



Invisible Intersections:

Supporting 2SLGBTQ+ Students on Campus



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH



Canadian Mental
Health Association
Ontario

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Introduction

Queer identity is not something inherently visible, though through personal style, community markers, and active acts of visibility they are able to highlight and make public our positionality. This toolkit addresses the ways in which students may be faced with challenges and barriers on campus due to their queer identity, how those challenges may be invisible to those in positions of support and provides recommendations to address those barriers.

Statement of positionality

This toolkit was created in collaboration with folks of different genders, sexualities, and other intersections of identity both disclosed and undisclosed. The lead on this project is a Black, queer trans person, and brings that perspective to this toolkit.

At certain points, this toolkit speaks to the experiences of queer communities that the creators are not members of, and do not claim to represent. At every opportunity, the information on specific communities in this toolkit has been informed by research and knowledge sourced from those communities.

Language

The term Queer is used interchangeably with 2SLGBTQ+ in this toolkit. For more information on terminology found in this toolkit, please consult the [glossary](#).

At various times in this toolkit the acronym 2SLGBTQ+ appears in many shortened versions. This is an intentional change to accurately reflect the research parameters of the studies being referenced. Unfortunately, not all studies that speak to the experiences of queer and gender diverse folks have the capacity or scope to include the full spectrum of queer identities.

Collaborators

This toolkit would not have been possible without help from our valued stakeholders. To ensure that this toolkit utilized a whole-campus approach, we collaborated with stakeholders in various campus roles. Their time and dedication brought this toolkit to fruition.

Thank you!

Oshin Kanda

Michael Woodford

Scout Swartz

Andrew Holmes

Margaret Nicholson

Osman Khan

Diana Pearson

Intro to Mental Health in 2SLGBTQ+ communities

According to Statistics Canada, approximately one million people in Canada identified as sexual minorities in 2018, which accounted for 4% of the Canadian population aged 15 or older. Youth aged 15 to 24 made up 30%, or just under a third of the 2SLGBTQ+ population compared with 14% of the non-2SLGBTQ+ population.

Experiences of Violence

Alarming, the Survey of Safety in Public and Private Spaces (SSPPS) indicated that Canadians who identified as a sexual minority were more likely to report having experienced violence in their lifetime as well as inappropriate behaviours in public and online, compared with non-sexual minority Canadians. Specifically, from the age of 15 and in the past 12 months, sexual minority Canadians were more likely to have experienced physical or sexual assault compared with heterosexual Canadians, excluding violence committed by an intimate partner.

Despite efforts to improve the human rights of transgender people through federal legislation, and the reporting by Statistics Canada of the experiences of transgender Canadians and gender-based violence, transphobic acts continue.

Impact of Stigma and Violence on Mental Health

In Meyer's Minority Stress Theory (Meyer, 2003), he highlights a framework for understanding sexual minority mental health. It argues that sexual minorities are more likely to experience chronic social stressors due to their stigmatized identities. The distinct experiences that 2SLGBTQ+ people face, including victimization, prejudice, and discrimination, are disproportionately compromising their mental health and well-being (Gnan et al., 2019). Furthermore, research also shows that 2SLGBTQ+ communities are more likely to experience thoughts of suicide than their heterosexual counterparts due to abuse, hopelessness, low self-esteem, low social support, and negative social relationships (Gnan et al., 2019).

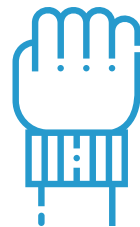
Prevalence of Mental Health Crisis

Shockingly and unfortunately, in 2019, police reported 41% more hate crimes related to sexual orientation compared to the year prior (StatsCan, 2021). 32% of sexual-minority Canadians stated that their mental health is poor or fair in 2019 data (up from 11% in 2018) and 41% were diagnosed with an anxiety disorder (up from 16% in 2018) (StatsCan, 2021). Focusing on youth, evidence shows that depression and anxiety disorders are up to three times more common in young LGB people than in their heterosexual youth counterparts (Lucassen et al. 2017; Plöderl and Tremblay 2015). Young LGBTQ people are at even greater risk for poor mental health than older LGBTQ adults. Specifically focusing on the post-secondary, a recent UK-based study found that 33% of first-year college students from 8 different countries who identified as members of 2SLGBTQ+ communities had experienced suicidal ideation in their lifetime, compared to 16.4% of total post-secondary students surveyed in Canada (American College Health Association, 2019).

Similarly, Canadian studies have found that LGB youth were approximately five times more likely than their heterosexual peers to report suicidal ideation, and over two times more likely to have attempted to end their own lives within the last year (Egale & L'École de Santé Publique de L'Université de Montréal, 2021).

