

Being Safe, Being Me in British Columbia

Results of the Canadian
Trans Youth Health Survey



THE UNIVERSITY OF BRITISH COLUMBIA

School of Nursing



SARAVYC

BEING SAFE, BEING ME IN BRITISH COLUMBIA

Results of the Canadian Trans Youth Health Survey

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The photographs in this report are of some of the research team members, trans youth, their families, and allies. The photographs were taken in Vancouver, B.C. in July 2014 and March 2015, by Martin Dee.

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Executive Summary

The Canadian Trans Youth Health Survey was a national online survey conducted by researchers from several Canadian universities and community organizations. The survey included somewhat different questions for younger (14-18 years) and older (19-25 years) trans youth about a wide range of life experiences and behaviours that influence young people's health. This report is focused specifically on trans youth who live in British Columbia, who made up 23% of the total respondents. This regional report is an overview of survey results.

KEY FINDINGS:

- While the majority of trans youth reported living in their felt gender at least part of the time (90%), only about half lived in their felt gender full time (53%).
- More than two thirds of participants reported discrimination because of their gender identity (66% of younger trans youth and 78% of older trans youth) and half reported discrimination due to their physical appearance (45% of younger trans youth and 66% of older trans youth). Safety, violence exposure, and discrimination were major issues for participants.
- Most younger trans youth (75%) reported sexual harassment; almost half of younger participants had been physically threatened or injured in the past year (44%); and nearly half of older trans youth reported some form of cyberbullying (minimum of 49%).
- Family relationships are important. While trans youth generally reported feeling that their parents cared about them, 42% of younger trans youth reported their family did not understand them at all, and about half of older trans youth did not have anyone who understands their problems most or all of the time (52%).
- Mental health issues were a significant concern. Over half of trans youth reported self-harm in the past year (61%). Two-thirds reported serious thoughts of suicide (66% of both younger and older trans youth); and almost 1 in 3 younger youth had attempted suicide (32%).
- Many trans youth reported missing needed health care during the past year: 29% of younger trans youth missed needed medical care, 84% of younger trans youth missed needed emotional or mental health services, and 80% of older trans youth missed general health care.
- Over half of trans youth with a family doctor said their current family doctor knew about their trans identity (56%). However, only 16% of trans youth with a family doctor felt 'very comfortable' discussing their trans status and

trans-specific health care needs. Even fewer (8%) felt very comfortable at walk-in clinics.

- Poverty and hunger was also an issue for some trans youth: 23% of younger trans youth reported going to bed hungry because there was not enough money for food at home, and over a third of older trans youth reported going hungry in the past year because they could not afford food.
- More than a third of younger trans youth reported they had run away from home in the past year (35%).

Based on the health challenges faced by trans youth in our survey, as well as the clear health benefits reported by those who had supportive relationships and could live safely in their felt gender, there are a number of recommendations that emerge from these findings:

- **Support for families of trans youth:** Families are a key source of support. We need to improve outreach and support for families and other adults, to help them understand and support their trans youth, and to help trans youth feel safe at home.
 - **Safer schools:** Schools and school districts should work with trans youth, their parents, trans community leaders, and professionals to develop effective policies and programs to create supportive school environments. Schools need to become safer and more welcoming for trans youth- even before these youth make themselves known to school staff.
 - **Knowledgeable and accessible health care services:** Healthcare providers and clinics should work with trans communities to ensure comprehensive and timely access to gender-affirming healthcare for trans youth. Professionals from all health care disciplines need further training to improve their ability to offer high quality care, including discipline-specific training in protocols for addressing trans youth health issues.
 - **Engage trans youth and their families in the solutions for change:** The 209 trans youth in British Columbia who shared their health experiences are the experts at identifying the challenges they face. They should have a voice in making changes in the environments they navigate, to support their being and their becoming, their growth and their transition to adulthood.
-

Introduction

There is growing awareness in Canada that gender does not always match sex assigned at birth, and that people may be transgender or transsexual. Gender also may not fit neatly into the two boxes of women/men or girls/boys. Some people identify with terms such as genderqueer, gender fluid, or even agender. We have chosen to use the word *trans* in this report to describe youth whose gender identity and sex assigned at birth differ. While we acknowledge that this umbrella term does not fit for everyone, our intention is to be as inclusive as possible.

This survey is the first of its kind in Canada. Trans youth are increasingly visible in our communities, but not yet in population-based adolescent health surveys. One reason for this is that we don't yet know exactly how to ask questions about gender identity to get reliable answers from everyone.

We need to find ways for trans youth to self-identify on large-scale youth health surveys, and for both trans and cisgender youth (those whose gender identity aligns with the sex they were assigned at birth) to accurately answer health-related survey questions.

Existing research suggests that many trans people experience significant health and social challenges, but also have protective factors that help them to be resilient in the face of those challenges. Most of the questions in our survey focused on health outcomes, risks, and protective factors of trans youth. It is important to understand these health contexts in order to develop interventions that will improve their well-being. This report is intended to be a step toward documenting the challenges and resilience of trans youth in British Columbia, and to identify ways that future youth health research can better include this often overlooked population.



PURPOSE OF THE SURVEY

Our initial national report discussed preliminary findings from the first youth health survey to focus on trans youth. This report is the first one to report specifically on the trans youth among our participants who lived in the province of British Columbia. The original survey had two main purposes:

- Asking trans youth about the same wide range of health topics and influences on health that are asked in the general population of young people
- Trying several different questions about gender identity, and asking trans youth for their opinions about each, so that we could gain insight on what might be better ways to ask about gender

The Canadian Institutes of Health Research defines sex and gender as follows¹:

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender is usually conceptualized as a binary (girl/woman and boy/man) yet there is considerable diversity in how individuals and groups understand, experience, and express it.

“Thank you for making this survey and taking a[n] interest in helping out us trans folks!” - AGE 19²

¹ “Sex, Gender and Health Research Guide: A Tool for CIHR Applicants”, Canadian Institutes of Health Research. <http://www.cihr-irsc.gc.ca/e/32019.html>. Last modified 2017-11-28, retrieved 2017-12-14.

² All quotes in this report come from comments written by trans youth from B.C.

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METHODS

The Trans Youth Health Survey Research Team involves researchers from universities across Canada and from transgender and other community organizations that have experience with the health issues of gender diverse adolescents. Some of our researchers have lived experience as well. We also set up Trans Youth Advisory Councils (YACs) in British Columbia, Alberta, Ontario, and Nova Scotia, to contribute guidance to the research and help make sense of the results. Together we developed a questionnaire that included questions about all the various aspects of health and risk that most adolescent health surveys cover.

Most of the questions were drawn from existing youth health surveys in Canada or the United States, so that we might have general populations to compare our results against at some point. We created two versions of the survey, one

for younger trans youth (ages 14 to 18) and one for older trans youth (ages 19 to 25), with questions more specific to each age group. Many of the questions appeared on both surveys.

Because questions about gender identity have not been fully tested in other adolescent health surveys, we used several different questions that have been asked in clinical settings, or asked in adult surveys, so that we could try asking these questions in different ways. After each of these questions we also asked how well participants liked the question, and how well its response options fit them. We included a comment box for them to share more detailed comments, if they wanted to.

We developed the survey to be taken online, either on computer, tablet, or smartphone. The survey was available in both English and French. We spread the word about the survey through our YACs, through social media sites such



Members of the Trans Youth Health Survey Research Team

as Facebook and Twitter, as well as through the networks of LGBTQ youth organizations across Canada. We also shared the information with clinical services and health care providers in several provinces who work with trans and gender diverse youth, and some of those shared the link to the survey with their clients. Our study received ethics approval from several university ethics boards across Canada. The survey was open from October 1, 2013 to May 31, 2014.

Youth could participate if they were between the ages of 14 and 25, lived in Canada, and identified as trans or genderqueer, or felt that their gender didn't match their body. The survey was anonymous, but we asked for participants' province and postal code, and also checked the country location of their IP address. We excluded the few surveys that were completed from outside Canada when the participants did not say they were living in Canada. Because the survey could take up to an hour to complete, trans youth could save the survey and come back to complete it. When there were duplicate surveys from the same IP address,

it was usually because someone had started and stopped, then restarted later. When this was the case, and the question responses were also largely the same, we kept the survey with the most questions answered.

This report offers the first descriptive information and highlights the responses of both younger and older trans youth in British Columbia. Results have been rounded to the nearest whole percent. We tested comparisons between older and younger age groups for questions they both were asked. We also compared between provincial regions for all questions (with New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador combined as the Atlantic Provinces, and Saskatchewan and Manitoba combined as Prairie Provinces). Any comparisons reported are statistically significant unless otherwise noted.

We also provided comment boxes throughout the survey for trans youth to share their thoughts and opinions. The quotes included in this report are from those comments.

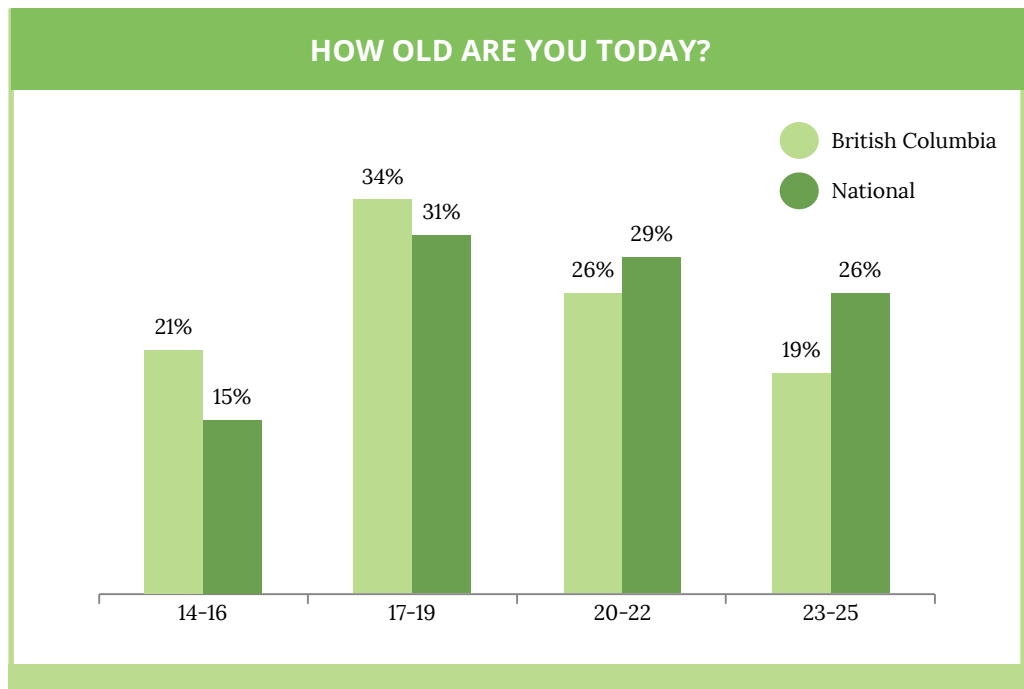
“... I am doing this survey because I feel [it] is important as someone who is trans* identified to say that institutions need to support trans* youth better; especially trans* folks of colour”

- AGE 22

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Who participated in the survey?

In total, 209 trans youth from British Columbia completed part or all of the survey. The average age of participants from British Columbia was 19 years old. Trans youth age 18 or younger represented 41% of all participants.

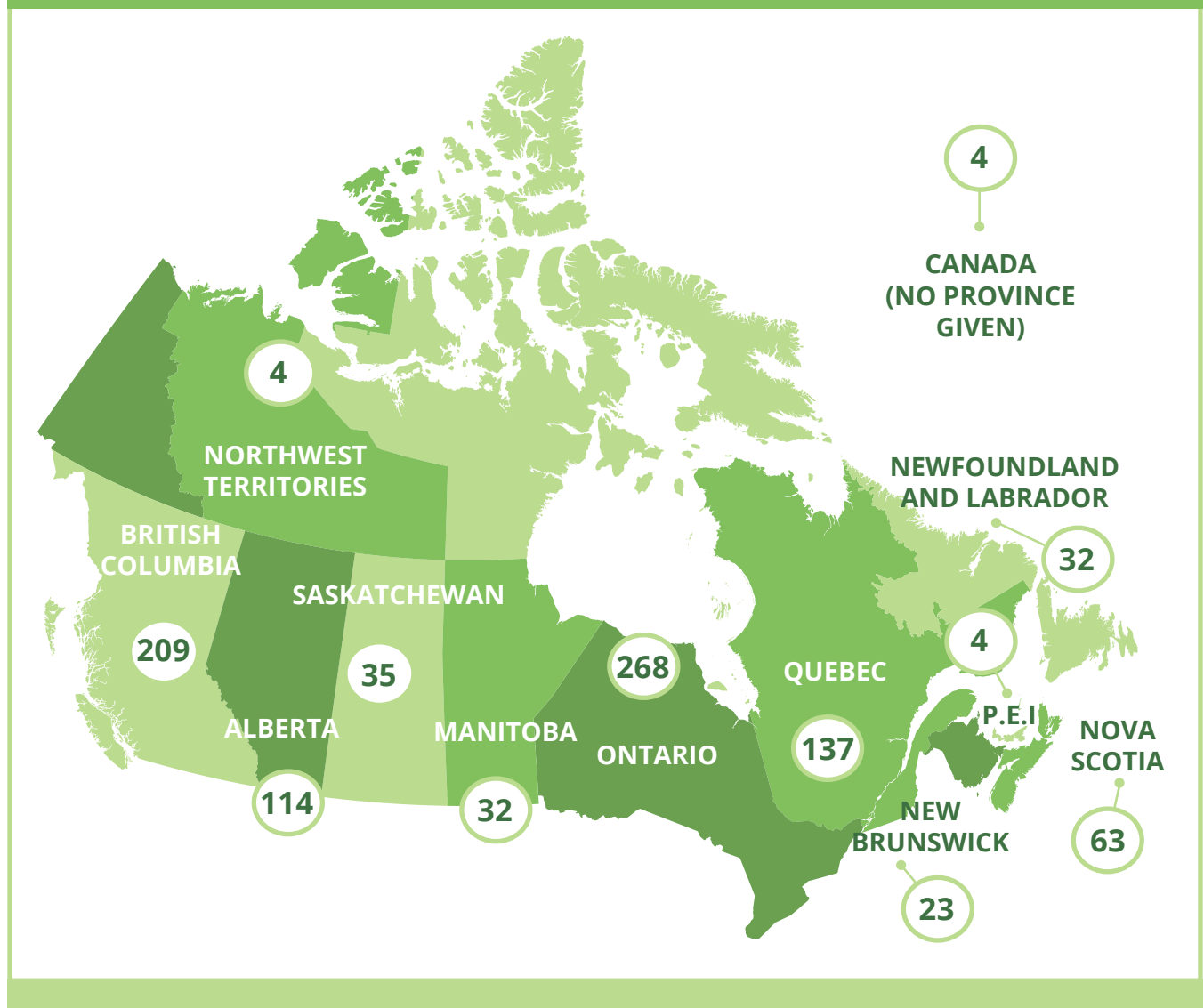


Percentages may not add up to 100% due to rounding.

GEOGRAPHICAL LOCATION

Trans youth participated in the survey from every province and territory in Canada except for the Yukon and Nunavut, although we had fewer than 10 trans youth participate from Northwest Territories and Prince Edward Island. Most participants lived in Ontario and British Columbia. Trans youth from British Columbia represented 23% of all participants.

