LGBTQ2 Health Policy:

Addressing the Needs of LGBTQ2 Post-Secondary Students

Submitted to
The House of Commons Standing Committee on Health
Government of Canada

Submitted by
Canadian Centre for Gender and Sexual Diversity

and

Dr. Michael R. Woodford
Associate Professor
Faculty of Social Work
Wilfrid Laurier University

Dr. Simon Coulombe
Assistant Professor
Faculty of Science
Wilfrid Laurier University

Nicholas Schwabe
Research Associate
Faculty of Social Work
Wilfrid Laurier University

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Focus and Aims
This brief focuses on LGBTQ2 post-secondary students and ensuring their needs are addressed in LGBTQ2 health policy. Drawing on research conducted with LGBTQ2 students in Canada and the United States, we describe some of the challenges that LGBTQ2 post-secondary students face, including mental health challenges. Based on our research, other literature, and our collective experience, we offer recommendations to inform the development of federal policies and initiatives that will promote the acceptance, belonging, and wellbeing of LGBTQ2 post-secondary students throughout the country. To realize this vision, policies and programs are needed that support LGBTQ2 students’ social inclusion, in addition to culturally competent interventions that promote their health and wellbeing. Developing students’ coping skills and resilience is important, as is ensuring health services are accessible to LGBTQ2 students, yet these actions alone are insufficient if LGBTQ2 students are to thrive on campus and beyond, when compared with other students.

Though provincial and territorial governments are responsible for post-secondary education, the Government of Canada can play a crucial role in ensuring the needs of LGBTQ2 students on campuses nationwide are understood and addressed. Through national standards and by collaborating with provincial and territorial governments, LGBTQ2 service providers, and post-secondary institutions, we believe the federal government can help campuses become welcoming, accepting, and inclusive spaces for LGBTQ2 students, including in regard to health and wellbeing services. We welcome this opportunity to provide input to The House of Commons Standing Committee on Health’s deliberations on LGBTQ2 health in Canada.

Consistent with the World Health Organization (1946) and contemporary understandings of wellbeing (Keyes et al., 2002), we consider mental health to include both positive and negative aspects, and both personal and social components. To illuminate disparities LGBTQ2 students face, guided by the minority stress framework (Meyer, 2003), we first explore below the experiences and wellbeing of LGBTQ2 students in comparison to cisgender heterosexual students. Second, we outline broad strategies to foster LGBTQ2 inclusion and wellbeing. Third, we give a snapshot of the status of such initiatives on Canadian campuses. Finally, we conclude with specific recommendations for the Committee’s consideration as it promotes the health of LGBTQ2 Canadians, including post-secondary students.

LGBTQ2 Students’ Experiences and Wellbeing
In this section, we report findings from our study, “Querying Canadian Higher Education” (QCHE). This study uses data from the Canadian version of the National College Health Assessment, a US-based survey that was administered to 41 Canadian post-secondary schools in 2016. Over 39,000 Canadian post-secondary students participated, including 15.0% who identified as LGBTQ2 and 2.5% who specifically identified as trans (i.e., trans men, trans women, nonbinary, two-spirit, genderqueer, gender fluid, and other diverse gender identities).

Victimization
More LGBTQ2 students reported experiencing victimization in the last 12 months than cisgender heterosexual students. This includes various forms of victimization: verbal threats, physical assault, stalking, sexual touching without consent, attempted sexual assault, and sexual assault. Particularly alarming, LGBTQ2 students’ rates of physical assault (LGBTQ2 6.0%, cisgender heterosexual 3.6%) and unwanted sexual touching (LGBTQ2 18.6%, cisgender 18.6%

* This framework posits that LGBTQ2 people experience additional stressors due to their marginalized status in society. These stressors can include discrimination, internalized stigma, and the anticipation of discrimination.
heterosexual 9.6%) were nearly double when compared to rates among cisgender heterosexual students. Additionally, rates for attempted sexual assault (LGBTQ2 7.4%, cisgender heterosexual 3.0%) and sexual assault (LGBTQ2 4.1%, cisgender heterosexual 1.7%) were both approximately 2.5 times higher for LGBTQ2 students. Dealing with such stressors threatens students’ wellbeing and academic engagement.

**Psychological Climate on Campus: Belonging and Safety**

One’s sense of belonging and safety is an integral part of one’s wellbeing. Fewer LGBTQ2 students felt they were part of their school community than cisgender heterosexual students (65.8% versus 71.9%). Although perceptions of safety on campus were relatively positive, fewer LGBTQ2 students reported feeling “safe” or “very safe” on and off campus, especially at night (on campus: LGBTQ2 79.8%, cisgender heterosexual 84.5%; off campus: LGBTQ2 59.0% cisgender heterosexual 66.8%).