Resilience and Community Response

2SLGBTQ+ communities have been and continue to be resilient. Though 2SLGBTQ+ communities have endured hatred, violence, homophobia, biphobia, and transphobia, these same communities, both collectively and individually, have fought for and earned rights, freedoms, and protections under Canadian law. Resilience has been and continues to be an important part of 2SLGBTQ+ mental health and supporting the development of that resilience is a key component to a thriving sense of well-being.



When members of 2SLGBTQ+ communities find safe spaces to talk about their experiences, challenges, and their mental health and well-being, they can experience feelings of security, growth, and an opportunity to heal. For example, a research study by Revilla (2010) highlighted the experiences of queer women of color in a university safe space and their support by a collective of women called “Raza Womyn”, allowing them to discuss issues they faced and have conversations that they could not openly have with their families or within their cultural contexts (Revilla, 2010). When these women felt that they had a safe space within their university, they began the process of growth and consciousness-raising which became the ultimate source of strength for this group.

But more than education and raising awareness, the concept of a ‘safer space’, as seen in the example of *Raza Women*, included feelings of love, hope, fun, security, and intimacy. The creation of spaces for coping and connection with community members can counter some of the stresses that come from navigating hostile and/or anti-queer environments (Gilmour, 2019).

Hetero-normativity and Cis-normativity on Campus

There has been a growing number of research studies that illustrate the importance of post-secondary institutions providing a welcoming climate of inclusivity to all students to increase their sense of belonging in school. Research shows that when schools invest in making their campus climate positive, welcoming, and safe for LGBTQ students, those students are more likely to be involved in campus co-curricular activities and contribute to positive self-growth and development (Pryor, 2018).

Preston and Hoffman developed the concept of the *Traditionally Hetero-gendered Institution* (THI) which posits that school campuses and climates have been shaped by and for straight individuals, who to some extent are supportive of LGBTQ programs but have a very limited view of LGBTQ students' success and stories (Pryor, 2018). Because LGBTQ students are 'othered' and are often viewed as students who 'need to be saved', the THI concept highlights that even today, institutions are operated from a cis-gendered point of view despite the various policies and diversity programs currently in place. The THI concept is an important framework for considering and understanding how institutions' policies, practices, and processes exclude minoritized students and how such traditions can be dismantled to center the experiences of 2SLGBTQ+ students, faculty, and staff members.

Through progressive policies and the adoption of equity, diversity, and inclusion principles, there has been substantial progress and positive change for 2SLGBTQ+ learners and educators. However, though schools have diversity offices and there are human rights laws in place, they do little to reduce microaggressions, or address the fact that learners and educators can often feel isolation and a sense of unease in a hetero-/cis-gender normative climate (Beagan et al., 2020). Research shows that homophobia, biphobia, and transphobia remain rampant in Canadian schools, and typical campus environments are not overly welcoming or affirming for 2SLGBTQ+ students (Pryor, 2018). One outcome of this climate is the reluctance of many students and faculty to 'come out' and remain uncloseted to have a more positive experience on their campuses (Dentato et al., 2014). Furthermore, most post-secondary institutions in Canada have a 'pervasive culture of closeted-ness' where you are presumed straight/cis-gender unless proven otherwise (Beagan et al., 2020).



Post-secondary cultures and perceptions of safety

Much like the SSPPS findings on 2SLGBTQ+ experiences of violence, research suggests that microaggressions towards 2SLGBTQ+ communities are pervasive in Canadian post-secondary institutions despite formal protections in human rights in Canada. These microaggressions lead to experienced isolation, tokenism, and marginalization (Beagan et al., 2020). The heteronormative culture of Canadian post-secondary institutions often goes unacknowledged and unexamined, and that can elicit feelings of discomfort and distrust (Dentato et al., 2014). Research on Canadian post-secondary schools showed that 34% of LGBT+ students felt like they didn't belong, compared to 28% of heterosexual students (Woodford et al., 2019). The study also showed that along with lower feelings of belonging, 20% of LGBT+ students reported feeling unsafe at night compared to 16% of cisgender heterosexual students.

To learn more about the Ontario-wide study on LGBTQ students on campus, check out the [LGBTQ Thriving on campus study](#) here

Overall, the challenge of understanding the needs of 2SLGBTQ+ students are real – there is a lack of accurate data on student sexual orientation and gender identity for most of our institutions at a national level. In relation to students, one research study highlighted the issues that 2SLGBTQ+ faculty face in their institutions – from feelings of isolation to the risk of losing credibility and response, poor teaching evaluations, and false accusations of relationships with students. Furthermore, isolating from the campus community was their coping strategy, and faculty preferred to connect with outside queer communities for emotional support rather than seeking support at work (Beagan et al., 2020).

