



Written Submission to the Standing Committee on the Status of Women: *Hate Motivated Violence Targeting the 2SLGBTQI+ Community*

December 2024

Context

All spaces where children and youth spend time, including schools and all extracurricular activities, should be safe for, and inclusive of those who are a part of the 2SLGBTQI+ community. Any erosion of 2SLGBTQI+ inclusive policies or practices is not only deeply concerning to the health and safety of children and youth, but contrary to the realization of [constitutionally protected equality rights and fundamental freedoms](#).

We have recently seen a growing number of policies introduced across Canada that undermine the health and well-being of 2SLGBTQI+ individuals, with a particular focus on children and youth. Specifically, there has been a worrying rise in legislation to ban access to medical care for transgender and gender-diverse (TGD) youth, undermine the privacy, autonomy and self-expression of 2SLGBTQI+ children and youth, create significant barriers to education on subjects involving gender identity, sexual orientation, or human sexuality in schools, and curtail access to inclusive sports and extracurricular activities. Such policies will reduce the number of spaces where children and youth can feel safe and secure fully expressing themselves and will likely have both immediate and long-term negative impacts on mental and physical safety and well-being.

Risk of violence and discrimination

Those who are 2SLGBTQI+ are at elevated risk for experiencing violence and discrimination. According to the [2018 Survey of Safety in Public and Private Spaces](#), excluding experiences of intimate partner violence, 59% of sexual minority Canadians had experienced physical or sexual assault since the age of 15, compared with 37% of heterosexual respondents.

Canadian TGD youth report high levels of exposure to harassment and violence. The 2024 [Canadian Trans and Nonbinary Youth Health Survey](#) found that across Canadian provinces, on average:

- 26.3% of TGD youth reported being physically threatened or injured and 7.6% reported being threatened or injured with a weapon such as a gun, knife or club.¹
- More than two-thirds (67.5%) of TGD youth reported avoiding public washrooms out of fear of harassment or being outed.
- Only 62.3% of TGD youth reported feeling safe at school.

In addition to risks to their physical safety, prejudices, discrimination and minority stress,² contribute to 2SLGBTQI+ youth being [at elevated risk for adverse health outcomes](#), including depression, anxiety, eating disorders, self-harm and suicide. Compared to the general population, TGD people in Canada are [more than five times more likely to attempt suicide and to have mental health issues](#).

¹ The highest reported rate of being physically threatened or injured was [in BC at 40%](#) and the lowest was [in PEI at 11%](#). The highest reported rate of being threatened or injured with a weapon such as a gun, knife or club was [in NB at 13%](#) and the lowest was [in QC at 4%](#).

² Minority stress has been described by Russell and Fish (2016) as the “[distinct, chronic stressors \[sexual minorities experience\] related to their stigmatized identities, including victimization, prejudice, and discrimination](#)”.

Comprehensive education

Policies that implement high barriers to education on subjects involving gender identity, sexual orientation, or human sexuality in schools will negatively impact the health and development of all children and youth, but particularly those who are 2SLGBTQI+. Comprehensive, evidence-based, medically accurate and age-appropriate sexual and reproductive health education has [an overwhelming evidence base](#) for its impact on positive health outcomes and is [endorsed by the World Health Organization](#). As such, it should be a priority for the overall health and well-being of children and youth and the downstream positive effects on the population as a whole.

Open communication on issues of gender identity, gender expression, sexual orientation and human sexuality [can reduce risk of illness and disease, sexual exploitation and violence, stigma, misinformation, harassment, bullying, prejudice and discrimination](#). Comprehensive sexual education is essential to ensure that children and youth have access to accurate information and are equipped to make healthy and informed decisions.

Supportive and inclusive environments

Supportive and inclusive environments have a strong association with the well-being and safety of 2SLGBTQI+ students at school. Studies have shown that gay-straight alliances and similar safe spaces for members of the 2SLGBTQI+ students are associated with [greater reported levels of perceived school safety and well-being, reduced homophobic or transphobic attitudes and behaviours, and improved school climates](#).

Respecting chosen names and other social transitions is one clear example of inclusivity that can significantly impact the health and well-being of 2SLGBTQI+ children and youth. For transgender youth, [use of their chosen name affirms their gender and has been shown to reduce mental health risks including depression, suicidal ideation and suicidal behaviour](#).³ Socially transitioned TGD children whose gender identity is supported and respected [have been shown to have developmentally normative levels of depression and only minimal elevation in anxiety](#). However, many TGD children and youth are unable to use their chosen name for interpersonal or institutional reasons (such as fear of or realized rejection, discrimination or violence, or policies in schools requiring parental disclosure and/or consent).

Conclusion

Attempts to rollback 2SLGBTQI+ inclusive policies pose a direct risk to the safety and well-being of children and youth. Policies that are exclusionary or create inequitable barriers are contrary to the health and well-being of not just 2SLGBTQI+ individuals, but all Canadians. No one's health and safety should be put at risk because of who they are or who they love. As such, we strongly urge the federal government to stand up for the health and rights of 2SLGBTQI+ children and youth, and to strengthen and expand initiatives such as the 2SLGBTQI+ Action Plan with a particular focus on the unique needs of Canada's young people.

³ A study by Russell, Pollitt et al. (2018) found [an increase by one context in which a chosen name could be used predicated a 5.37-unit decrease in depressive symptoms, a 29% decrease in suicidal ideation, and a 56% decrease in suicidal behaviour](#).

About the CPS

The CPS is the national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research, and support of its membership. Founded in 1922, the CPS is a voluntary professional association that represents almost 4,000 paediatricians, paediatric subspecialists, paediatric residents, and others who work with and care for children and youth.