SUPPORTING THE HEALTH OF LGBTQ2S YOUTH IN CANADA

A Brief submitted to the Standing Committee on Health for the Committee's study of LGBTQ2S Health in Canada

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Background

The Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC)[1] is a multi-disciplinary research centre focused on understanding how stigma, violence and trauma influence the health of young people, including LGBTQ2S youth, and what protective factors in their environments, relationships, programs and policies can foster resilience. Founded by Dr. Elizabeth Saewyc more than a decade ago in the School of Nursing at UBC, the Centre involves research partners across Canada, and in several other countries. Since 2006, SARAVYC has been dedicated to identifying evidence-based strategies to reduce stigma and improve resilience among marginalized youth populations, and share those results with the public. Our primary focus over the past decade and more has been the health of LGBTQ2S youth; we conducted the first national Canadian Trans Youth Health Survey in 2014, and we are funded by CIHR, by the Public Health Agency of Canada, and the US National Institutes of Health. We bring our decades of research to the recommendations we make here.

Although navigating adolescence can be a challenge for anyone, those challenges are magnified for LGBTQ2S youth who experience discrimination based on sexual orientation and/or gender identity. LGBTQ2S youth are more likely to be targets of school-based bullying and harassment than cisgender and heterosexual peers. They may conceal their identities from their families and communities due to shame and stigma, or their identities may be a source of family conflict and rejection. Beyond family and school, LGBTQ2S youth may also encounter health care professionals who are dismissive or discriminatory, leading to distrust and forgone care. Youth are dependent on teachers, family, and health care providers for support and safety. Such supports are critical, as enacted stigma renders LGBTQ2S youth disproportionately vulnerable to physical and sexual violence, depression/anxiety, self-harm, suicidal thoughts and attempts[2], substance use disorders, sexually transmitted infections, early pregnancy, and homelessness[3].

We also know, however, that LGBTQ2S youth thrive when we create supportive and enabling environments. Nearly half of British Columbia's high schools have a gay-straight or gender-sexuality alliance (GSA). Our research indicates that in schools, the presence of GSAs and supportive LGBTQ2S policies have the potential to improve mental health, decrease problem substance use, and reduce suicide attempts for all students—regardless of their sexual orientation[4,5,6]. Other studies demonstrate family acceptance is linked to positive health and reduces the likelihood of depression, substance use, and suicidal thoughts and actions[7]. We also see that when given adequate training and resources, healthcare providers can make a world of difference in improving health outcomes among LGBTQ2S youth. Although such interventions may not be able to immediately undo all of the negative health effects of homophobia, biphobia, and transphobia, they point to what is possible when communities, researchers and policymakers work together with a shared goal.

BC is a province where institutional supports have begun to be effective, especially when it comes to protecting LGBTQ2S youth in primary and secondary schools. As of December 31st 2016, all British Columbia boards of education and independent school authorities are required to reference sexual orientation and gender identity (SOGI) in their anti-bullying policies. Although individual schools vary with respect to how well they support their LGBTQ2S students, provincial-level implementation of resources for teachers support the well-being of all youth.

Based on our vision towards improved health outcomes and health equity for marginalized youth across Canada and internationally, we make the following three recommendations:

Recommendation #1: Enhance measurement of LGBTQ2S youth in all population-based federal surveys and administrative data

Researchers have noted Canada lacks adequate LGBTQ2S population-level data[8,9]. This means many Canadian health researchers must rely on US-based datasets that may not adequately reflect Canadian contexts, or existing Canadian LGBTQ2S data from convenience samples that may not be representative. As a result, LGBTQ2S Canadians may be excluded or misrepresented in our current body of knowledge—particularly LGBTQ2S youth. We commend the federal government for making efforts to include gender identity and sexual orientation in federal questionnaires and datasets in preparation for the upcoming 2021 Census. However, we still feel the options are limited. Categories such as “heterosexual,” “homosexual,” “bisexual,” “don’t know,” and “refuse to answer” reflect limited and somewhat dated understandings of sexual orientation—particularly among LGBTQ2S youth who may no longer recognize terms like “homosexual.” We would also note that although including “gender diverse” can better include non-binary people who do not identify as women/girls or men/boys, it also makes counting the population of trans women and girls and trans men and boys a challenge[9].

We recommend consulting with LGBTQ2S youth and supporting provincial-level innovation when it comes to measuring sexual orientation and gender identity.

