



8 May 2014

Vancouver School Board
Committee III - Education & Student Services
School District #39
1580 West Broadway
Vancouver, B.C. V6J 5K8

Dear Committee:

This letter is regarding the proposed revised policy and regulations around sexual orientation and gender identities prepared by the Pride Advisory Committee to update VSB's policy, which I have read carefully. As a health care provider and researcher with more than 20 years of experience in school-based research on the health and well-being of LGBTQ youth in BC and internationally, I want to contribute my knowledge of the scientific evidence base around such policies to your deliberations. I'll focus most specifically on the evidence from BC students, including those in the VSB. As you know, VSB has participated from the beginning in the BC Adolescent Health Survey (BC AHS), which has been conducted every 5 years since 1992 among students in grades 7-12 by McCreary Centre Society. These data provide some of the most rigorous, large-scale, regularly repeated school-based evidence on the health and school experiences of sexual minority and gender diverse youth, some of the best data anywhere in the world. I currently head the Stigma and Resilience Among Vulnerable Youth Centre, which holds Canadian Institutes of Health Research funding to focus on LGBTQ youth health and the influence of school-level and district-level policies and programs to create safer, more inclusive schools, reduce stigma and discrimination, and promote resilience for LGBTQ youth. The BC AHS is one of our key data sources in this research.

There is long-standing evidence across the world that school connectedness—feeling safe, cared about, respected and fully a part of the school community—is an important protective factor in the health and well-being of all students. Our research has documented in BC Schools that LGBTQ youth experience higher rates of harassment, exclusion, and even outright physical assault at school than their heterosexual peers, and they are more likely to experience discrimination based on their orientation and their appearance. LGBTQ youth also report lower levels of school connectedness than heterosexual students, and the combination of greater exclusion/victimization and less connectedness together help explain higher rates of health risks, including problem substance use and suicidal thoughts and attempts. However, our research, along with others around the world, have shown that when LGBTQ youth report strong levels of school connectedness, they have lower odds of these serious health concerns, even those students who experience harassment and discrimination.

Some of our most recent research has focused specifically on the link between school districts' policies related to sexual orientation and gender identity, the presence of gay-straight alliances (GSAs) in schools, and students' risks for binge drinking, problem substance use, discrimination, and suicidal ideation and attempts. Our study used the 2008 BC AHS from across BC; at that time, VSB was one of only 15 school districts that had a specific sexual orientation and gender identities policies in place, so your data contributed strongly to the results. We found that not only did sexual minority students report lower odds of binge drinking, discrimination, and suicidality in schools with specific policies and/or GSAs, but we also saw lower odds of these health issues among heterosexual students as well. It is important to remember that heterosexual students can also be targeted for homophobic and transphobic harassment, and that this kind of bullying contributes to distress and suicidality for them as well. As we wrote in the paper on discrimination and suicidality published in the *International Journal of Child Youth and Family Studies* in January, such bullying is commonly used by boys as a way of enforcing

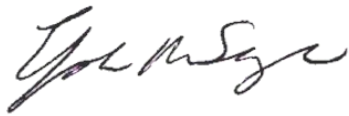


dominant norms of masculinity, and sexual orientation and gender identity policies, to the extent they are enacted and implemented, “may create a less stigmatizing space for exclusively heterosexual boys who do not fit the stereotypes of hegemonic masculine behaviour.” (p. 100). Our research suggests students all across the spectrum of sexual orientation and gender identity may be supported by sexual orientation and gender identity policies that foster inclusion and school connectedness and reduce discrimination.

Public health recognizes the important health influences of the places young people, live, grow, work, and learn. School environments, where students spend much of their days, and find some of their most important adult supports outside of families, have a key role in their health and well-being, and in their school success. Strategies to foster a safe, connected school environment for all youth, especially those whose sexual orientation or gender identity faces stigma and discrimination in home or community environments, are important in promoting resilience and healthy development for all youth.

If you have any questions about our research, I would be happy to discuss it further. I am equally willing to provide you with a list of publications and reports from the research, should it prove helpful.

Regards,



Elizabeth M. Saewyc, PhD, RN, FSAHM, FCAHS
Professor in Nursing and Adolescent Medicine
Director, Stigma and Resilience Among Vulnerable Youth Centre, UBC
Senior Scientist, Child Family Research Institute, BC Children’s Hospital