Intersecting identities and additional barriers

“Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects.” – Kimberlé Crenshaw

According to the World Health Organization, social determinants of health are the non-medical factors that have an impact on an individual’s health. The World Health Organization highlights the impact of health inequity on our social determinants of health – housing, food security, discrimination, and racism, and access to adequate medical services, among other factors. Studies have shown that the social determinants of health often account for 30-55% of health outcomes, suggesting that they can be more important than some other societal and individual health factors (World Health Organization, 2022).

This section of the toolkit will look at how the social determinants of health are impacted by the unique experiences of the multiply marginalized identities under the larger 2SLGBTQ+ umbrella.



Indigenous Queer Experiences

“Colonialism is a process with a long history, and mental health services and values in Canada have been informed by the colonial foundations of the nation (Nelson, 2012)”

The legacy of colonialism and the colonization of Indigenous peoples in Canada cannot be ignored as a deeply rooted contributor to the mental health of Indigenous people today (Nelson, 2012; Lavallee & Poole, 2009) and has been acknowledged by some as the source of a collective form of historical trauma and Post-Traumatic Stress Disorder (PTSD) (Robertson, 2015). It is important to acknowledge the harmful impact of continued oppression and societal inequities on the social determinants of Indigenous health, and how they can in turn create more challenges and barriers to other health determinants (Nelson, 2012). Indigenous respondents to a 2019 Statistics Canada survey on sexual orientation and mental health reported significantly lower odds of complete mental health when compared to white Canadians in unadjusted models (Gilmour, 2019).

The colonial history of mental health contributes not only to inequity in perceptions and understandings of the mental health of Indigenous peoples (Nelson, 2012), but has also framed and “explained” queer Indigenous identities in ways that were neither applicable nor accurate to the many cultural expressions of Indigenous gender and sexual fluidity.

For further understanding of the larger impact of colonialism on mental health, please read the [Anti-Oppressive Practice Pt. 2 Toolkit](#) (coming February 2023).



Queer Indigeneity

The term Two-Spirit (alternatively styled as 2-Spirit or 2S), was proposed by Myra Laramée in 1990 at the Third Annual Intertribal Native American, First Nations, Gay and Lesbian American Conference. The term is derived from the Anisnaabemowin term *niizh manidoowag* meaning two spirits (Filice, 2018; Fewster, 2018), and adopted as a self-identifying term, and replacement for offensive colonial terms previously used to define queer and gender non-conforming Indigenous people (O'Brien, 2009). Though the term is often used by some Indigenous folks to represent their identity, whether spiritual, sexual and/or gender (Filice, 2018; Rainbow Health Ontario, 2016), it is important to note that definitions of Two-Spirit can vary from nation to nation, and the term is not used by all queer Indigenous people to identify themselves (Rainbow Health Ontario, 2016). Many queer Indigenous people can and do identify with other queer identities, in addition to, or instead of Two-Spirit.

Experiences of Racialized Queer Students

Anti-racism is “An active and consistent process of change to eliminate individual, institutional and systemic racism” (Alberta Civil Liberties Research Centre, 2021).

The Alberta Civil Liberties Research Centre (2021) expands on their definition of the process of anti-racism, highlighting that it involves addressing the structures (both individual and structural) that uphold the power imbalances informed by racism and racial prejudice. Though the majority of Canadians of all ages agree that racism is a serious problem (Bricker, 2020), a 2020 IPSOS poll showed that 40% of Canadians view racism as an American issue (Bricker, 2020; Burke et al., 2021).

Though Canadian society emphasizes our multiculturalism, systemic racism and discrimination continue to negatively impact the lives of racialized individuals (Cotter, 2022). In his article for Statistics Canada, Cotter (2022) acknowledges the pervasive nature of racial discrimination and race-based violence, and its ability to not only impact the individual experiencing racism but also to impacts the wider communities they belong to as well.

Appreciating the intersections of identities is done by acknowledging that humans experience the world through the perspectives of those multiple identities fully and simultaneously. This allows for a deeper appreciation of the nuances of racialized experiences – there is no universal experience. Working to dismantle the narratives that unfairly conflate the experiences of all racialized people is integral to forming a better understanding of those experiences (Whitfield et al., 2014; Burke et al., 2021; Lawson, 2020; Gajaria et al., 2021).

Racism and Mental Health

A 2016 report by the Mental Health Commission of Canada showed that 20% of the population identified as a member of a racialized group, the majority of whom identified as South Asian (Mckenzie et al., 2016). But despite the increase in population, there continues to be evidence of increased negative mental and physical health outcomes among racialized individuals (Mckenzie et al., 2016), which some argue may be due in part to discrimination and racism imbedded in health care systems (Whitfield et al., 2014). Exposure to stressors like cultural expectations and racism are among some of the factors that can negatively impact the mental health of racialized queer people, and dismissive responses from people in support roles can result in less help-seeking actions to address their mental health challenges (Whitfield et al., 2014; Mckenzie et al., 2016; Gajaria et al., 2021).