**Academic Stressors: Impediments to Academic Performance**

Social stress related to discrimination and psychological safety can interfere with LGBTQ2 students’ academic engagement. More LGBTQ2 students reported that their academic performance was negatively impacted (e.g., lower grades, incomplete or dropped courses) by physical assault (LGBTQ2 1.9%, cisgender heterosexual 0.7%), sexual assault (LGBTQ2 3.4%, cisgender heterosexual 0.9%) and discrimination (LGBTQ2 4.2%, cisgender heterosexual 1.2%). Drug use (LGBTQ2 3.9%, cisgender heterosexual 1.9%) and alcohol use (LGBTQ2 5.9%, cisgender heterosexual 4.3%) were also more likely to be reported as academic impediments by LGBTQ2 students.

**Mental Health**

Across all mental health indicators examined in QCHE, LGBTQ2 students reported poorer outcomes in the last 12 months than cisgender heterosexual students. Particularly concerning are indicators related to suicide. Rates of attempted suicides were more than three times higher for LGBTQ2 students (LGBTQ2 4.8%, cisgender heterosexual 1.5%), and rates of serious consideration of suicide were 2.5 times higher for LGBTQ2 students (LGBTQ2 26.9%, cisgender heterosexual 10.7%).

We also found troubling findings for mental health problem diagnoses. Rates for being diagnosed with depression were over 2 times higher for LGBTQ2 students (LGBTQ2 28.1%, cisgender heterosexual 12.4%). Similarly, rates for being diagnosed with anxiety were almost twice as high (LGBTQ2 31.2%, cisgender heterosexual 16.4%).

Turning to positive mental health (positive emotional, psychological and social functioning), LGBTQS students were less likely to report a state of flourishing (i.e., high positive mental health) than their peers (LGBTQ2 34.3%, cisgender heterosexual 49.2%).

Within the LGBTQ2 group, proportionally more trans students reported mental health challenges on all indicators compared to cisgender LGB+ students. Of particular importance is the attempted suicide rate, which was much higher for trans students compared to cisgender LGB+ students (trans 7.3%, cisgender LGB+ 4.3%). A similar pattern was observed for seriously considering suicide (trans 30.5%, cisgender LGB+ 26.0%), diagnosis of depression (trans 31.1%, cisgender LGB+ 27.4%), and diagnosis of anxiety (trans 34.1%, cisgender LGB+ 30.5%). Trans students also reported slightly lower rates of flourishing (trans 33.8%, cisgender LGB+ 34.6%).
How Experiences Affect LGBTQ2 Students’ Mental Health

Minority stress theory and previous research conducted on campuses in the United States suggest that discrimination may contribute to the disparities seen between LGBTQ2 students and their cisgender heterosexual peers (Meyer, 2003; Silverschanz et al., 2008; Woodford et al., 2014, 2018c).

Consistent with this scholarship, in the QCHE study we found that social stressors faced by LGBTQ2 students contribute to the mental health disparities they face. Namely, identifying as LGBTQ2 was related to reporting: 1) higher rates of victimization, 2) more negative psychological climate, and 3) more issues impeding academic achievement. These factors, in turn, were associated with poorer mental health outcomes (higher risk of attempting suicide and being diagnosed with depression, and lower probability of flourishing). Intervening on discrimination and these other factors represents a critical avenue to improve LGBTQ2 students’ health and wellbeing.

Moving Forward: Making Campuses Inclusive for LGBTQ2 Students can promote their Positive Wellbeing

To foster LGBTQ2 students’ health and wellbeing, campuses must become welcoming, accepting, and inclusive. Institutional policies and campus-based initiatives are ways to foster LGBTQ2 inclusion. Research conducted in the United States indicates that cisgender LGB+ students who attend universities with LGBTQ2 inclusive anti-discrimination policies and a high ratio of campus-based LGBTQ2 student organizations to the student population experience fewer incidents of discrimination (Hong et al., 2016; Woodford et al., 2018b).

For trans students, other structural issues have been shown to significantly impact students’ academic development. One US study suggests that offering gender-neutral bathrooms and including gender-inclusive demographic options on institutional records and forms can encourage trans students’ academic development and belonging by reducing daily stressors (Woodford et al., 2017). There are other suggested strategies for trans inclusion, such as using students’ pronouns, providing inclusive housing options, enabling students the opportunity to easily change their name and gender on official and unofficial school documents, and sponsoring trans speakers on campus (Beemyn & Rankin, 2016).

While working toward LGBTQ2 inclusion, it is important to also support and affirm LGBTQ2 students, especially those negatively affected by discrimination and other stressors. Helping LGBTQ2 students develop coping skills and resilience requires that wellness services and other services be accessible and prepared to provide culturally competent services to LGBTQ2 students.