NUMBER OF TRANS YOUTH WHO PARTICIPATED FROM EACH REGION



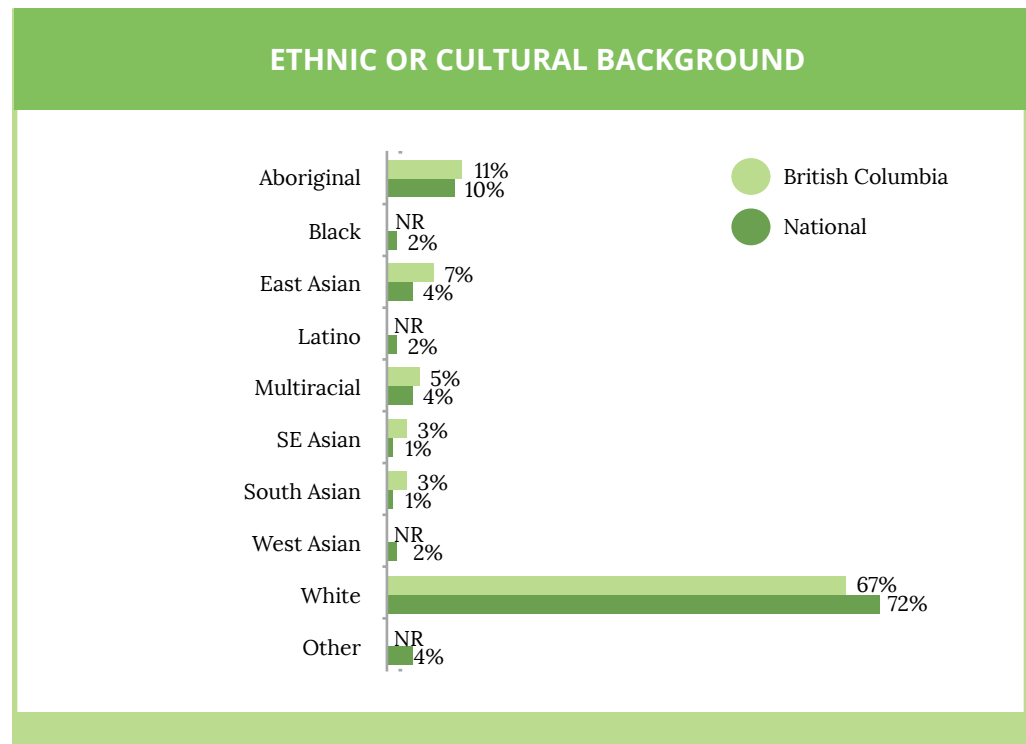
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ETHNIC AND CULTURAL BACKGROUND

Two thirds of trans youth reported being white, and 11% of the participants reported being Aboriginal. A small number of trans youth (7%) identified as East Asian (which included Korean, Chinese and Japanese ethnic identities), South Asian (3%) and Southeast Asian (3%) and other ethnic groups. Several trans youth checked more than one option. Compared to the national average, a higher percentage of trans youth in B.C. reported an ethnic or cultural background other than white.

NEW CANADIANS

Only 2% of trans youth were recent immigrants (meaning that they had lived in Canada for less than two years). The majority (82%) of participants had lived in Canada for their whole lives.



Note: Participants could select more than one response option.
NR: Not releasable due to small number of responses.

“Reading about colonial history is the only way I stay strong. I want to be a part of a strong trans* community and a strong [C]hinese community.” - AGE 23

LANGUAGE

Language spoken at home is another way to identify the cultural diversity of the survey participants. Overall, 88% of trans youth spoke only English at home, 2% spoke English and French at home, 9% of the participants reported that they speak English and another language at home, while 1% speak another language at home. Statistically the percentage of trans youth who reported speaking English at home was higher than the national average.

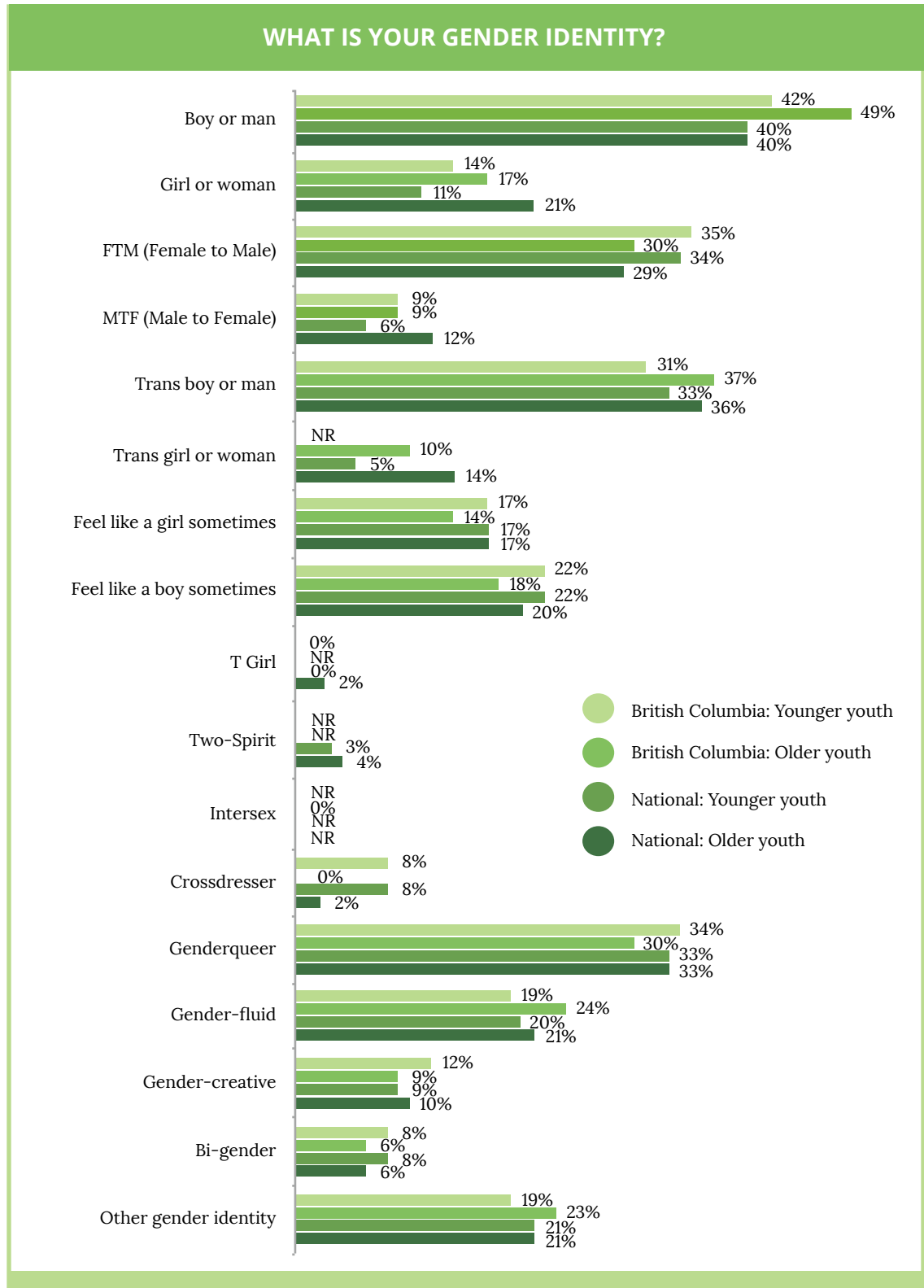
GENDER IDENTITY

The survey contained several different questions asking trans youth about their gender identity in slightly different ways. The question “Do you identify as trans?” was rated highly. The question “What is your gender identity?” was rated the highest by trans youth in British Columbia. This question allowed them to select their gender identity or identities from a long list of options, select more than one option from the list, or write in their own responses. Some of the most common additions were: non-binary, agender, gender-neutral, and to a lesser extent, transmasculine or transfeminine. The comments after this question suggest that the ability to self-identity in unique ways resonated very positively with trans youth.

“I don’t really know if I want to use that label [trans*]. I just feel like neither of the binary genders fit for me in terms of identification.” - AGE 16



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Note: Youth could choose more than one response. FTM=Female-to-Male MTF=Male-to-Female. NR: Not releasable due to small number of responses.

“I appreciated the option of selecting a trans* identity that is separate from the binary of man/woman”

- AGE 24

WHEN A PERSON'S SEX AND GENDER DO NOT MATCH, THEY MIGHT THINK OF THEMSELVES AS TRANSGENDER. SEX IS WHAT A PERSON IS BORN. GENDER IS HOW A PERSON FEELS. WHICH ONE RESPONSE BEST DESCRIBES YOU?

I am not transgender	7%
I am transgender and identify as a boy or a man	46%
I am transgender and identify as a girl or woman	15%
I am transgender and identify in some other way	32%

Another question gave a basic definition for the word transgender (“when a person’s sex and gender do not match, they might think of themselves as transgender”) then asked which best described them. Among our participants, the overwhelming majority answered they were transgender, with 46% identifying as boys or men, and 32% identifying in “some other way,” and only about 15% identifying as girls or women. Older trans youth were more likely to identify as girls or women (17% vs. 13%). The comments following this question suggest that some trans youth felt strongly that the term ‘transgender’ did not accurately represent them and their identity, which may help to explain the number of participants who answered that they were not transgender.

Another question asked participants: “Do you identify as trans*? (This includes transgender, transsexual, transitioned, genderqueer and some two-spirit people.)” Most trans youth answered yes (83%), but comments written about this question suggested some participants did not like “trans*” because it lumped together people with many different identities and experiences.

Over three quarters of trans youth in our survey were assigned female at birth (79%). This could be because trans female and transfeminine youth might be more marginalized in our society, and so harder to reach, for example, if they are less connected to community organizations. Older trans youth were more likely to have been assigned male at birth (24% compared to 18% of younger participants).

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“Hard one because as someone who identifies as genderqueer I can live in my gender every day but I am rarely perceived as my preferred gender ”

- AGE 24

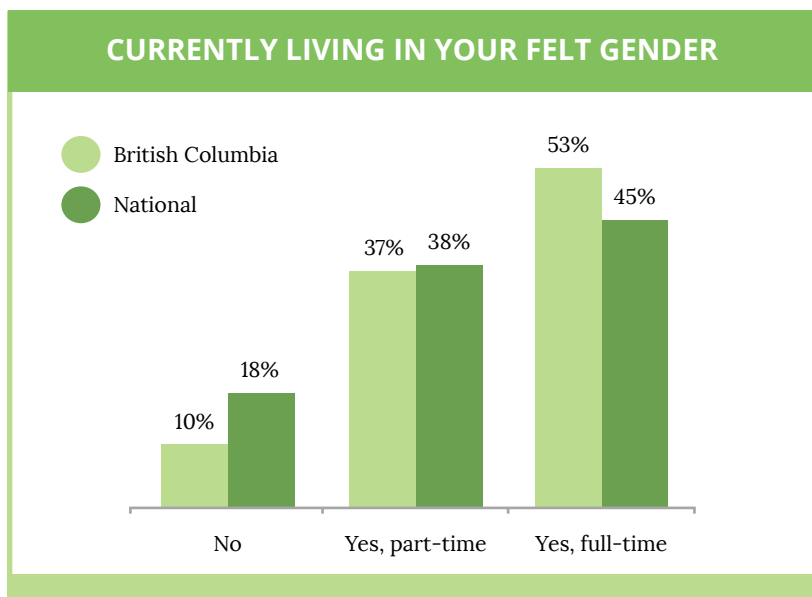
LIVING IN FELT GENDER

Most of our participants (90%) reported that they were currently living in their felt gender at least part of the time, with over half of them who were currently living in their felt gender full-time (53%). One in ten were not living in their felt gender at all (10%).

In the comments about this question, trans youth pointed out this question is complicated to answer for people who have a non-binary identity. Since we live in a society that often does not recognize genders other than female and male, someone with a non-binary identity might experience themselves as living in their gender full-time, yet not be seen as such by others.

SEXUAL ORIENTATION

Sexual orientation questions from general surveys can be difficult for trans youth to answer. Most such questions make some connection between your gender and those of your sexual partners, but they usually do not include non-binary or trans options. One question asked how trans youth currently identify, and just offered labels without definitions. Most participants chose sexual orientation labels that were not defined by the gender of potential partners or one’s own gender, such as queer, pansexual, and bisexual. Many participants chose to write in an option: many of these reported they were some form of asexual (demisexual, aromantic) or polysexual or panromantic. Participants could choose more than one response on the list. While around half of participants only chose one response (55%), a significant number checked two (24%) or three (17%) responses.



Percentages may not add up to 100% due to rounding.

Younger trans youth were somewhat more likely to identify as pansexual (47% vs. 38%), while older trans youth were more likely to identify as bisexual (11% vs. 18%). Statistically the amount of trans youth who identified as pansexual was higher than the national average.

HOW DO YOU CURRENTLY IDENTIFY?		
	British Columbia	National
Bisexual	15%	17%
Gay	12%	13%
Lesbian	7%	12%
Asexual	8%	10%
Pansexual	43%	35%
Queer	45%	49%
Straight or heterosexual	19%	14%
Two-Spirit	NR	4%
Not sure or questioning	7%	11%
Other (please specify)	14%	17%

Note: Youth could choose more than one response.
NR: Not releasable due to small number of responses.



Home life

We asked trans youth questions about their home life: who lives with them, whether they have any children, and how many times they ran away from home in the past year. None of younger trans youth said they live alone or live with a foster parent or parents.

While it was most common for older trans youth to live with parents, about a third lived with a friend or a roommate. A statistically significantly higher number of younger trans youth in B.C. reported living with a single parent, in comparison to the national percentage.

We asked older trans youth whether they were ever under the legal responsibility of the government as a child. A small number said yes (3%) while a slightly larger number weren't sure (6%).

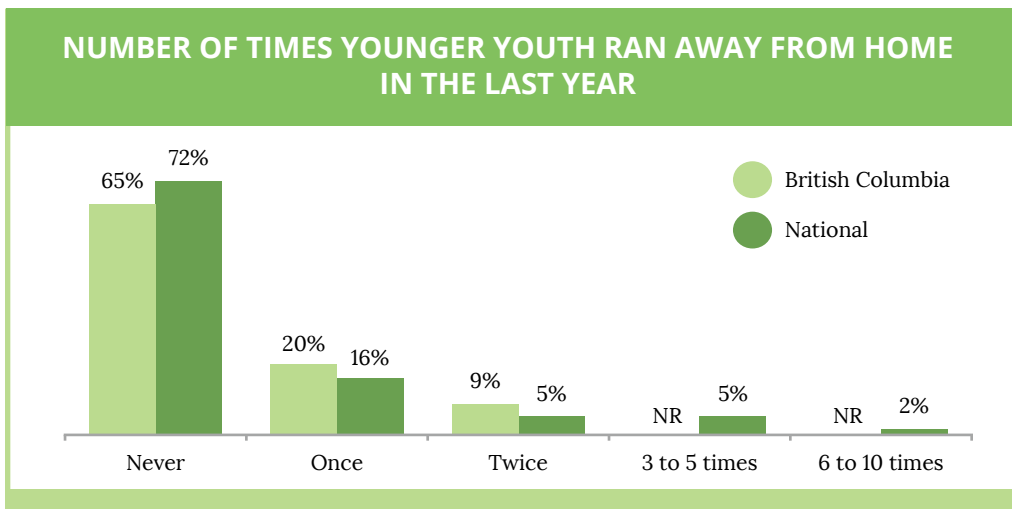
Youth may run away because of conflict at home, abuse, feeling unsafe, or a combination of these factors. Most younger participants had not run away in the past year, however 35% of them had done so.