***For more information on how culture impacts mental health read [CICMH's infosheet](#) on the topic**

When looking at the intersectional experiences of racialized queer people, research has shown that queer people of colour carry multiple marginalized identities, and often experience racism in queer communities, and queerphobia in racialized communities (Veldhuis, 2022; Whitfield et al., 2014). Though LGBTQ+ Canadians (19-40%) are more likely than heterosexual Canadians (11%) to be diagnosed with mood or anxiety disorders (Government of Canada, 2019; Woodford et al., 2019), these statistics don't speak to the differences in prevalence of mental health challenges that exists between various racialized queer individuals and their white peers.

Researchers found that the addition of social stressors that racialized queer people face contributes to higher instances of depression and higher rates of suicidal ideation than their white queer counterparts (Whitfield et al., 2014; Rainbow Health Ontario, 2013). Racialized people, specifically those identifying as Black, South Asian, and East Asian – Japanese, Chinese and Korean, were 60%, 85% and 74% less likely, respectively, to seek mental health support than white Canadians (Mckenzie et al., 2016). Though instances of accessing support is lower, when they do seek mental health support, racialized people are more likely to have their experiences of racial discrimination ignored by mental health professionals (Gajaria et al., 2021).

The percentages provided are from Statistics Canada which limited their data to Lesbians, Gay Men, and Bisexual men and women. People who could not categorize themselves into these identities were excluded from the research.

When looking at the mental health and experiences of racialized people and those of wider queer communities, the challenges that exist in the intersection of racial identity and queer identity become clearer. Addressing these barriers and challenges involves examining the role that mental health supports play in perpetuating racism, racial prejudices, and biases that adversely impact perceptions of safety in seeking care. Addressing issues of representation in mental health supports can help build trust among racialized queer students seeking support by including professionals who are more likely to empathize with or relate to their experiences (Mental Health Commission of Canada, 2021).

Queer Identity and Disability

“There is no thing as a single-issue struggle because we do not live single-issue lives.”
– Audre Lorde

When looking into the intersections of queer identities, it is important not to replicate patterns that downplay the impact of disability. Much like the quote above notes, queer people are often navigating multiple challenges simultaneously, and additional factors like manifestation of disability, visibility/invisibility of disability, and other identity markers will all have an impact on how these intersections are navigated.

A few studies have investigated external perceptions of disability and mental health and the ways that it impacts the lives of post-secondary students. In 2015, Gonzales et al. identified 5 themes in the types of dismissive and aggressive behaviours experienced by people with mental health challenges. These included invalidation and patronizing behaviours, assumptions of inferiority and a lack of agency, fear that mental illness makes the person dangerous, shaming, and second-class citizenship (Miller & Smith, 2020). Through their research, they were able to identify additional themes, some of which overlap with the noted experiences of the participants in Miller and Smith’s study, and some that were uniquely reported by their participants. The unique domains were denial of identity, denial of privacy, helplessness, and desexualization (Miller & Smith, 2020).

Disability on Campus

The intersections of 2SLGBTQ+ identity and disability present another area of overlap where experiences of oppression, and societal and structural barriers can become exacerbated. Participants in Miller and Smith’s (2020) study noted that a lack of visibility of their disabilities and the privileges afforded to them by some of their other identities were able to protect them from certain experiences of discrimination on campus.

Another challenge present on campus for 2SLGBTQ+ students with disabilities is the attitudes of professors, which can have a profound impact on student success (Freer & Kaefer, 2021). Although in Ontario, knowledge of the Accessibility for Ontarians with Disabilities Act (AODA) is required and establishes a consistent foundational knowledge among post-secondary professors, research has shown that there can be inconsistencies between attitudes and actions (Freer & Kaefer, 2021). Research conducted by Sniatecki and colleagues (2015) showed that people tend to hold more positive attitudes towards visible disabilities than they do invisible disabilities (Freer & Kaefer, 2021). Navigating the potential barriers that exist for 2SLGBTQ+ students with invisible or inconsistently visible disabilities can be compounded if they are already less likely to seek support on campus.



Trans* and Gender Diverse Experiences

"It is revolutionary for any trans person to choose to be seen and visible in a world that tells us we should not exist." – Laverne Cox

According to Statistics Canada (2022), Ontario is home to roughly 39% of Canada's trans* population, though some advocates argue that the actual number may be higher due to the reluctance of some to disclose, and some reports of aversion to the phrasing and collection method (Spectrum & Wisdom2Action, 2021; Statistics Canada, 2022). Much progress has been made to affirm the rights and safety of trans* people in Canadian law, but it is important to acknowledge the barriers and violence trans* people continue to face, and how that impacts the mental health and well-being of these communities.

