

2SLGBTQIA+ STUDENTS IN BRITISH COLUMBIA

12 EVIDENCE-BASED FACTS



1

There is more than XX and XY.

Worldwide, people born with bodies outside of traditional male/female categories are **as common as people with red hair** (or twice the estimated population of Canada).



Gay and bisexual male students are **twice as likely to self-harm**. Lesbian and bisexual female students are **two to three times more likely to self-harm**.

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Schools are identified by 2SLGBTQIA+ youth as potential **safe havens**.

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Providing gender-neutral bathrooms to all students helps 2SLGBTQIA+ youth feel safer at schools.



9

Schools with established GSAs and anti-homophobic bullying policies have **lower** odds of discrimination, suicidal thoughts, and attempts among LGB and heterosexual students.

11

Screening the Out in Schools LGBTQ film program **reduces social exclusion and teasing** among heterosexual and lesbian/bisexual female students.

2



75% of surveyed Canadian transgender youth reported **self-harming** in the past year, nearly 50% experienced **extreme stress** in the past 30 days, and a third had **attempted suicide** in the past year.

4

Half of transgender students in BC (ages 14-18) reported being bullied at school, 65% were taunted or ridiculed and **44% were physically threatened or injured** in the past year.

6



Gay and bisexual male students in BC are **less likely to participate in sports** without a coach (65% and 51%, respectively).

8



Transgender students in BC who reported feeling connected to their schools were twice as likely as those who did not to report good or excellent mental health.

10

A school GSA costs about an hour per week to sponsor a teacher or public health nurse during the school year (about \$1,000). This can **save \$183,000** in healthcare costs.

12



Displaying **2SLGBTQIA+ friendly symbols** helps improve 2SLGBTQIA+ youths' self-esteem and fosters a sense of belonging.



THE RESEARCH BEHIND OUR FACTS

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About SARAVYC

The Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) aims to understand the influences of stigma and discrimination on health disparities of marginalized youth, including sexually exploited, street-involved, and 2SLGBTQIA+ (Two Spirit, Lesbian, Gay, Bisexual, Trans*, Queer and Questioning, Intersex, and Asexual) youth. In collaboration with youth and their communities, we develop interventions to improve health outcomes and equity for marginalized youth.

Since 2006, SARAVYC has been dedicated to using mixed method research approaches to identify strategies that reduce stigma and improve resilience among youth and share those results with the public. We collaborate with health professionals, policy-makers, educators, service providers, and youth to produce evidence-based research that influences policy, practice, and health.







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