YOUNGER TRANS YOUTH LIVING SITUATION		
	British Columbia	National
Birth mother/stepmother/adoptive mother	75%	74%
Birth father/stepfather/adoptive father	49%	56%
Sibling(s)/stepsibling(s)	55%	60%
Grandparent(s)	NR	4%
Other adult(s) related to me	NR	3%
Foster parent(s)	0%	2%
Two mothers/two fathers	NR	2%
I live alone	0%	2%
My own child or children	0%	NR%
Other	8%	9%

Note: Youth could choose more than one response. NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH LIVING SITUATION		
	British Columbia	National
Spouse	5%	4%
Common-law	13%	16%
Parent	41%	39%
Child	NR	1%
Siblings	28%	26%
Foster parent	0%	NR
Foster child	NR	NR
Grandparent(s)	5%	3%
In-laws	0%	1%
Other relatives	NR	2%
Unrelated adults	14%	8%
Friend/Roommate	32%	35%

Note: Youth could choose more than one response.
 NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

School and work

For many youth, school is a place where they spend a significant amount of time each week. Connection to school can be an important factor in youth development. Participants were asked how connected they feel to their school by indicating how much they agreed or disagreed with statements such as “I feel close to people at my school” or “I am happy to be at my school.” Trans youth in British Columbia reported that they did not feel very connected to their school: on a scale of 0 to 10, they scored 5.5 in school connectedness, yet this was still one of the higher scores compared to other provinces.

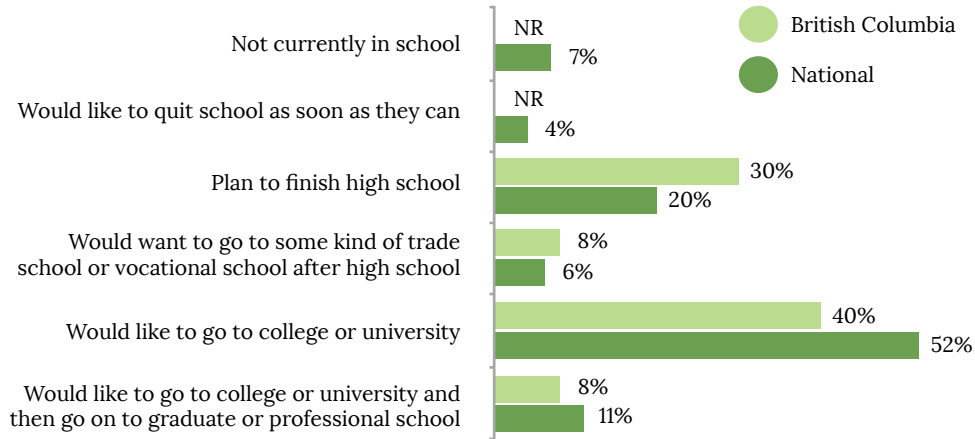
As with other youth, for trans youth, school connectedness can have an important link to positive mental health: B.C. participants with higher levels of school connectedness were two times more likely to report good or excellent mental health compared to those with lower levels of connection to school.

SCHOOL PLANS

Educational goals give a sense of whether a young person sees a future for themselves. Younger trans youth were asked about their school plans. Only a small number said they were not in school, or would like to quit school as soon as possible. Just under half said they would like to continue their education at a college or university. A few of them saw themselves going to a trade or vocational school, and the same proportion expected to go to graduate or professional school.

Compared to the national average, a notably higher percentage of younger B.C. trans youth reported that they either planned to finish high school, or would like to go to a trade/vocational school after high school. A lower percentage than the national average said they would like to go to college or university.

**WHICH OF THESE BEST DESCRIBES YOUR SCHOOL PLANS?
(YOUNGER TRANS YOUTH ONLY)**



NR: Not releasable due to small number of responses.



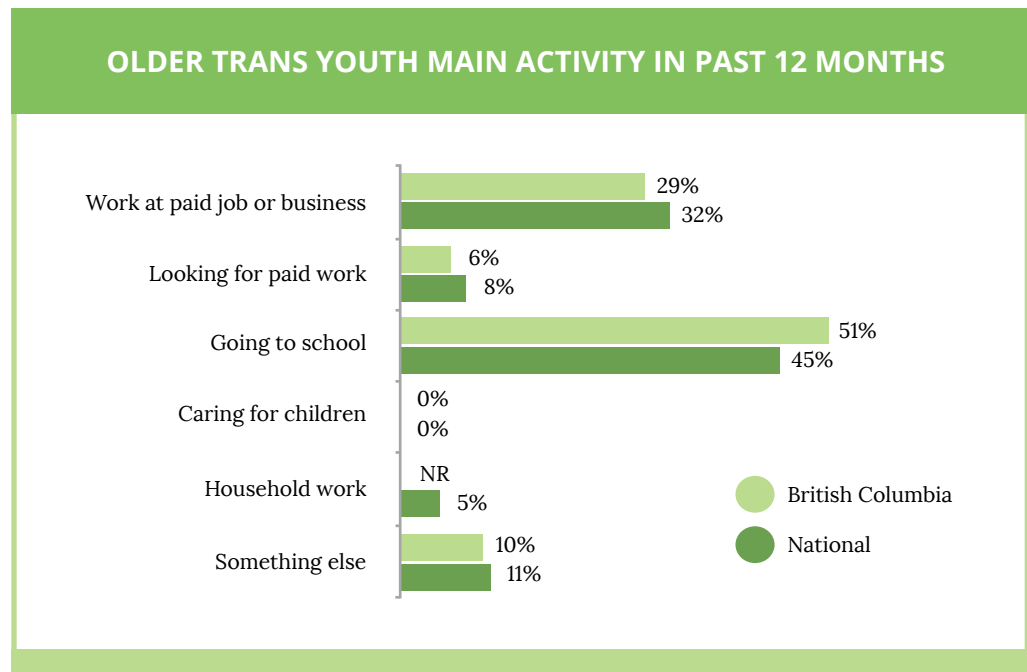
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WORK

We also asked younger trans youth how many hours a week they spent working for pay (outside the home). Over 63% of them did not work for pay. If they did work, they were most likely to work less than 10 hours per week. A small number of younger participants worked 16 hours a week or more (8%).

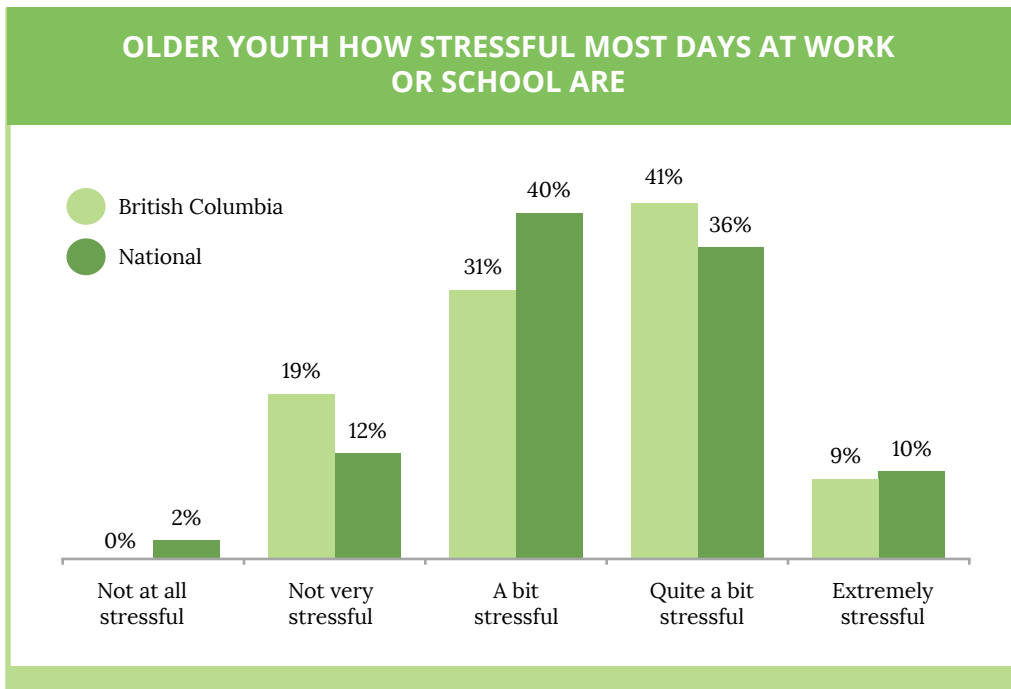
Older participants were asked a different question: they were asked about their main activity. Most older trans

youth were in school or working at a paid job or a business. In addition, some older trans youth said that they were looking for work. Nationally, about 1 in 10 entered write-in responses. These included combining work and school, engaging in unpaid work such as art or volunteering, and not working due to a disability or mental health needs.



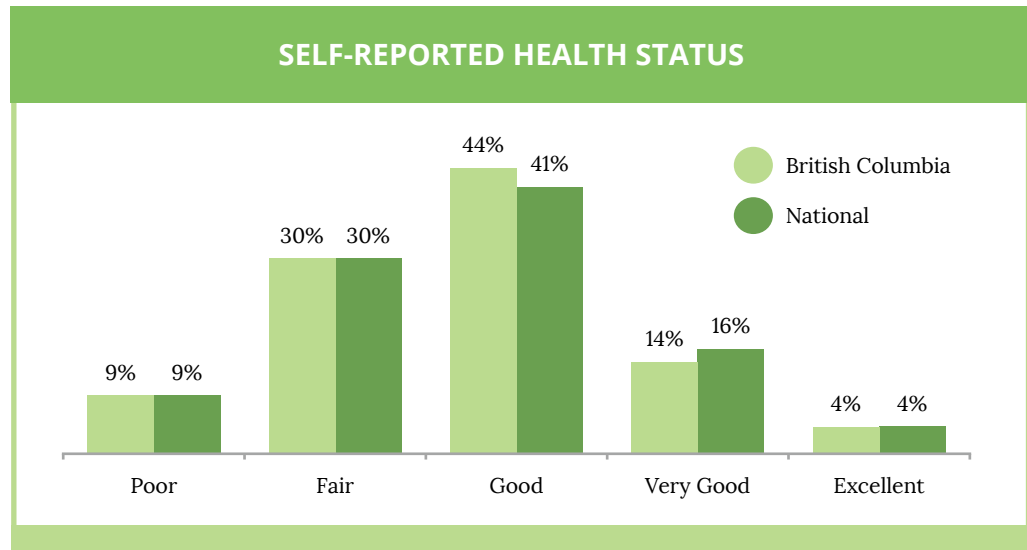
NR: Not releasable due to small number of responses.

We also asked older trans youth to rate how stressful most days were at work or at school. Almost three quarters of them reported most of their days were “a bit” or “quite a bit” stressful (72%). In contrast, only 19% of older trans youth reported that most days were “not very stressful”.



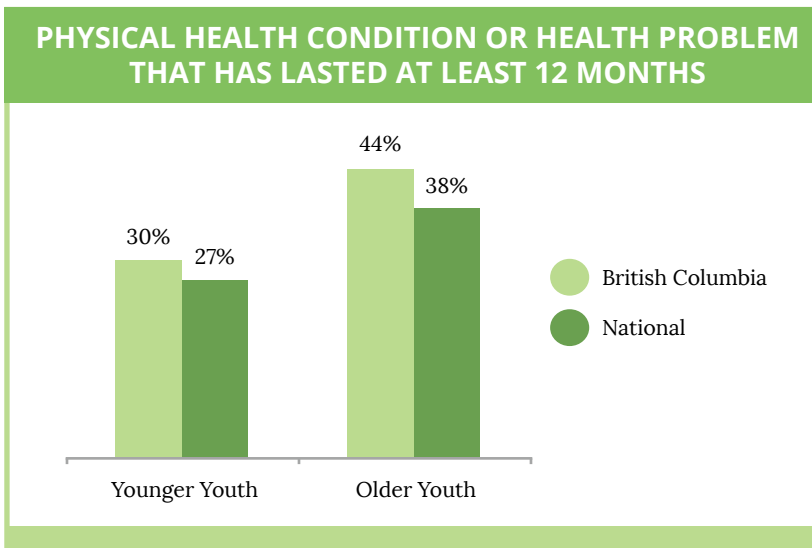
Physical health

We asked trans youth about their physical health, chronic health problems, and their sleep habits. A little under two thirds of participants said their health was good, very good or excellent.



Percentage may not add up to 100% due to rounding.

In British Columbia, about one third of younger trans youth (30%) and nearly half of older trans youth (44%) told us they have a physical health problem that has lasted at least 12 months. Both are higher than the national average.