Much like the findings from Statistics Canada, trans* individuals report experiencing more verbal harassment, physical harassment, and psychological distress than their cisgender peers on post-secondary campuses (Taylor et al., 2020; Goldberg, 2018). Research has found that trans* students tend to have fewer positive perceptions of their post-secondary environments compared to their cisgender LGBTQ peers (Taylor et al., 2020; Goldberg, 2018, Woodford et al., 2019). Experiences of discrimination, violence and harassment on campus not only contribute to lower self-esteem and poor mental health outcomes for trans* students (Taylor et al., 2020), but research has also found that trans students who experienced acts of victimization on campus were three times more likely to contemplate leaving their institutions (Woodford et al., 2022; Goldberg, 2018).

Post-secondary campuses have the potential to act as mitigators or barriers to the mental health and well-being of trans* students (Goldberg, 2018; Laidlaw, 2020). Though instances of interpersonal conflict (isolation, bullying, harassment, etc.) contribute greatly to negative mental health outcomes for trans* students on campus (Taylor et al., 2020), so can structural barriers (Goldberg, 2018) that uphold cisnormativity and reinforce anti-trans* stigmas.

**For information on why we use the asterisk, see the glossary entry [here](#)*

Barriers to Access

Stigma and anti-trans* sentiment have a long history on post-secondary campuses, and though there is a requirement for institutions to comply with anti-discrimination laws, many trans* students choose not to utilize certain campus resources, participate in activities, or access services due to fear of violence, discomfort, or discrimination (Laidlaw, 2020; Spectrum & Wisdom2Action, 2021).

Studies have shown that “gender policing” continues to be an overt form of discrimination, that sees trans* students denied access to bathrooms, gym locker rooms and, in some cases, appropriate student housing (Laidlaw, 2020; Goldberg, 2018). The frequency of anti-trans microaggressions was linked to negative academic outcomes, and denial of access to gender-affirming-spaces such as bathrooms, locker rooms, and housing was associated with higher risks of suicidality among trans* post-secondary students (Goldberg, 2018).

There is evidence that suggests that trans* people are one of the most medically underserved populations in Canada, with 48.9% of respondents in a study of trans* healthcare in Ontario reporting having had at least one unmet health need the year prior (Giblon & Bauer, 2017). Many health professionals are not knowledgeable of the practices and procedures commonly desired or required to support the physical and mental health of trans* people. Research has shown that many trans* people in Ontario actively avoid seeking medical care due to fear of anti-trans sentiments, denial of healthcare, and medical gatekeeping, which are common barriers faced by trans* people (Giblon & Bauer, 2017; Spectrum & Wisdom2Action, 2021).

Mental health outcomes are another area in which trans* people experience higher rates of challenges and diagnoses than both their LGBT and heterosexual cis-gender peers (Veale et al., 2017; Taylor et al., 2020; Woodford et al., 2019). Many studies have shown that Trans* students are more likely to report feelings of depression, suicidal ideation, and feelings of overwhelm, as well as being diagnosed with eating disorders than cisgender students (Goldberg, 2018; Woodford et al., 2019; Spectrum & Wisdom2Action, 2021). Much like the other identities highlighted in this section, 2SLGBTQ+ student experiences of discrimination can

be exacerbated or mitigated by their other intersecting identities (Woodford et al., 2016; Miller & Smith, 2020), but can also be influenced by the campus climate, lack of support from staff and faculty, and reluctant attitudes towards dismantling transphobic stigmas (Woodford et al., 2016; Goldberg, 2018; Laidlaw, 2020).



Recommendations to better support 2SLGBTQ+ Students on Campus

As 2SLGBTQ+ students are becoming more comfortable being visible, it is now more important than ever to look at the needs of the student populations, how those needs are evolving, and examine how to improve access and dismantle barriers on campus.

1. Decenter hetero-normativity and cis-normativity

Reviewing data collection methods can be useful to ensure that the information being collected is relevant to the services being provided and informing students of how the information will be used. For more information, review the CICMH webinar on compassionate data collection review data collection method.

[Compassionate Data Collection: Promoting Equity in Evaluation](#)

In this webinar, Dr. Deb Chiodo from CAMH and Daniel Murcia Monroy from Casey House talk about why we should be collecting demographic data and how this data can be effectively used to promote equity in supporting students with their mental health.

Other changes that can help decenter cisgender and heterosexual normativity is the creation of de-gendered spaces such as gender-neutral bathrooms, locker rooms, and student housing. Ensuring that enough of these spaces are installed across campus increases student access and can help build a more inclusive and welcoming campus climate for 2SLGBTQ+ students.

