

Safer Research with LGBTQ+ Preteens at Risk for Suicide



Clark et al., 2026 Vanderbilt University Delphi Consensus Study

<p>14×</p> <p>HIGHER SUICIDE RISK IN TRANSGENDER PRETEENS</p>	<p>4–6×</p> <p>HIGHER RISK IN SEXUAL MINORITY PRETEENS</p>	<p>20</p> <p>EXPERTS ACROSS RESEARCH, LAW, ETHICS & COMMUNITY</p>	<p>15</p> <p>CONSENSUS-BASED GUIDELINES PRODUCED</p>
--	---	--	---

Suicide rates among children aged 8–12 have been rising for over a decade in the United States. LGBTQ+ preteens face **dramatically higher risk** — yet they are routinely left out of research because no guidelines existed for safely including them. This study brought together 20 experts to build that foundation.

WHAT THE EXPERTS AGREED ON

<p>Identity is self-defined</p> <p>A child's own description of their orientation or gender identity is what matters — parents don't need to confirm it, and it can evolve without disqualifying them from studies.</p>	<p>LGBTQ+ identity ≠ risk alone</p> <p>Identity by itself should never label a child "at risk." Risk must be assessed through specific indicators like suicidal ideation, self-injury, or hospitalization history.</p>	<p>No child should be excluded</p> <p>Even the most vulnerable preteens should be included in research — with appropriate safety supports in place, not as a reason to turn them away.</p>
<p>Recruit around mental health</p> <p>Ads focused on children's mental health — not LGBTQ+ identity — reach more families, including those whose children haven't yet come out.</p>	<p>Design for families</p> <p>Check-ins, flexible scheduling, incentives, and consistent staff are key to keeping families engaged over multi-year studies.</p>	<p>Specialized ethics review</p> <p>Review boards should include experts in child mental health and LGBTQ+ issues. Institutional reform is needed — and currently limited.</p>

KEY RECOMMENDATIONS FOR RESEARCHERS

- 1 Prioritize children's own reports of identity — parental confirmation is not required
- 2 Provide all participants with crisis resources (988 Lifeline, The Trevor Project)
- 3 Notify parents when a child's risk screening crosses a pre-set safety threshold
- 4 Involve LGBTQ+ community leaders and youth advisors in study design
- 5 Use purposive sampling to ensure diverse representation across race, gender, and income
- 6 Have a licensed mental health professional oversee protocols and remain available during data collection

HOW THIS RESEARCH WAS DONE

- Delphi consensus process** — a structured 3-step method for building expert agreement on topics where little guidance exists
- 20 expert panelists** from research, clinical care, law, ethics, and community — all with LGBTQ+ youth mental health experience
- Two survey rounds + a virtual consensus meeting** — panelists rated importance and feasibility, then discussed areas of disagreement
- Community advisory boards** — LGBTQ+ teenagers and adult community leaders helped shape the research throughout