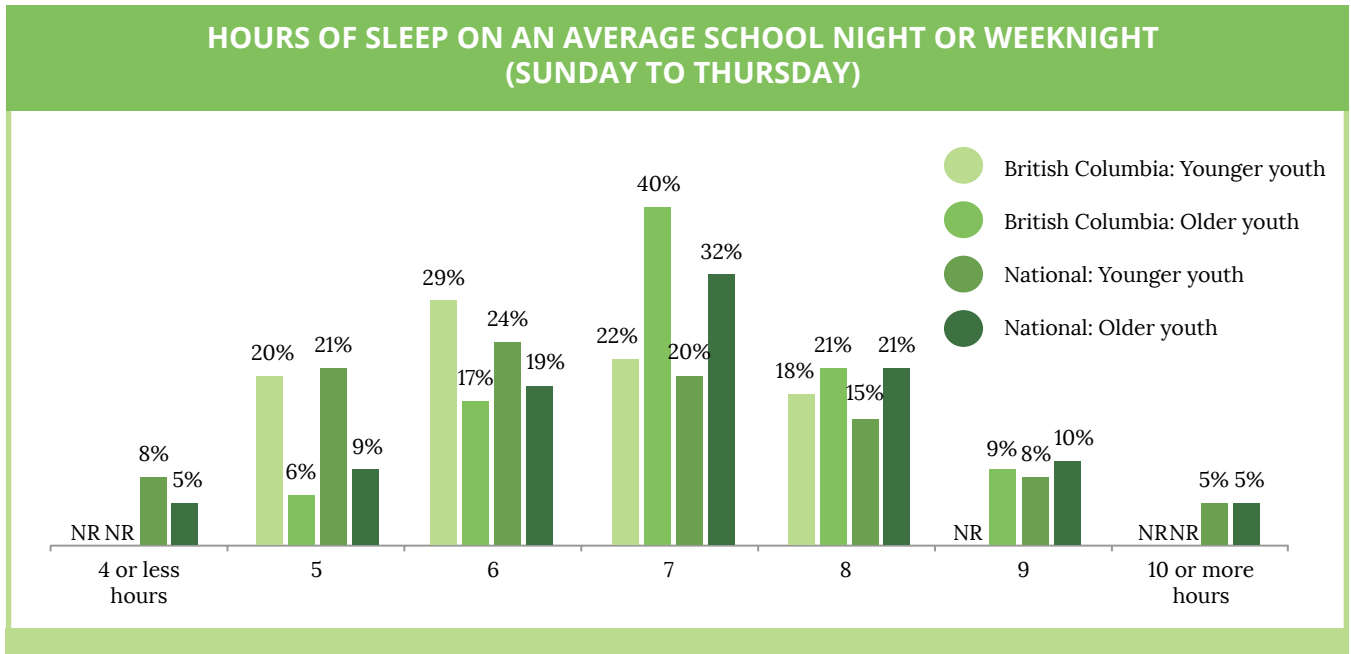


SLEEP

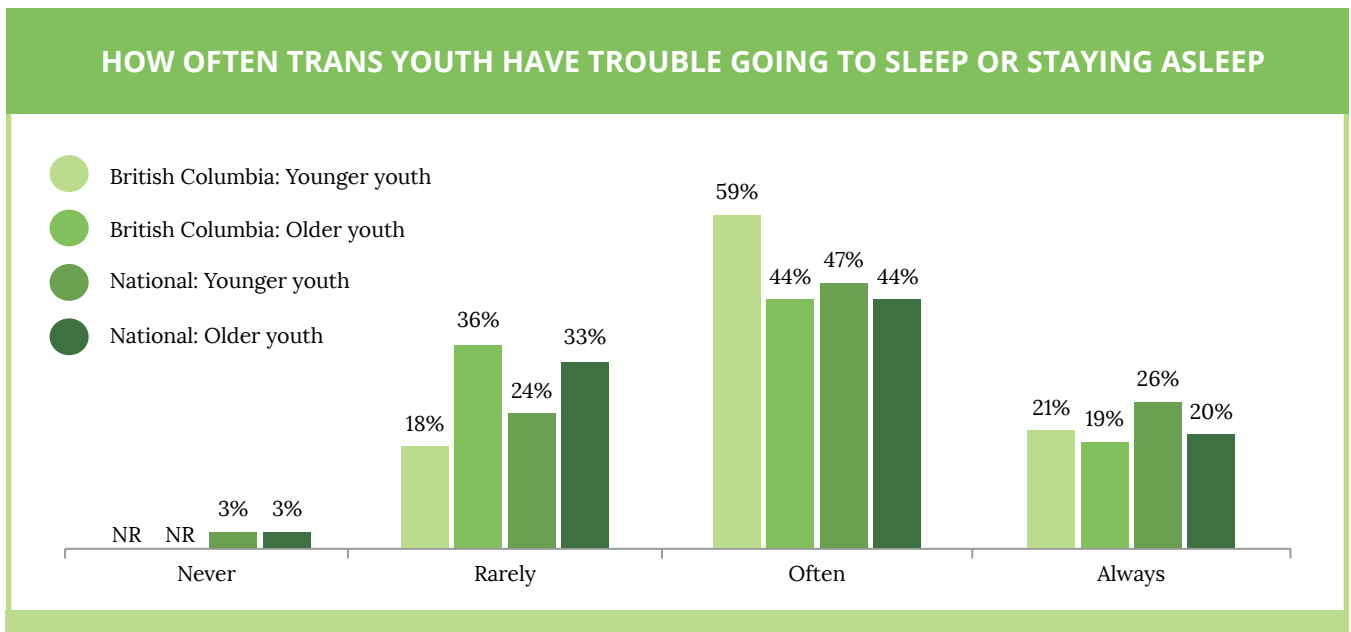
According to the National Sleep Foundation, adolescents need between 8.5 and 9.25 hours of sleep each night. We asked younger trans youth how much sleep they get on an average school night: only about a quarter get at least 8 hours of sleep (26%). We asked older trans youth the same question, except on an average weeknight instead of an average school night. On an average weeknight, a larger proportion of older trans youth get 8 or more hours of sleep (35%).

On an average weekend night, 59% of younger trans youth and 60% of older told us that they were getting at least 8 hours of sleep.

Most trans youth also reported having trouble going to sleep or staying asleep.



NR: Not releasable due to small number of responses.



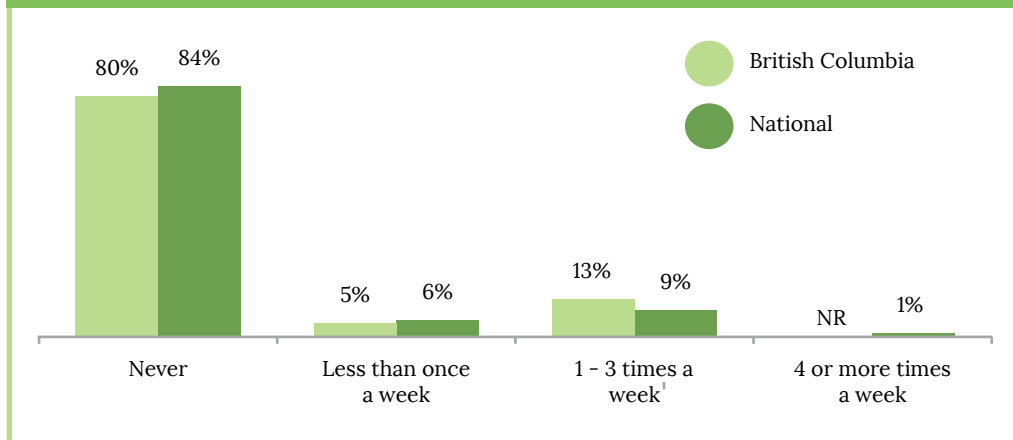
NR: Not releasable due to small number of responses.

Physical activities

We asked younger participants how often in the last month they participated in activities organized by their school before school hours, at lunchtime, or after school. More than half (58%) said they never participated, 24% said they participated one or more times per

week, and 7% said they participated less than once per week. We also asked all trans youth how often in the last month they participated in physical activities with a coach. The majority said they never did, but 15% said they participated one or more times per week.

IN THE PAST MONTH, PARTICIPATED IN PHYSICAL ACTIVITIES WITH A COACH (E.G., HOCKEY, SOCCER, FIGURE SKATING, DANCE ETC.)?



NR: Not releasable due to small number of responses.



Injury prevention

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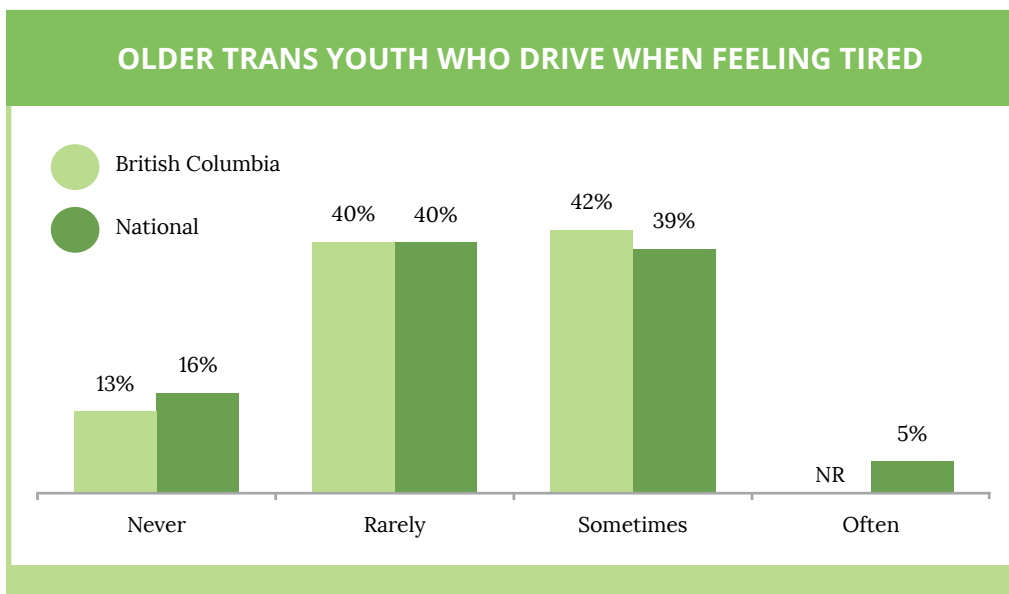
Injuries are a leading cause of death and health problems for young people worldwide, so it is important to know what trans youth do to keep themselves safe and prevent injuries – for example, whether they wear a helmet while riding a bike. Almost half of trans youth (45%) said they always or often wear a bike helmet, while around a third said they never or rarely wear a helmet (30%), and a quarter said they don't ride a bike at all (25%).

Drinking and driving is another important safety concern. Among younger trans youth who said they have a driver's license, only one person said that they had ever driven a vehicle within an hour of drinking 2 or

more drinks of alcohol. Among older trans youth who had driven a car in the last year, three trans youth said they had driven a vehicle within an hour of drinking 2 or more drinks of alcohol.

A slightly larger number of trans youth reported driving within an hour of using marijuana in the past 12 months. A small number of trans youth who used marijuana said they had driven within an hour of using in the past 12 months (8%).

We also asked older trans youth how often they drive when they're feeling tired. Most said they rarely or sometimes drive when tired.



NR: Not releasable due to small number of responses.

Nutrition, body weight, and body image

NUTRITION

The Canada Food Guide recommends that youth and adults should eat fruit and vegetables the most – at least seven servings every day. We asked younger trans youth about what they had eaten the day before they took the survey.

Most younger trans youth reported eating fruit or vegetables the day before they took the survey (91%), but

only about three quarters said that they ate fruit or vegetables twice or more that day (76%). 9% reported having no vegetables and no fruit at all.

We asked older trans youth how often they usually have certain kinds of food and drink. Most of them reported usually eating one to four servings of fruit or vegetables (54%), but only 14% said that they ate at least seven servings of fruit or vegetables per day. A greater proportion of older trans youth reported usually eating vegetables or green salad (88%) rather than fruit (80%).

YOUNGER YOUTH WHO ATE OR DRANK AT LEAST ONE SERVING YESTERDAY		
	British Columbia	National
Fruit (not counting fruit juice)	70%	59%
Vegetables or green salad	85%	77%
Salty or sugary snacks (e.g. potato chips, granola bars, chocolate or cookies)	77%	80%
Fast food (e.g. hot dogs, hamburgers, pizza, chicken nuggets)	27%	30%
Water	98%	91%
Pop / soda (non diet), slurpees, slushies)	36%	35%
Energy drinks (Red Bull, etc.)	5%	7%
Coffee / lattes / iced coffee	47%	35%

BREAKFAST

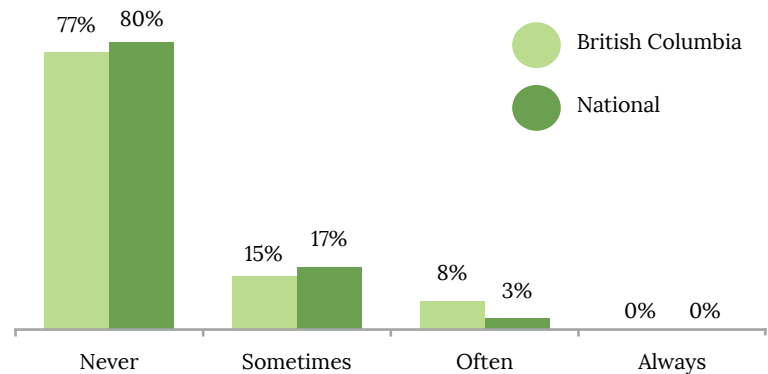
Out of the younger trans youth attending school, 40% reported always eating breakfast in the past week while 20% reported never eating breakfast in the past week.

FOOD SECURITY

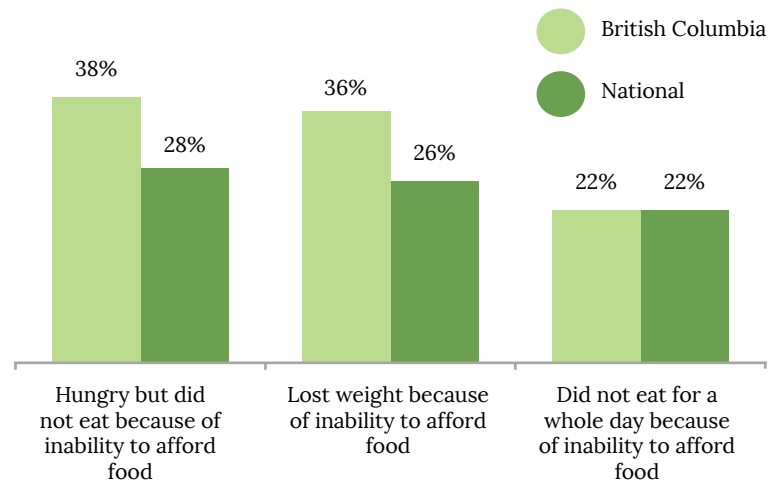
The Trans Youth Health Survey did not directly assess poverty, but we did ask several questions about not having enough food – which can be an outcome of poverty. Younger trans youth were asked how often they go to bed hungry because there is not enough money for food at home. The majority never went to bed hungry because of financial reasons, but almost 1 in 10 did so “often.”

A significant percent of older trans youth reported not having access to food because of money in the past year: 38% reported not eating, 36% reported losing weight, and 22% reported not eating for a whole day because they could not afford food.

HOW OFTEN YOUNGER TRANS YOUTH GO TO BED HUNGRY BECAUSE THERE WAS NOT ENOUGH MONEY FOR FOOD AT HOME



OLDER TRANS YOUTH WHO HAD PROBLEMS AFFORDING FOOD



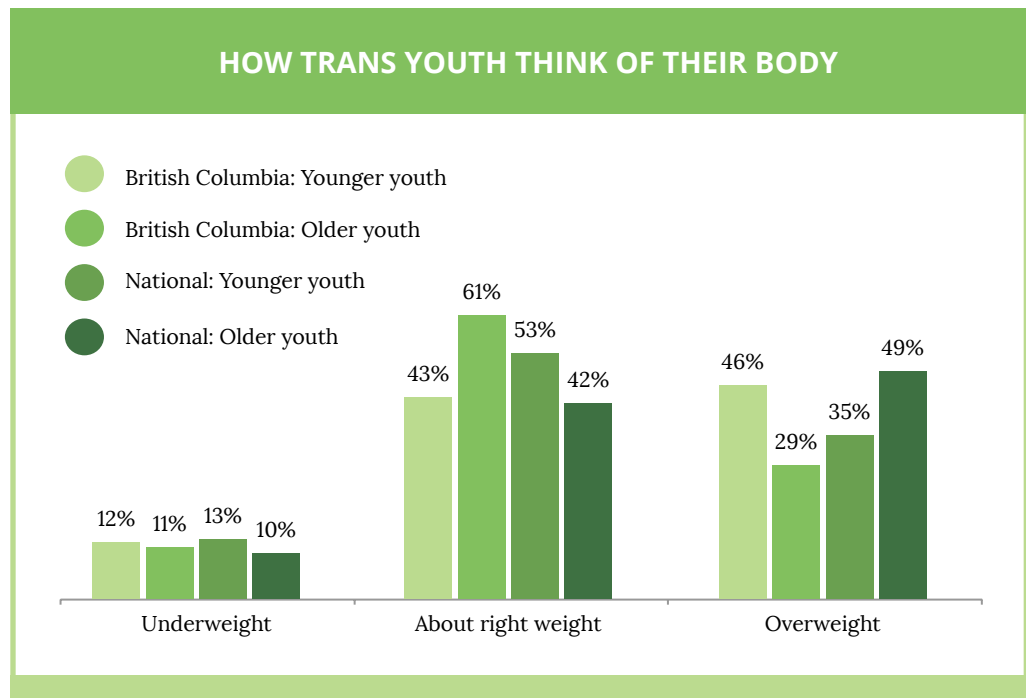
BODY WEIGHT AND BODY IMAGE

We asked younger and older trans youth about how they perceive their body weight. Almost half of the younger participants and just under a third of older participants thought of their body as overweight.