Another important recommendation is to develop strategies to eliminate the “dead naming” of trans* students on campus – both in classes and on official documentation (Goldberg, 2018).

Note: To learn about “dead naming”, visit the toolkit glossary page.

2. Support 2SLGBTQ+ Staff and Faculty

Research has shown that queer staff and faculty also encounter bullying and harassment based on their gender and/or sexuality (Veldhuis, 2022; Statistics Canada, 2020; Whitfield, 2014). Bolstering anti-oppressive practices and policies to protect queer staff and faculty can help to develop a campus culture that supports and encourages safety in 2SLGBTQ+ visibility.

Staff development workshops facilitated by queer organizations can help to increase the knowledge base and support the development of a more inclusive campus

- [Education & Training | Rainbow Health Ontario](#)
- [Training & Workshops - Egale](#)
- [Education and Training Services - The 519](#)

3. Build community connections

Developing referral partnerships with community organizations that have knowledge and capacity to support specific student needs that may not be addressed through on-campus services.

For further supports, check out our [Campus-Community Partnerships toolkit](#)

Community connections can also be built on campus through the development of services that focus on the specific needs of minoritized queer identities.

4. Champion Student Initiatives

Supporting 2SLGBTQ+ student-led programs and services that are addressing the needs of their peers. Having dedicated spaces for queer students to connect with and receive support from their peers gives them the opportunity to build community and foster resilience. Championing these groups and programs can help build trusting relationships that are integral to student perceptions of safety on campus.

5. Incorporate a co-design model into your practices when possible

Consulting with queer communities and student groups when developing initiatives to address their on-campus experiences can help ensure that your programs meet the needs of the target populations. Co-design can be an act of allyship – To learn more, CICMH has a webinar on Engagement and Co-Design.

[Engagement and Co-design webinar](#)

In this webinar, Support House's Centre for Innovation in Peer Support provides valuable insights utilizing their expertise in lived, living, family & caregiver experience within mental health and substance use/addictions.

6. Recognize the importance of language

Language evolves at a community level. A great way to support 2SLGBTQ+ students on campus is looking towards their communities for guidance on how to use terminology that not only speaks to their experiences but also respects their realities. It is important to note that there is no one-size-fits-all when it comes to queer terminology, and different communities (and individuals) may have different approaches and uses for certain terms. Consulting on-campus groups, community agencies, or the resources in this toolkit are good places to start.

Another way to support 2SLGBTQ+ students is to ensure that the language being used to outreach to or relay information about these populations speaks specifically to those communities. Avoid conflating the experiences of different communities, speak specifically to the populations you are addressing.

Address the specific healthcare needs of trans* students

Many trans* and gender variant students don't have access to gender affirming healthcare. Staff education on trans* health and building out supports to help trans* and gender variant students navigate health care systems and supporting access to resources for specific needs (e.g.: medical transitioning, gender marker changes, sexual health information, etc.) can help build trust and challenge barriers trans* students may otherwise face.

For more information on how to support Trans* students review the following resources:

- [Trans Suicide Prevention and Mental Health Promotion Toolkit](#) by Wisdom to Action and SPECTRUM Waterloo.
- [LGBTQ Thriving on Campus Study](#)

On-Campus Supports for Students



Though there are still barriers to be addressed, many post-secondary institutions have been actively trying to meet the needs of students and affect change on their campuses. While 2SLGBTQ+ people are not a monolith, and the impact of the interconnectedness of certain identities often goes unaddressed, strides being made in post-secondary spaces, and campuses across Ontario continue to move toward equity and understanding. Below are some examples of programs on Ontario post-secondary campuses designed to meet the needs of some 2SLGBTQ+ communities.

Institutional Initiatives

[Gender & Sexual Diversity Taskforce & Survey \(Sheridan College\)](#)

The Gender and Sexual Diversity Taskforce (GSDT) is a voluntary advisory body made up of staff and students mandated to assess the needs of the campus community. This taskforce reports on gaps and themes to support Sheridan's efforts to build a more inclusive campus.

[Trans Care Team \(Western University\)](#)

This team is comprised of clinicians from Student Health Services and Psychological Services who provide 2SLGBTQ+ affirming counseling and medical care. The clinicians receive training from Rainbow Health Ontario and are undertaking a new initiative to identify and address the unique systemic barriers affecting Trans students (Project IMPACT).

[2SLGBTQIA+ Awareness Training \(George Brown College\)](#)

George Brown currently offers 2SLGBTQIA+ Awareness training to employees and students at regular intervals and upon request. This training program offers an opportunity for staff and students to learn language and gain tools to employ anti-oppressive principles and challenge homophobia and transphobia on campus.

