ+ children, youth, and young adults.
- We assert that these recommendations apply to individuals working and volunteering at organizations serving children, youth, and young adults including, but not limited to, K-12 schools and higher education, child care settings, recreation centers, shelters and residential centers, faith communities, healthcare systems, emergency services, and the military.

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<sup>1</sup> Use of the LGBTQ+ acronym has evolved over time, and will likely continue to do so. The "+" symbol stands for all of the other sexualities, sexes, and genders that aren't included in these few letters, including but not limited to, intersex, asexual, pansexual, agender, bigender, and gender queer. The datasets linked in this document have defined specific identity categories.

<sup>2</sup> The HKCS asks high school students to self-identify as gay, lesbian, bisexual, or heterosexual, and if they self-identify as transgender or cisgender, or not sure for each category.

These research-based recommendations align with the [CDC's Technical Package to Prevent Suicide](#), [GLSEN's 2017 State Snapshot](#) and recommendations from [One Colorado](#).

### Create supportive, inclusive and safe communities:

- **Encourage and incentivize evidence-based professional development in workplaces regarding LGBTQ+ inclusion.**  
Research from [The Trevor Project](#) shows that LGBTQ youth who report having at least one accepting adult were 40% less likely to report a suicide attempt in the past year.
- **Support the development and equitable enforcement of non-discrimination policies in workplaces and schools, explicitly listing protections for sexual orientation, gender identity, and marital status.**  
Research indicates that explicitly listing protections for sexual orientation and gender identity in anti-bullying policies is associated with less bullying and better health outcomes for LGBTQ+ youth.<sup>3</sup>
- **Affirm an individual's right to the use of their name and pronouns and use of facilities consistent with their gender identity.**  
Research indicates that when transgender youth are allowed to use their chosen names, their risk of suicide and depression decreases.<sup>4</sup>
- **Engage LGBTQ+ children, youth, and young adults in meaningful participation in their schools and communities.**  
Research from [HCKS](#) shows that feeling engaged and connected to school and community can protect children, youth, and young adults from unhealthy decisions.
- **Support Gay-Straight Alliances (GSAs) in schools.**  
Research from [GLSEN](#) shows that students who had a GSA in their school were:
  - Less likely to hear homophobic remarks and negative remarks about gender expression and two times more likely to report that school personnel intervened when hearing homophobic remarks
  - Less likely to feel unsafe because of their sexual orientation
  - More likely to feel supported and connected to their school community
- **Include comprehensive sexual health education in schools.**

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<sup>3</sup> Centers for Disease Control and Prevention. (2018, June). *Anti-Bullying Policies and Enumeration: An Infobrief for Local Education Agencies*. Retrieved from: [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/bullying/pdf/anti\\_bullying\\_policies.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/bullying/pdf/anti_bullying_policies.pdf).

<sup>4</sup> Russell, Stephen T. et al. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health*, Volume 63(4). Retrieved from: [https://www.jahonline.org/article/S1054-139X\(18\)30085-5/fulltext](https://www.jahonline.org/article/S1054-139X(18)30085-5/fulltext)

Students in states with a greater proportion of LGBTQ-inclusive sex education have lower odds of experiencing school-based victimization and adverse mental health.<sup>5</sup>

Accompanying document: LGBTQ+ Youth and Young Adult Suicide and Suicide Prevention.

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<sup>5</sup> Proulx CN, Coulter RWS, Egan JE, Matthews DD, Mair C. (2019). Associations of Lesbian, Gay, Bisexual, Transgender, and Questioning-Inclusive Sex Education With Mental Health Outcomes and School-Based Victimization in U.S. High School Students. *Journal of Adolescent Health*, 64(5). Retrieved from: <https://www.sciencedirect.com/science/article/pii/S1054139X18307973?via%3Dihub>.