The BC Adolescent Health Survey (BCAHS), for example, has been asking about the dimensions of sexual orientation since 1992, and updated its terminology in 2018, when it also included questions about gender assigned at birth plus current gender identity. The Maritime provinces, Quebec, and Manitoba collect sexual orientation data on provincial surveys (gender identity options remain limited), but Ontario does not ask about sexual orientation or non-binary gender. Alberta and Saskatchewan do not have provincial youth surveys, so we can gather data about LGBTQ2S youth in BC, but we know less about the health of LGBTQ2S youth elsewhere. If we want to improve their health outcomes, we must first understand their needs.

Recommendation #2: Provide federal guidance on human rights protections for sexual and gender minority people in primary and secondary schools

In June 2017, the federal government passed Bill C-16, adding gender identity and gender expression to the Canadian Human Rights Act as well as Criminal Code sections on hate speech and sentencing for hate crimes. This bill allowed the federal government to align national laws with provincial and territorial ones prohibiting harassment discrimination based on gender identity. Although promising, it remains unclear how this legislation will ensure human rights protections for trans and gender diverse youth in primary and secondary schools in Canada.

In BC and parts of Alberta, where there are also provincial human rights codes, school districts are not only including gender identity in their policies, but are also integrating SOGI 123[10] resources in schools. Schools with SOGI 123 attempt to create positive and welcoming spaces for all students by displaying SOGI and LGBTQ+ supportive materials, offering extra-curricular opportunities (e.g. GSAs), and integrating age-appropriate learning materials in the classroom.

Research suggests that creating supportive policies, procedures, and learning environments can potentially reduce school-based discrimination that may negatively affect the health and well-being of sexual and gender minority youth—and even heterosexual ones—leading to better outcomes for all. Although SOGI policy implementation has generated some backlash from those who do not believe youth should learn about gender identity and sexual orientation in school, we argue that is necessary in a world where LGBTQ2S youth are coming out at younger ages. In a country like Canada that values diversity and inclusion, we owe it to young citizens to protect and educate them in an environment where they can learn alongside their peers.

Therefore, we recommend that the federal government provide guidance for how schools across provinces and territories can comply with human rights legislation in school policy, so that LGBTQ2S youth can enjoy safe and non-discriminatory educational environments wherever they live.

Recommendation #3: Improve access to healthcare for LGBTQ2S youth

LGBTQ2S youth face many barriers to accessing high-quality, comprehensive, and culturally safe health care. Many report experiences with healthcare providers and staff who treat them in a demeaning way or lack training about LGBTQ2S youth identities[11]. Healthcare environments can reinforce heterosexism and cissexism when they, for example, presume that LGBTQ2S

youth do not require contraception, or when clinic visual materials are only directed at those who identify as boys or girls[12]. Past negative experiences may lead LGBTQ2S youth to mistrust healthcare systems, while their status as both LGBTQ2S and youth may compound concerns about confidentiality. Subgroups of LGBTQ2S youth report additional barriers, which include trauma linked to the ongoing effects of colonialism and racism for Indigenous and racialized LGBTQ2S youth, lack of support services for LGBTQ2s youth with disabilities, the limited LGBTQ2S-specific health services for youth living outside of major urban centres, and the costs of mental healthcare for poor and working class LGBTQ2S youth. Trans and gender diverse youth may experience additional barriers accessing trans-inclusive and gender-affirming care, particularly those under the age of 18. Such barriers may cause LGBTQ2S youth to delay or forego accessing formal physical and mental health care, potentially exacerbating health issues they may already be facing.

We attribute these barriers to a lack of institutional support—both in terms of healthcare professional training and funding of tailored health services[11]. We also attribute this to the patchwork system of LGBTQ2S health care in Canada, where some provinces and territories are better equipped to serve the needs of LGBTQ2S youth than others.

We recommend that the federal government create a strategy to support the provinces in enhancing access to healthcare for LGBTQ2S youth.

This includes increasing the quality and quantity of health professional education about LGBTQ2S health prior to entry to practice, involving LGBTQ2S youth in the consultation process, and creating guidelines for developing inclusive healthcare environments for diverse LGBTQ2S youth. This also includes investing in research, services, and interventions to improve healthcare access and use among LGBTQ2S youth.

The limited information we have suggests the need to address LGBTQ2S youth health is urgent. The time to take action is now. Along with countries such as Ireland, who have already developed a national LGBTI+ youth strategy, we would encourage Canada to be among the first nations to make a commitment to help close the health gaps for Canada's LGBTQ2S youth.

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[10] Where SOGI refers to the inclusion of sexual orientation and gender identity in school policy, SOGI 123 builds on this by also focusing on creating inclusive learning environments and lesson plans. See https://www.sogieducation.org/approach

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