Current State of LGBTQ2 Campus Climate

As part of the “Thriving on Campus Study,” which is underway in Ontario, we surveyed administrators at Ontario universities about their school’s LGBTQ2 policies, resources, and services (Woodford et al., 2019). Among other things, we found that less than half of the institutions have gender inclusive housing and name-change policies. Though at least 90% of the universities include gender identity and sexual orientation in their anti-discrimination policies, less than 50% include these identities in student codes of non-academic conduct. All universities reported having at least one gender-neutral washroom, yet only 50% had gender-neutral change rooms and even fewer had a meeting space dedicated to trans students (35%). Concerning health, only 30% of institutions offer transition-related health services (e.g., hormone treatment) and less than half (45%) offer LGBTQ2 specific psychological/counselling services or support groups.
Recent research by the Ontario Undergraduate Student Alliance (OUS A) identified similar issues, and concluded that insufficient LGBTQ2 supports exist on campuses (Lindsay et al., 2019). OUSA also concluded that campus staff are not adequately trained about the concerns of LGBTQ2 students and how to effectively support LGBTQ2 students. The Canadian Centre for Gender and Sexual Diversity and members of its national 2SLGBTQIA+ Service Providers Network have raised similar concerns.

In 2018, in another survey we conducted with LGBTQ2 university students (n=332) from various parts of the country, questions were included to explore students’ knowledge and perceptions of campus-based LGBTQ2 initiatives (Woodford et al., 2018a). The findings suggest that although policies and resources may exist, they are not necessarily accessible. For example, only 40% of students indicated that the procedures for reporting LGBQ discrimination were clearly publicized at their school. Likewise, only 34% of students reported that the gender-neutral washrooms on their campus were conveniently located. Specifically, among trans students, only 42% of them reported that they could easily change their name and/or gender on university documents. Even when LGBTQ2 policies and initiatives are in place, students must be able to easily access information about them and not experience unnecessary barriers to using them.

Recommendations
Given the federal government’s leadership in advancing LGBTQ2 health and inclusion, and its ongoing collaboration with provincial and territorial governments on matters of health and education, we recommend the federal government address the needs of LGBTQ2 post-secondary students in its policy frameworks and actions. Specifically, we suggest the federal government

1. Collaborate with provinces, territories, post-secondary institutions, community organizations, and LGBTQ2 researchers to develop policy frameworks that prioritize addressing the needs of LGBTQ2 post-secondary students, including with respect to service-delivery training models and campus climate programs. This includes the creation of a National Education Strategy, following in the footsteps of other G7 Nations at creating a unifying standard for curriculum and support services for LGBTQ2 communities in schools.

2. Allocate special funding (e.g., from Health Canada, the Canadian Institute for Health Research, and Social Sciences and Humanities Research Council) to prevent LGBTQ2 health disparities and promote LGBTQ2 wellbeing and inclusion on campuses. Specific tactics include supporting the development of:

  2.1. A clearinghouse of current initiatives and best practice models.

  2.2. University-community collaborations to assess the effectiveness of prevention and health service interventions.


4. Mandate that all federally funded post-secondary infrastructure projects include multiple gender-neutral washrooms equivalent in accessibility, dispersion, and frequency as other washrooms.
5. Collaborate with provinces, territories, and the post-secondary education sector to develop gender-inclusive housing policies for on-campus housing programs.

6. Continue efforts to advance LGBTQ2 inclusion throughout Canadian society through education, awareness, and policy change, thereby making communities safer and inclusive for LGBTQ2 students. Specific tactics include:

   6.1. Supporting research on the social climate for LGBTQ2 people, especially in rural areas and among groups that traditionally hold negative views of LGBTQ2 people.

   6.2. Investing in community-based initiatives that highlight the strengths and diversity of Canada’s LGBTQ2 community and promote allyship.

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Recommended Citation

The Authors and Our Collaboration
This brief is presented by the Canadian Centre for Gender and Sexual Diversity (CCGSD) and researchers from Wilfrid Laurier University and McGill University. The CCGSD intersectionally promotes diversity in gender identity, gender expression, and romantic and/or sexual orientation in all its forms on a national level through services in the areas of arts, heritage, history, education, health, and advocacy. CCGSD runs programming throughout Canada and the United States, including on university and college campuses. Because of its hundreds of volunteers, CCGSD is able to reach over 250,000 people annually. Directly related to LGBTQ2 health, CCGSD is home to Canada’s 2SLGBTQIA+ Service Providers Network, the Canadian Intimate Partner Violence Prevention Program, Ontario’s Sport Inclusion Project, and the International Day of Pink.

Since 2017, CCGSD has worked with Dr. Michael Woodford, Wilfrid Laurier University, and his colleagues on research examining the experiences, academic development, health, and wellbeing of LGBTQ2 post-secondary students in Canada. Two studies funded by the Social Sciences and Humanities Research Council are currently underway. They aim to help policymakers, service providers, and other stakeholders (1) better understand the experiences, strengths, and resilience of LGBTQ2 students; and, (2) inform efforts to create evidence-based policies and services designed to support the acceptance, belonging, wellbeing, and academic success of diverse LGBTQ2 students.

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References