[Your Journey: A Career Guide for Trans and Nonbinary Students \(University of Toronto\)](#)

A career exploration resource for Trans* and nonbinary students to help mitigate challenges in navigating workplaces. This resource was developed at the request and collaboration with trans* students and alumni. The guide can be downloaded [here](#)

[Free Chest Binders and Breast Forms Program \(Brock University\)](#)

Brock students have access to gender affirming gear purchased and provided by the Student Justice Centre. Information on how to safely use binders is also made available to students.

[University of Toronto Mississauga Campus - Women & Gender Equity Centre](#)

The Women & Gender Equity Centre (WGEC) strives to make our campus safer and more accessible for female, trans, and non-binary students, through offering of general peer support, providing students with the opportunity to voice their concerns, struggles, and seek appropriate remedies.

Student-Led Initiatives

This section has been intentionally separated to acknowledge and highlight the innovative undertakings of campus community members. The creation of these student initiatives and groups can be seen as students highlighting the needs and wants of their specific communities that may not have been met on campus at the time of their creation. If you are looking for ways to support queer students on Ontario campuses, initiatives like those in the list below and the students involved deserve to be recognized for their efforts to fill those gaps.

[Q.B.A.C. \(Queer, Black, African and Caribbean\) \(Humber College\)](#)

This group is dedicated to focus on and hold space for the experiences of LGBTQ+ students from the African Diaspora, through facilitated conversations, resource sharing and community building and exploration.

[Rainbow Ottawa Student Experience \(ROSE\) \(originally Carleton University, now all of Ottawa\)](#)

ROSE, which began as a Discord server in April 2020, started as a social group for 2SLGBTQ+ Carleton students feeling isolated by the pandemic. The group has since grown to provide support for queer and trans youth across Ottawa, facilitating events and organizing actions against homophobia and transphobia in Ottawa.

[RU Trans Collective](#)

A student-run collective which aims to create a safer space for trans students at Toronto Metropolitan University, and challenge transphobia, cissexism, transmisogyny and binarism at the university and beyond.

[LGBTOUT](#)

LGBTOUT is the oldest LGBTQ+ student organization in Canada. It is volunteer-run and advocates for the LGBTQ+ community at the University of Toronto, providing a safe and inclusive space, resources, and programming for LGBTQ+ students at U of T.

[Sc:OUT](#)

Sc:OUT is a similar support program to LGBTOUT for students at University of Toronto's Scarborough Campus.

Helpful Community Resources

[Egale Canada](#)

Egale Canada is a national organization providing research, education, awareness, and by advocating for human rights and equality in Canada and around the world.

[LGBT Thriving on Campus](#)

Thriving on Campus is a multi-year study that explores the experiences, strengths, well-being, and academic development of diverse LGBTQ2S+ university students throughout Ontario.

[Rainbow Health Ontario](#)

A program of Sherbourne Health, Rainbow Health Ontario creates opportunities for the healthcare system to better serve 2SLGBTQ communities.

[Wisdom to Action](#)

Wisdom2Action (W2A) is a social enterprise and consulting firm specializing in community engagement, creative facilitation, research and evaluation, knowledge mobilization and equity, diversity and inclusion.

Acknowledging the gaps

Through the creation of this toolkit, especially when addressing intersectionality and the impacts of race on mental health, we noticed that there are many aspects of queer identity that are not factored into the findings.

As with any research, there needs to be an acknowledgement of the diversity in groups of people. It is important to reflect upon these differences when discussing and researching 2SLGBTQ+ populations. This section speaks to the gaps in the literature that have yet to be addressed.

Gender Diversity

Many studies look at gender as binary (Man/Woman). This reduces the results to a particular grouping of individuals whose responses are not necessarily the same as those who identify as non-binary, bigender, agender, or elsewhere on the Trans* spectrum.

Sexuality

Much of the literature looking at the experiences of queer people focuses on the experiences of Lesbians, Gay men, and Bisexual individuals. Research on the experiences and mental health needs of people identifying elsewhere along the sexuality spectrum can be useful in speaking to a range of queer experiences.

Queer Indigeneity

Though research exists on Two-spirit identities, much of the literature ignores queer Indigenous experiences that exist outside of that identity. Acknowledging and researching the variety of Indigenous queer experiences can aid in the development and improvement of supports for Indigenous queer people.

Experiences of Racialized Queer people

Much of the literature speaks to the experiences of queer mental health does not address the impact of race on the mental health of queer individuals. The lack of data on the mental health of racialized queer populations reinforces the misconception that queer communities are homogenous and ignores the impact race has on both queer identity and mental health.

Investigating the experiences of people with these identities, and others not named, as this is by no means an exhaustive list, can help to provide a more inclusive look at the mental health of queer and trans* students on campus.