Most younger trans youth reported trying to either lose weight (30%) or keep from gaining weight (36%). A much smaller percentage (7%) of younger trans youth were trying to gain weight and the remaining 28% reported not doing anything about their weight. Half (50%) of older trans youth reported that they were not changing the way they eat due to concerns about their body weight and the other half (50%) reported that they were.

Just over half (55%) of participants reported that they had exercised to lose weight or control their weight in the past year. Over a third reported fasting or skipping meals (40%), smoking cigarettes (16%), vomiting on purpose after eating (12%), using diet pills or speed (5%), or using laxatives (3%) for this purpose.

Younger trans youth were more likely than older trans youth to report fasting or skipping meals (45% vs. 36%), smoking cigarettes (23% vs. 11%), and vomiting after eating (15% vs. 10%) to lose or control their weight.



Health care access

29

Access to health care is especially important for trans youth, because many of them require specialized care for medical transition. They often face discrimination in health care settings.

“Being trans is extremely isolating and difficult. It is so easy to get lost and beyond hard to receive care and support.” - AGE 20

FAMILY DOCTORS

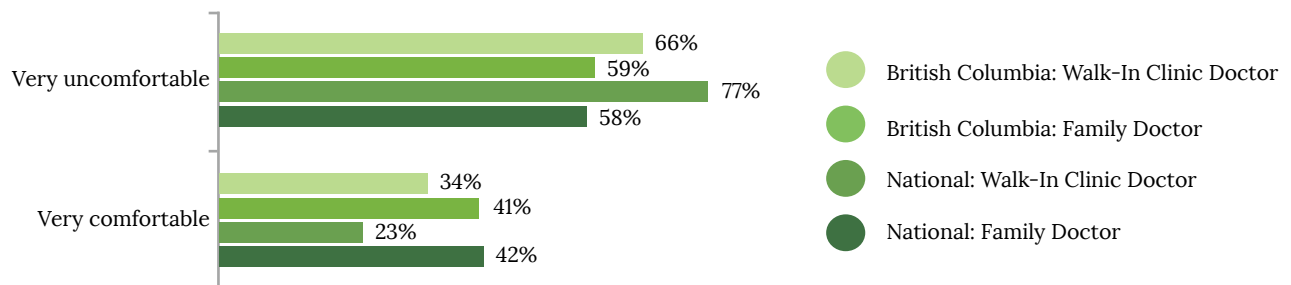
Overall, 69% of British Columbia trans youth reported having a regular family doctor, and more than a half reported that the family doctor knows about their trans identity (56%). Younger trans youth were slightly more likely to have a family doctor than older trans youth (71% vs. 69%).

WALK-IN CLINICS

More than half of British Columbia trans youth rely on walk-in clinics as their primary source of healthcare (51%) compared to the national average of 44%. Additionally, two thirds of trans youth were ‘uncomfortable’ or ‘very uncomfortable’ discussing their trans status and trans-specific health care needs with doctors at a walk-in clinic (66%).

“I’m very uncomfortable around my doc right now because she didn’t know anything about trans people and I’ve been on T long enough to pass as male.” - AGE 17

HOW COMFORTABLE ARE YOU DISCUSSING TRANS-RELATED HEALTH CARE NEEDS WITH A DOCTOR?



30

“... I feel uncomfortable [with walk-in clinics] because almost consistently, the older doctors I see looking to get a refill on my [hormone prescription] don’t understand what being trans is, and will treat me with skepticism and concern, sometimes refusing to give pills all because they were never trained in trans issues” - AGE 19

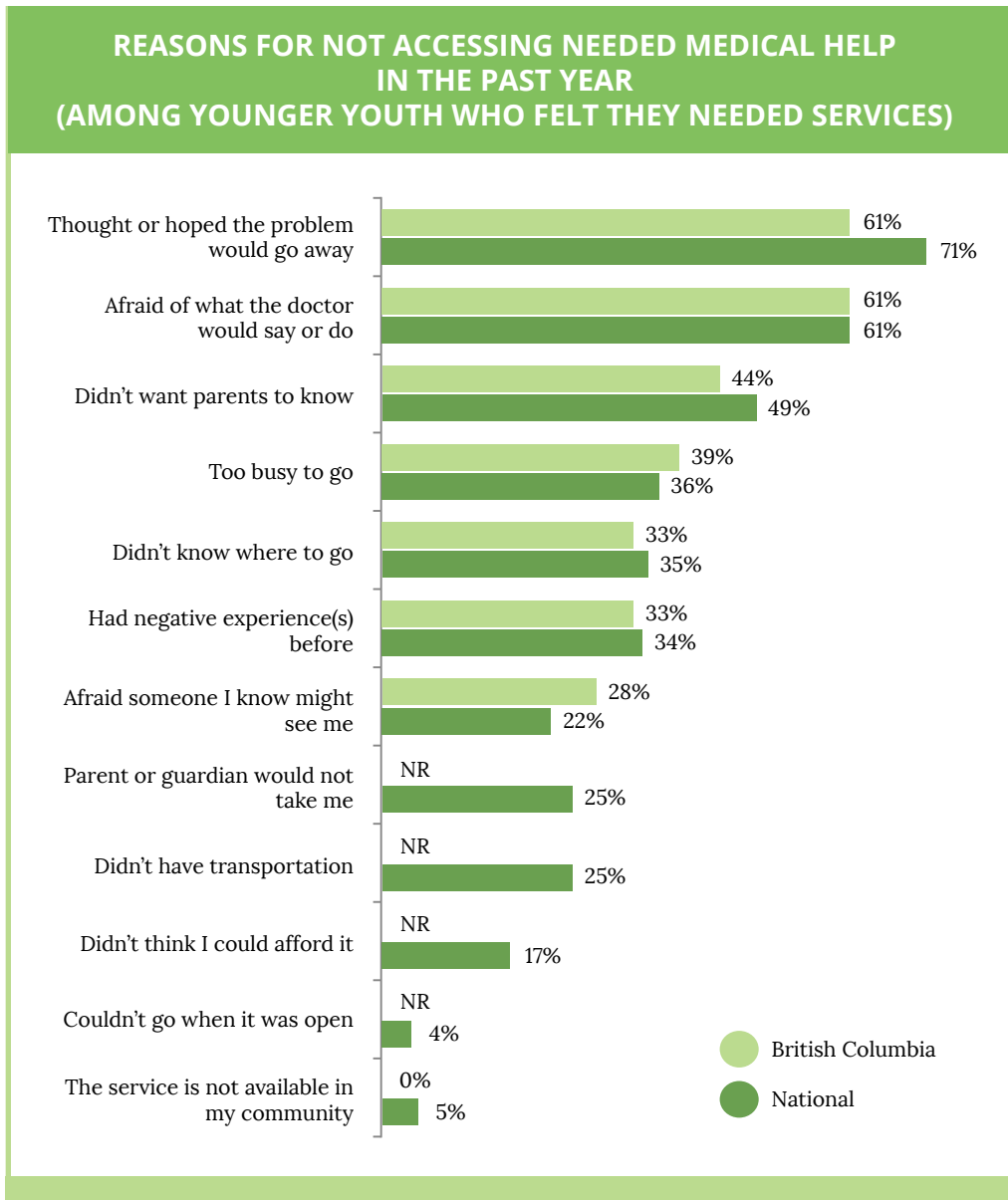


ACCESS TO CARE

Understanding how and why trans youth access or don't access primary care and mental health services is an important part of understanding their overall wellbeing.

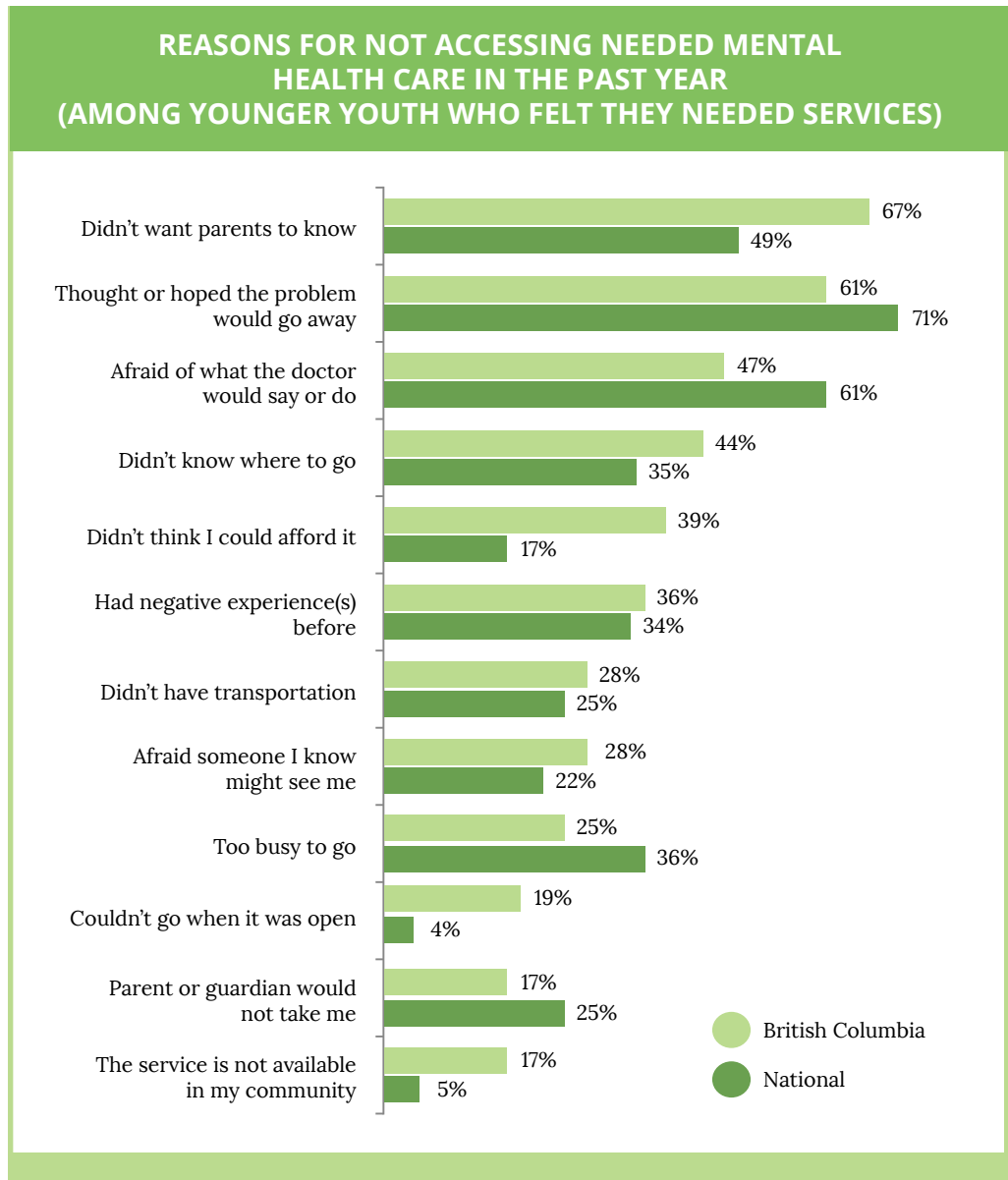
Most older trans youth said that they needed health care but didn't receive it in the last year (80%). Just under a third of younger trans youth reported not receiving physical healthcare when they needed at some point during the last year (29%) and most reported missing needed emotional or mental health services (84%).

The most common reasons younger trans youth gave for not getting mental health services included not wanting parents to know (67%), thinking or hoping the problem would go away (61%), and being afraid of what the doctor might say or do (47%). These were also the most commonly given reasons for not getting primary care services.



NR: Not releasable due to small number of responses.

“I am broke, and I cannot afford SRS on my own. And if I were ever told that there is no way I could obtain funding for SRS I would definitely fall apart.” - AGE 23

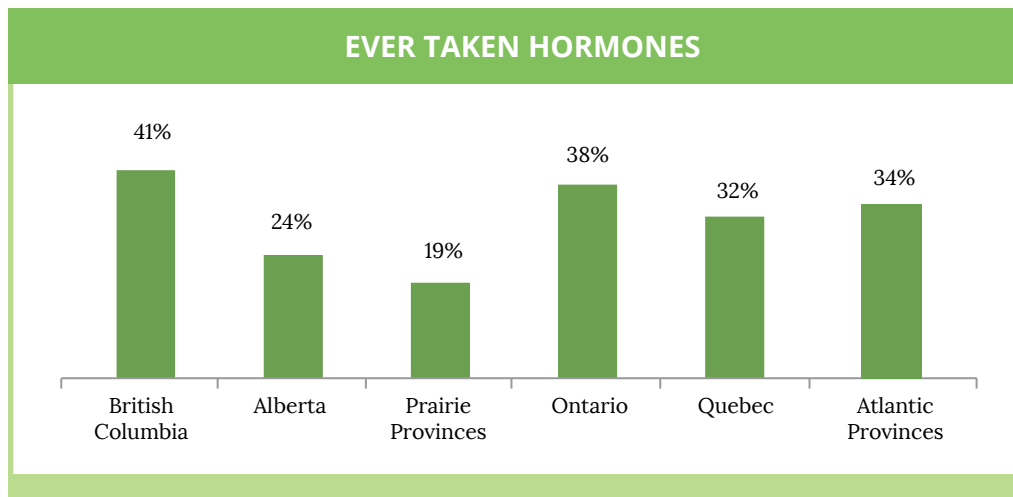


HORMONE THERAPY

Many trans youth seek hormone therapy as part of their gender transition. Trans youth who are unable to access hormones through a health care provider may seek access to hormones without a prescription.

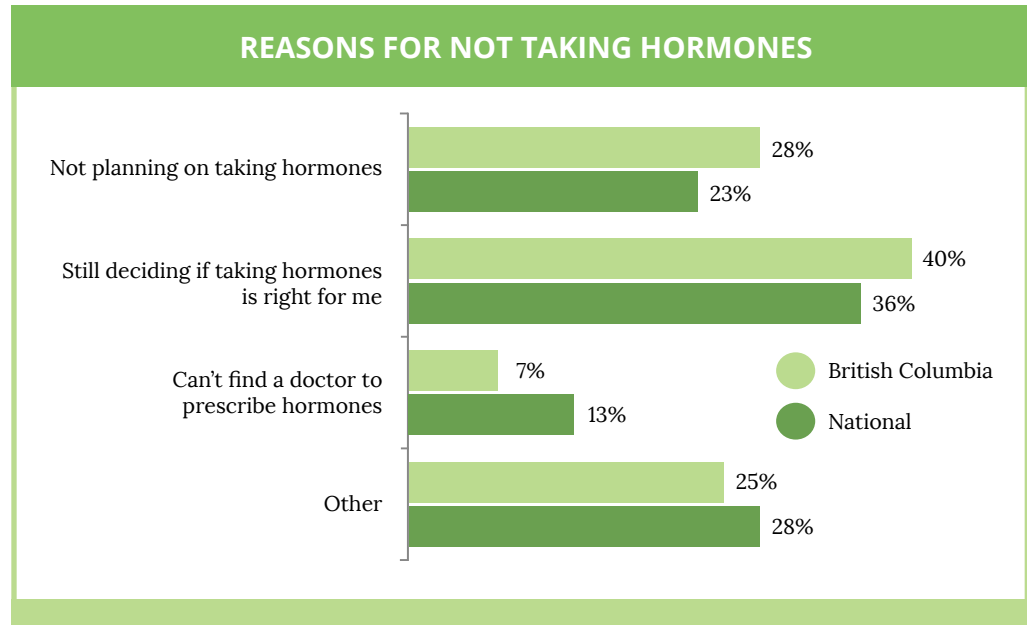
Under half of all trans youth (41%) reported they had ever taken hormones for trans-related reasons at some

point, including 33% of younger trans youth and 47% of older trans youth. Trans youth in British Columbia were more than twice as likely (41%) as those in the Prairie Provinces (19%) to take hormones. Compared to the national average a statistically significantly higher percentage of trans youth have ever taken hormones for trans-related reasons in British Columbia.