Glossary of Terms



2SLGBTQ+ - Two Spirit, Lesbian, Gay, Bisexual, Trans, Queer (or Questioning), Intersex, Asexual. The placement of Two Spirit (2S) first is to recognize that Indigenous people are the first peoples of this land, and their understanding of gender and sexuality precedes colonization. The ‘+’ represents all the new and growing ways we become aware of sexual orientations and gender diversity.

Ally - A person with particular privileges who is guided by oppressed communities and learns how best to fight oppressions, like ableism, ageism, audism, classism, homophobia, transphobia, racism, sexism, etc.

Allyship - An active, consistent [and arduous] practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalized group.

Barrier - A belief, policy, practice, object, or environment that prevents or limits people’s access to opportunities, benefits, or advantages available to other members of society.

Closeted – A term used in reference to someone who is unwilling or in many cases unable to be open with others about their 2SLGBTQ+ identity or identities.

Coming out – or “Coming out of the closet” is a common term used when someone has chosen to share their 2SLGBTQ+ identity or identities with others.

Dead naming – The act of willfully or accidentally referring to a Trans* person by a name they no longer identify with – this can be a triggering experience and a source of emotional distress.

Gender Policing – The act of imposing or enforcing normative gender expressions on an individual who is perceived as not adequately performing these via their appearance or behavior, the sex that was assigned to them at birth.

Invisible disabilities – An invisible disability is a disability that is not immediately noticeable. These can include brain injuries, chronic pain, mental illness, gastro-intestinal disorders, and much more.

Intersectionality – The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. This term was coined by Kimberlé Crenshaw in 1989.

Microaggression - Microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative slights, invalidations, and insults to an individual or group because of their marginalized status in society. This term was coined in 1970 by psychologist Chester Pierce to speak to the subtle instances of racism experienced by Black people and was later used to explain slights experienced across multiple groups (University of Colorado Boulder, 2021; Williams et al., 2021).

Othering – Othering is a phenomenon where individuals or groups are labeled as not fitting in. This often involves attributing negative characteristics to people or groups that differentiate them from the perceived normative social group.

Outing – The act of disclosing someone else’s 2SLGBTQ+ identity or identities with other people without their consent.

Prejudice – A negative opinion formed about a person without looking at all the facts.

Privilege – Advantages given to some people, but not others, based on their identity or position in society. People are not always aware of the privileges they have until they learn that someone else does not have that same privilege.

Queer – A widely reclaimed identity marker for many 2SLGBTQ+ individuals. Often used as an umbrella term for 2SLGBTQ+ folks or as an identity in-and-of itself, it is important to note that this term may still be offensive to some, (especially to some 2SLGBTQ+ elders).

Race - Race is a social and political construct that groups people together based on their physical similarities such as skin colour, hair colour and texture, and other physical features. These categories have no proven scientific basis and society invents and manipulates them when convenient (Dismantling Racism Works, 2021; Alberta Civil Liberties Research Centre, 2021).

Racialized - A term used to refer to Black, Indigenous, and People of Colour (also called “BIPOC”) that is used to highlight that “race” is a socially constructed category with political meaning.

Racialization is the process by which those with more power in society place their perceptions and attitudes around what it means to belong to a race upon racialized people.

Racism – Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race – racism is different from racial prejudice, hatred, or discrimination. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices (Dismantling Racism Works, 2021; Alberta Civil Liberties Research Centre, 2021; Australian Human Rights Commission, 2014).

Racism is ordinary, the "normal" way that society does business, the "common, everyday" experience of most racialized and Indigenous communities and people in this country and abroad. Racism is more than just prejudice in thought or action. (Dismantling Racism Works, 2021; Alberta Civil Liberties Research Centre, 2021; Australian Human Rights Commission, 2014).

Power – Is the “ability to influence others” in addition to having “access to resources, access to decision-makers to get what you want done, [and] the ability to define reality for yourself and others (Alberta Civil Liberties Research Centre, 2021).

Safe(r) Space – A term used to highlight that a given environment is one that prioritizes the emotional and physical safety of those in it. *note: Using the term Safer instead of safe acknowledges the intention without assuming that we can know what would ensure someone else’s safety.

Social Determinants of Health – The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Social location – The combination of factors including gender, race, social class, age, ability, religion, sexual orientation, and geographic location. This makes social location particular to each individual; that is, social location is not always exactly the same for any two individuals.

Trans* - Because the term Trans is being used as an umbrella term in this context, the asterisk on the term Trans is used to acknowledge that not all gender diverse people identify as transgender.

Whiteness – A pervasive ideology based on beliefs, values, behaviours, and attitudes rooted in European colonialism that results in the unequal distribution of systemic and interpersonal power and privilege based on skin colour.

For more terms and/or information on how to incorporate anti-oppressive frameworks into your work practices , read CICMH’s [Anti-Oppressive Practice Toolkit](#).

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