34

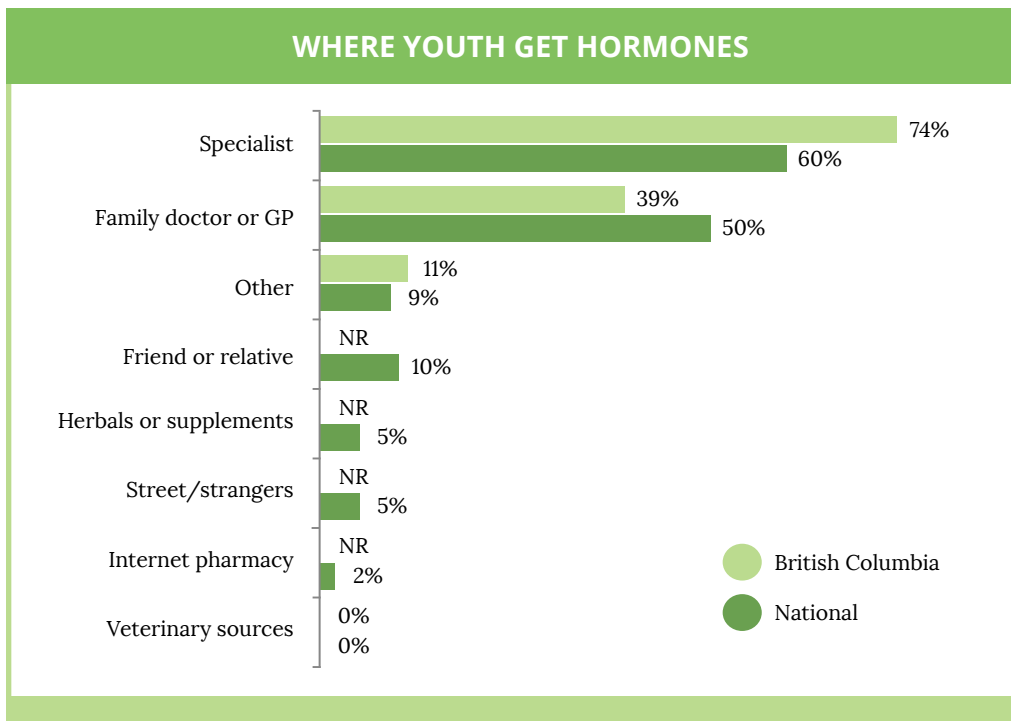
The most common reasons for not taking hormones were that trans youth were still deciding if hormones were right for them (40%), and that they were not planning on taking hormones (28%). Some participants reported not being able to find a doctor to prescribe hormones (7%) and some were in the process of starting hormone therapy.



NON-PRESCRIBED HORMONE USE

Many trans youth seek hormone therapy as part of medical gender transition. Unsupervised use of hormones obtained from family, friends or strangers is linked to multiple health risks, including contaminated medications and unsafe injection practices.

While most trans youth said they obtained hormones through a doctor's prescription, many trans youth who had taken hormones reported getting these medications without a prescription at some point, whether through friends or relatives; strangers or on the street; herbals or supplements; internet pharmacy; or other means (11%). A notable percentage of B.C. trans youth obtained hormones from a specialist, in comparison to the national percentage.



“When my prescription switched doctors, I gave what was left in my vial (~7ml) to a FTM acquaintance who was getting it off the streets. There’s no way he’d stop ... and this way I know it’s clean and pure ... kind of similar to safe injection sites: if you can’t get them to stop, at least make it safe for them.” - AGE 17

Mental health

Mental health is an important aspect of health that we included by asking questions about self-esteem, stress, depression, anxiety, happiness, self-harm, and suicide.

SELF-REPORTED MENTAL HEALTH

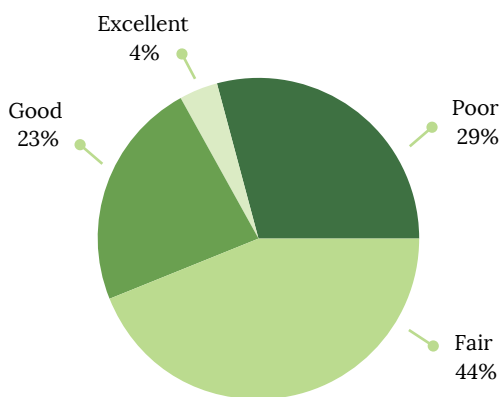
Fewer than a third of trans youth rated their overall mental health as excellent or good.

SELF-ESTEEM

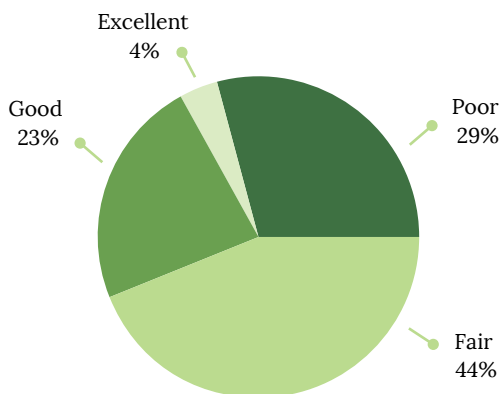
There were several related questions that measured self-esteem. The self-esteem scale included slightly different questions for older and younger trans youth such as, “I usually feel good about myself,” “I am able to do things as well as most other people,” and “You take a positive attitude towards yourself.” On average, younger trans youth scored 3.1 out of 10 and older trans youth 4.4 out of 10.

We also asked younger trans youth if they could think of something they were good at, and over two-thirds of them said yes.

BRITISH COLUMBIA: SELF-REPORTED HEALTH MENTAL HEALTH STATUS



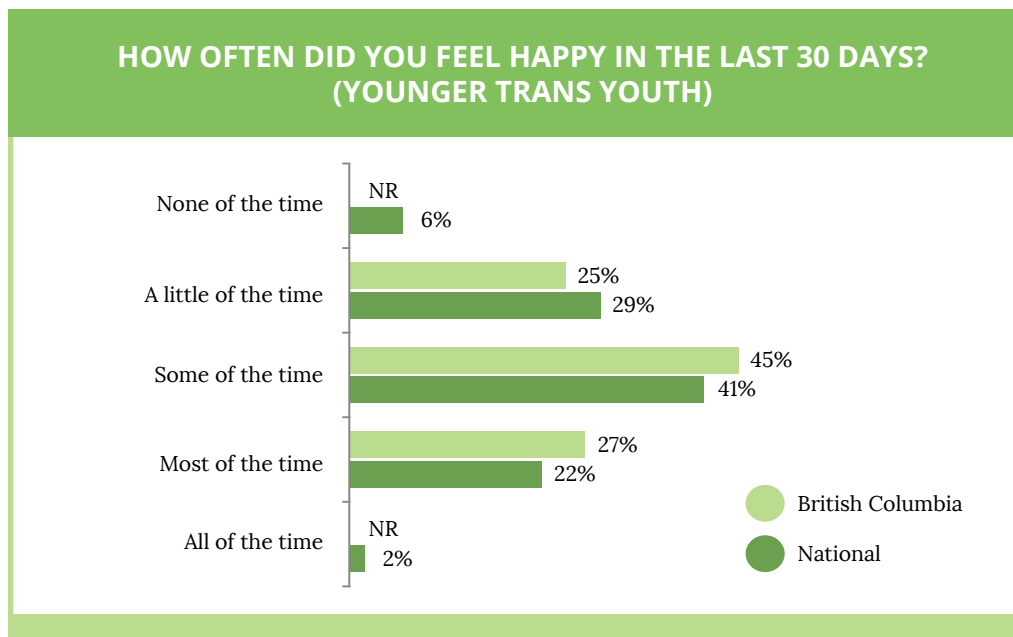
NATIONAL: SELF-REPORTED HEALTH MENTAL HEALTH STATUS



EMOTIONAL WELLBEING

Older trans youth also answered a series of questions about their happiness, life satisfaction, sense of belonging, and relationships. A scale was created out of these questions with 0 being the lowest and 10 being the highest. Trans youth in B.C. scored 4.1 on this scale.

Younger trans youth reported on how often they had felt happy and sad during the previous 30 days.

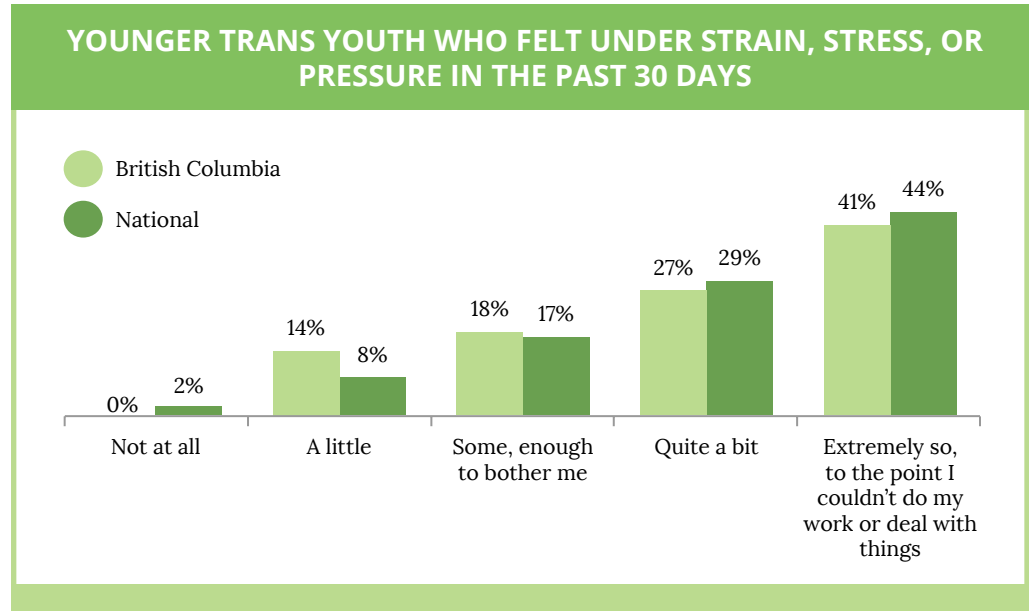


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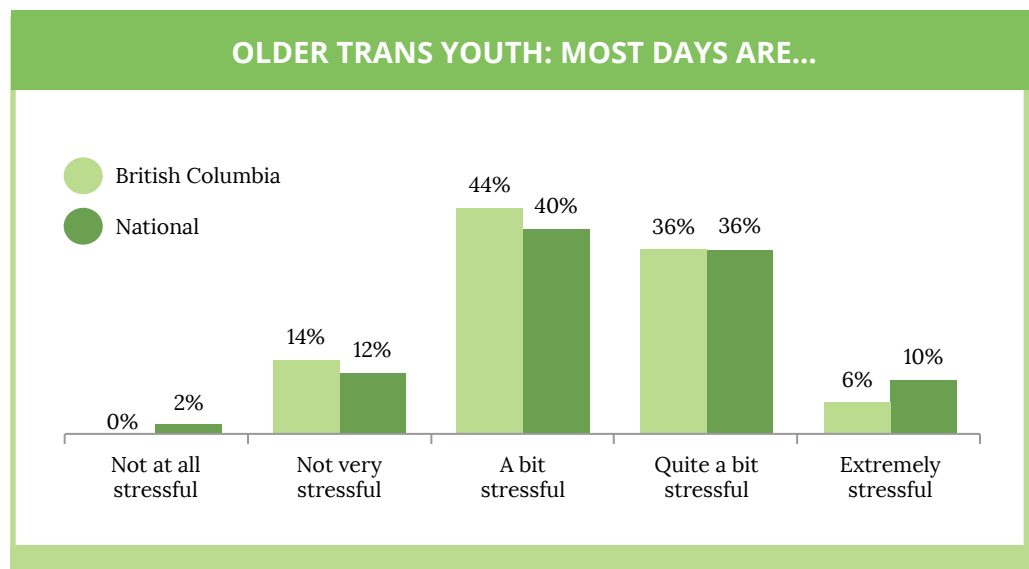


STRESS

Most older and younger trans youth had some stress in their lives, with almost half of younger trans youth feeling stressed to the point that they could not do their work or deal with things during the last 30 days.



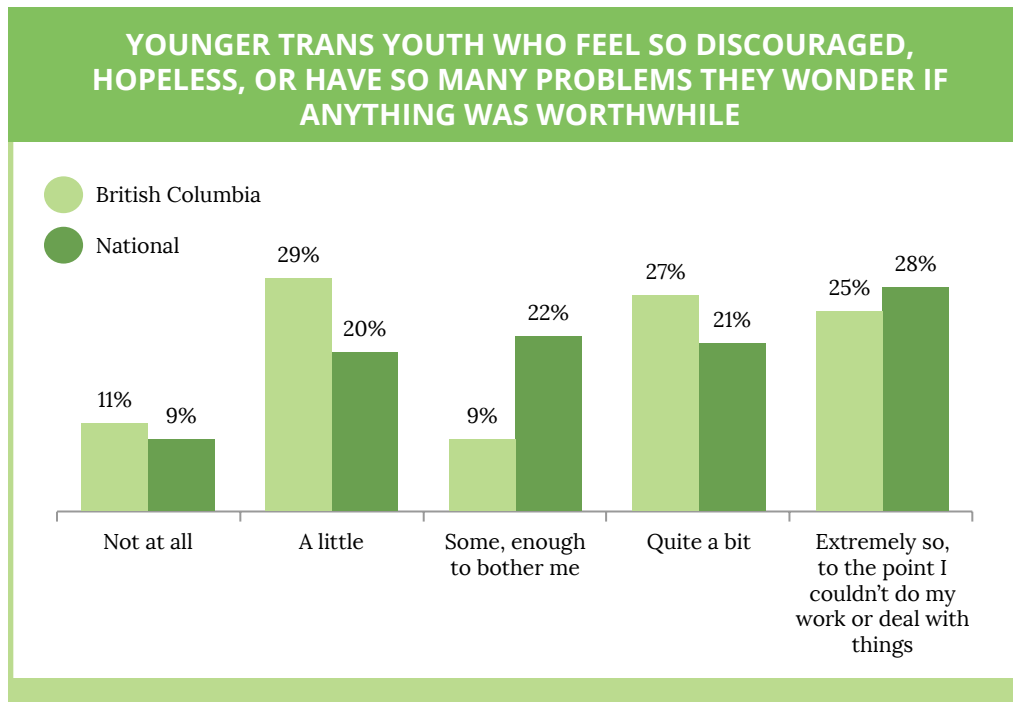
We asked older youth a slightly different question.



EMOTIONAL DISTRESS

Younger trans youth responded to several questions about how they had felt in the last 30 days. They reported how stressed, sad, worried and discouraged they felt. More than half of younger trans youth in British Columbia reported feeling discouraged, or hopeless, or have so many problems they wonder if anything was worthwhile.

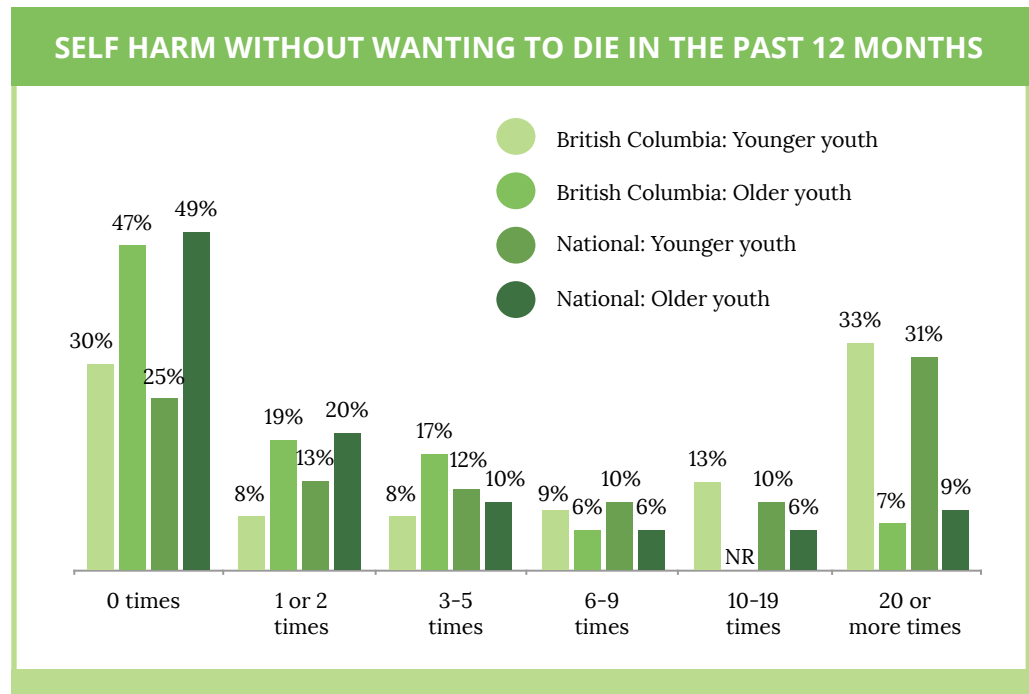
Older trans youth answered questions about depression and anxiety, such as “Have you felt sad or depressed in the last month?” A third of older trans youth had felt depressed or sad most or all of the time (33%).



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SELF-HARM

More than half of trans youth reported they had hurt themselves on purpose without wanting to die in the last 12 months (61%). Older trans youth were less likely than younger trans youth to have engaged in self-harm in the last 12 months (53% vs. 70%).



Percentages may not add up to 100% due to rounding.
 NR: Not releasable due to small number of responses.

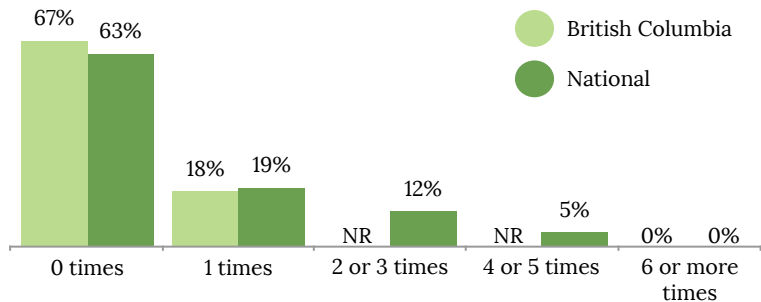
SUICIDE

Within the last 12 months, 66% of younger trans youth had seriously considered suicide. Just over a third of them had attempted suicide at least once (32%).

Similarly, more than a half (66%) of older trans youth had seriously considered suicide at some point during their lives, and many of them had made at least one suicide attempt.

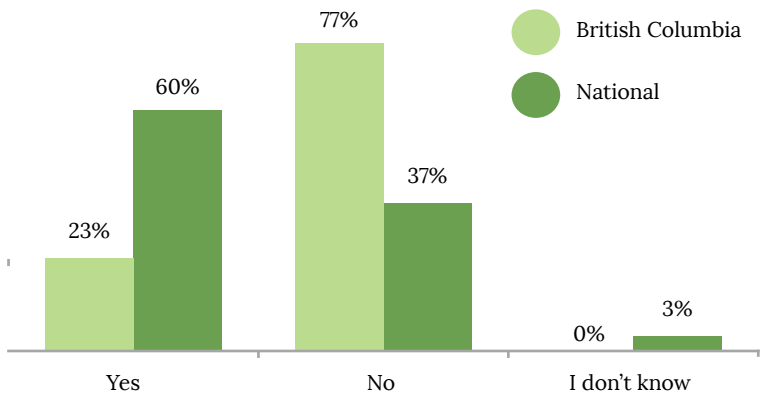
Among those who had attempted suicide within the last 12 months, 10% of trans youth had required medical treatment by a doctor or nurse.

YOUNGER TRANS YOUTH WHO ATTEMPTED SUICIDE IN THE PAST 12 MONTHS



Percentages may not add up to 100% due to rounding.
NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH WHO EVER ATTEMPTED SUICIDE



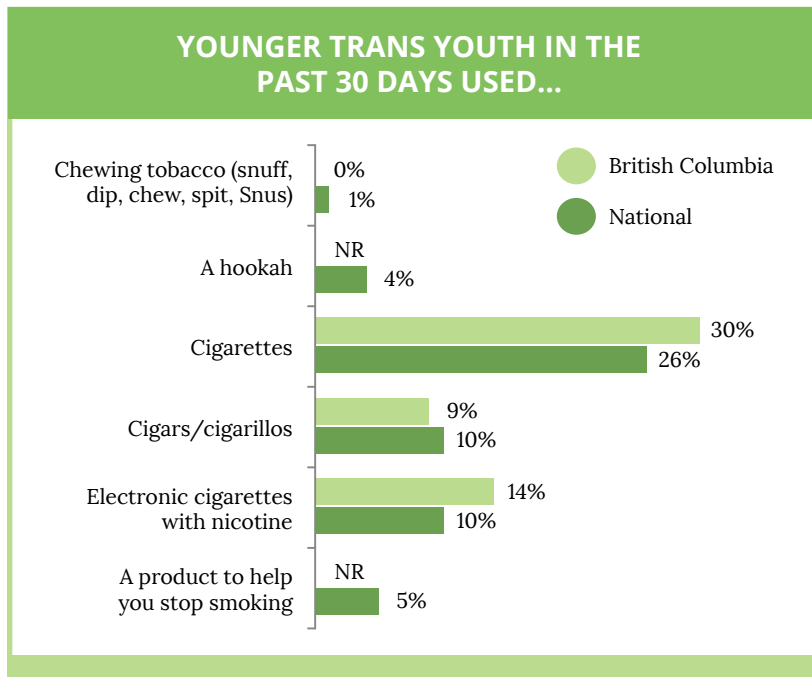
Substance use

Substance use covers a range of legal and illegal drugs, including tobacco, alcohol, marijuana, and other substances.

TOBACCO

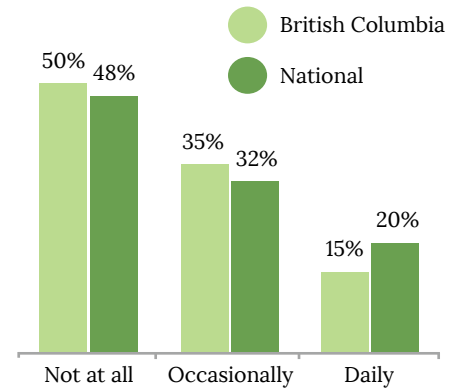
Over half of the older trans youth (57%) reported smoking a whole cigarette at some point in their lives. Of these trans youth, around half had smoked a total of 100 or more cigarettes (about 4 packs) in their lifetime (51%), and 15% were currently daily smokers. Of older trans youth who smoked, 45% had stopped smoking for at least 24 hours at least once in the past 12 months because they were trying to quit.

Just over half of younger trans youth had ever tried tobacco (54%). Roughly a third of younger trans youth had smoked cigarettes during the previous 30 days (30%). Of younger trans youth who were currently smokers, around half reported trying to quit at least once in the last 12 months (55%).



NR: Not releasable due to small number of responses.

HOW OFTEN OLDER YOUTH SMOKE CIGARETTES AT THE PRESENT TIME (AMONG THOSE WHO SMOKE)



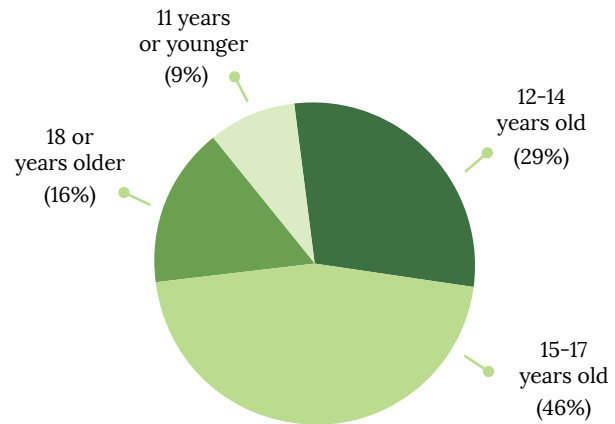
ALCOHOL

Around two thirds of younger trans youth said they drank alcohol at least once in the last 12 months (64%), with 14% drinking at least once a week. Over half of younger trans youth who drank reported binge drinking at least once in the past month (having 5 or more drinks of alcohol on the same occasion) (58%).

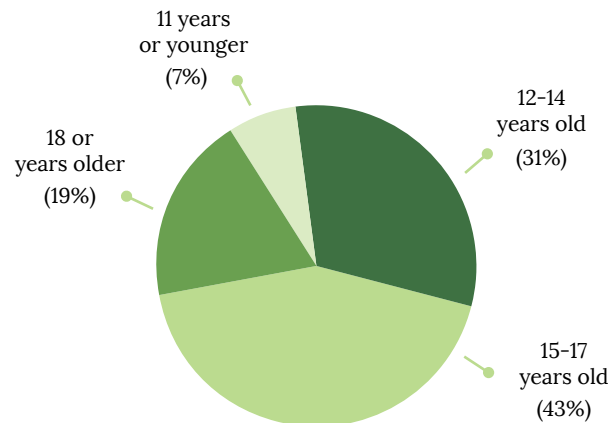
Most older trans youth drank alcohol in the last 12 months (84%), and a third (30%) drank alcohol at least once a week. Three quarters of older trans youth had engaged in binge drinking within the last 12 months (75%), with 36% binge drinking at least once a month over the last year.

Compared to the national average, a higher number of trans youth in B.C. first drank alcohol at the age of 11.

BRITISH COLUMBIA: AGE WHEN OLDER TRANS YOUTH FIRST DRANK ALCOHOL

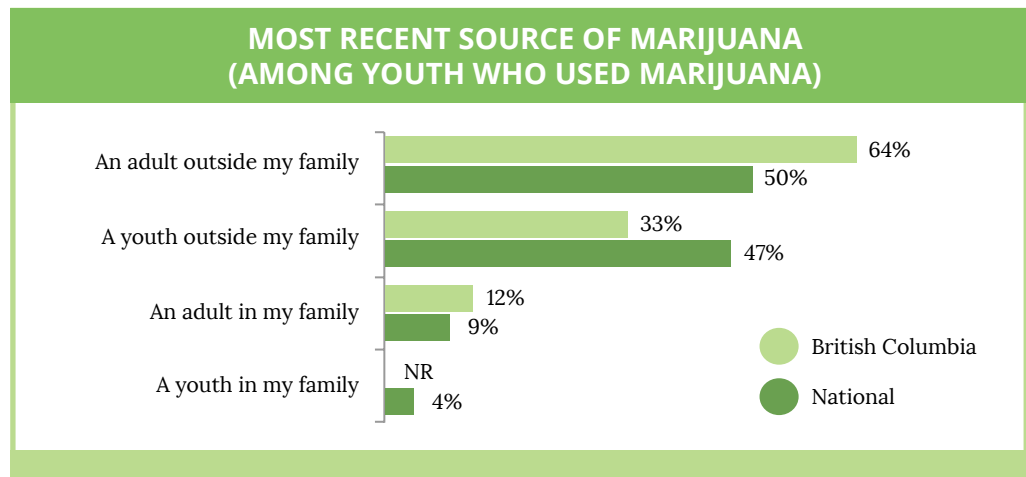


NATIONAL: AGE WHEN OLDER TRANS YOUTH FIRST DRANK ALCOHOL

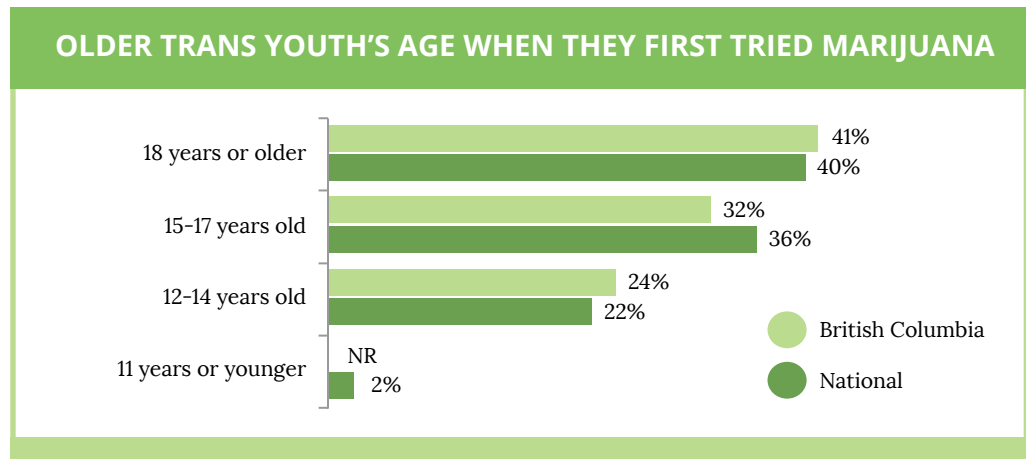


MARIJUANA

About half of younger trans youth had used marijuana in last 12 months (48%). Over two thirds of older trans youth had ever tried marijuana (69%), and of those who had 26% used daily over the last 12 months. Of trans youth who reported using marijuana, 51% had used marijuana on the previous Saturday night, including 54% of younger trans youth and 47% of older trans youth. Statistically, there was a significantly higher number of trans youth in B.C. who had used marijuana the previous Saturday, in comparison to the national average.



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

OTHER SUBSTANCES

We asked about lifetime use of other types of drugs for younger trans youth, and recent use (in the past 12 months) for older trans youth. The two most common substances younger trans youth had ever tried were prescription pills without a doctor's consent (18%), ecstasy/MDMA (16%) and mushrooms (16%). Out of younger trans youth nationwide who reported using hallucinogenic substances once or twice, almost half of the respondents were from B.C.

YOUNGER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS		
	British Columbia	National
Prescription pills without doctor's consent (e.g. OxyContin, Ritalin)	18%	17%
Cocaine (coke, crack)	NR	7%
Hallucinogens (LSD, acid, PCP, dust, mescaline, salvia)	14%	11%
Ecstasy/MDMA	16%	14%
Mushrooms (shrooms, magic mushrooms)	16%	11%
Inhalants (glue, gas, nitrous oxide, whippits, aerosols)	NR	11%

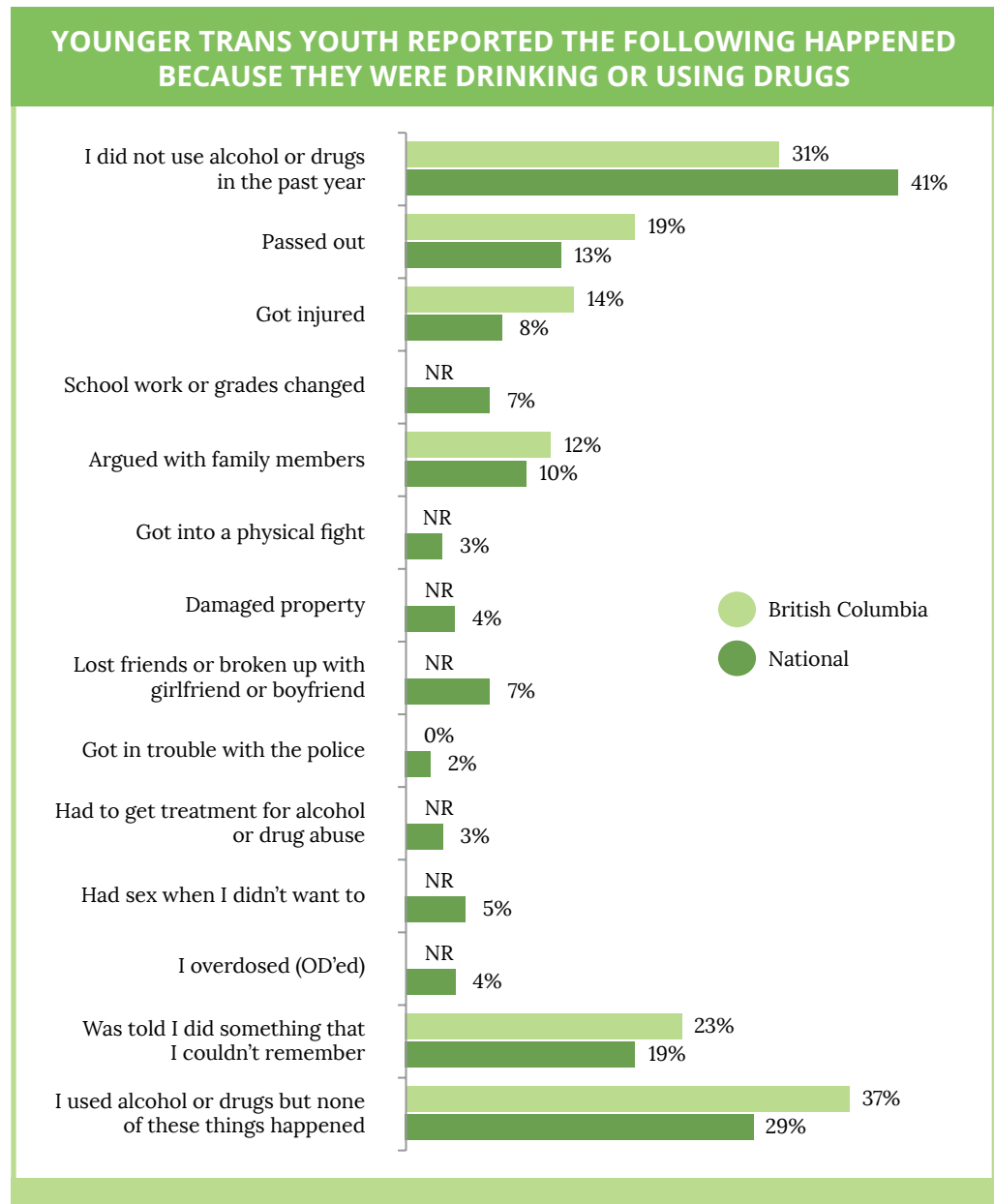
Note: Trans youth could choose more than one response. NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS		
	British Columbia	National
Cocaine or crack	20%	16%
Speed (amphetamines)	15%	13%
Hallucinogens, PCP, or LSD (acid)	27%	22%
Ecstasy (MDMA) or other similar drugs	31%	24%
Glue, gasoline, or other solvents	6%	7%
Heroin	7%	5%

Note: Trans youth could choose more than one response.

46

Older trans youth were also most likely to have used ecstasy/MDMA (31%) or hallucinogens (27%) in the previous 12 months (older trans youth were not asked about use of prescription pills without a doctor's consent).

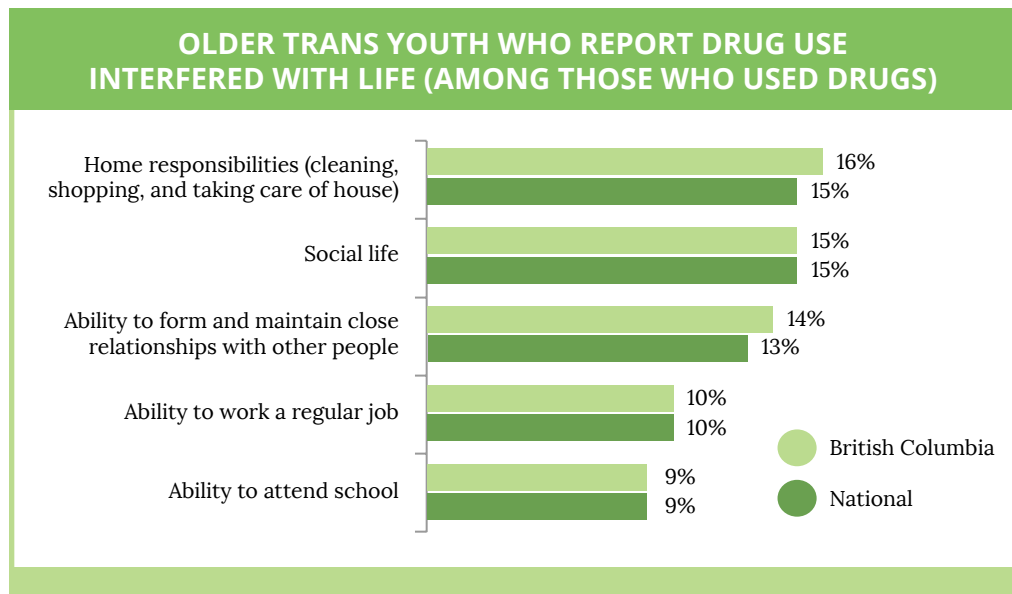


Note: Trans youth could choose more than one response.

NR: Not releasable due to small number of responses.

We also asked younger trans youth about negative consequences of their drinking or drug use during the last 12 months. Many trans youth reported they had used alcohol or drugs and did not have any of these outcomes, but the most common negative outcomes were: being told they did something they couldn't remember, passing out, getting injured and arguing with their family.

Older trans youth who used drugs were asked whether their drug use interfered with different aspects of their life in the last year. Trans youth most frequently reported that drinking and drug use interfered with home responsibilities, social life, and relationships.

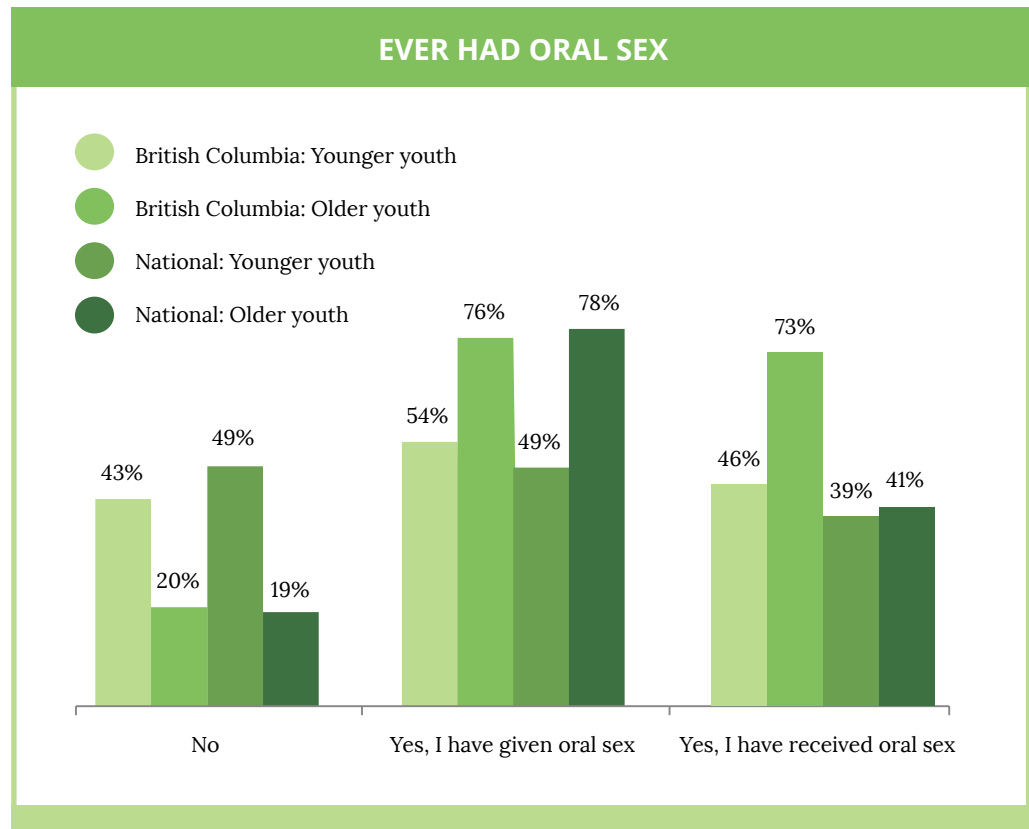


Sexual health

Sexual health is an important area of health for most young people. The onset of puberty and the emergence of sexual identity are major milestones of adolescence. For trans and gender diverse youth, navigating healthy sexual development may have some added complexity. This survey asked a number of questions about sexual behaviours and health.

ORAL SEX

Most participants reported they ever had oral sex. About two thirds of all participants said they had given oral sex (67%), and a slightly smaller percentage said they had received oral sex (61%). Older trans youth were more likely to have had oral sex than younger respondents (80% vs. 57%). Among those who had ever had oral sex, most of them also reported having had oral sex in the past year.



Note: Youth could choose more than one option.

ANAL SEX

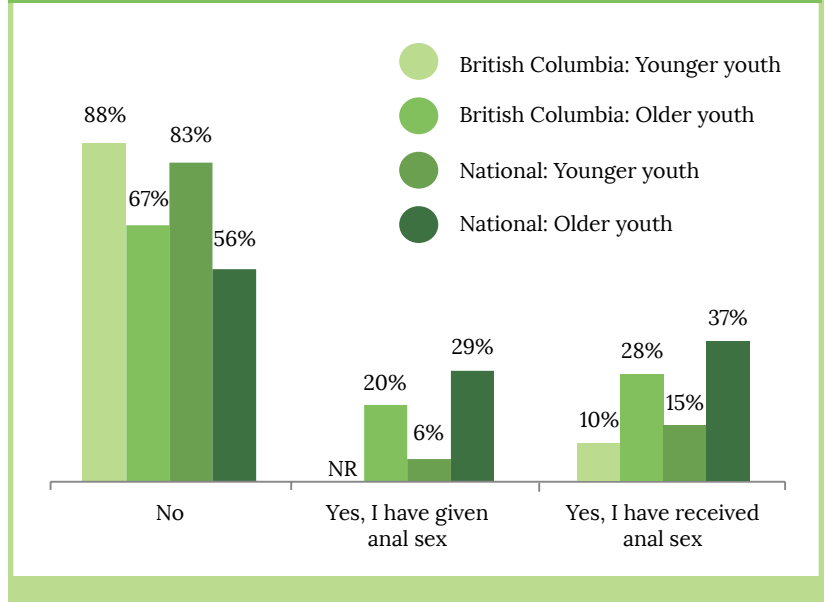
In British Columbia, 24% of trans youth reported ever having anal sex. Again, older trans youth were more likely to report ever having anal sex than younger participants (33% vs. 12%).

GENITAL SEX

The survey also asked about penile-vaginal sex, but with trans and gender diverse youth, this can require a slightly different wording to be respectful and clear. We asked, “Have you ever had genital sex (i.e., vaginal or front hole sex)?” and among those who said yes, we also asked if they had been the receptive or insertive partner in this kind of sex in the past year.

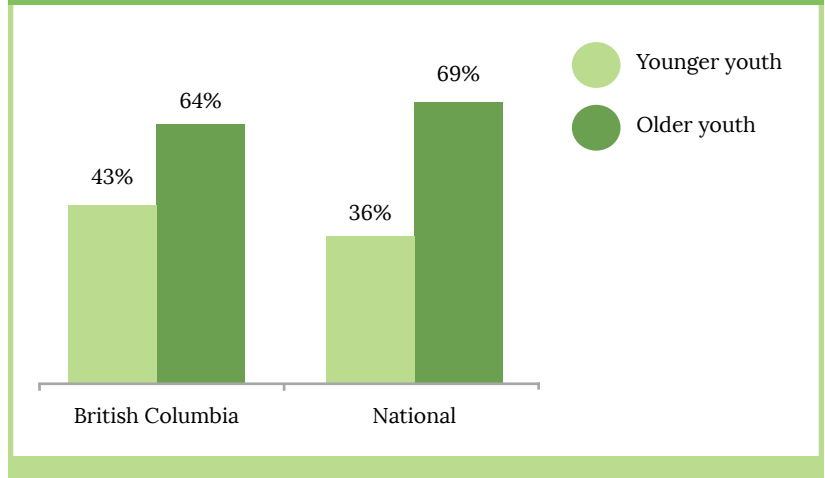
Almost half of the participants reported they had genital sex (43%). Older trans youth were more likely to report genital sex than younger trans youth (48% vs. 35%). In the past 12 months, 71% of younger trans youth and 64% of older trans youth had been the receptive partner in genital sex, and 69% of younger trans youth and 57% of older trans youth said they had been the insertive partner.

EVER HAD ANAL SEX



Note: Trans youth could choose more than one option.
NR: Not releasable due to small number of responses.

HAVE EVER HAD GENITAL SEX (I.E. VAGINA OR FRONT HOLE SEX)



50

AGE AT FIRST SEX

We also asked trans youth how old they were the first time they had sexual intercourse. Among the younger trans youth who had ever had sex, the average age at first sex was just under 15 years old. Among older trans youth who had ever had sex, the average age was a bit older, at just under 17 years. This is expected, because older trans youth include a number of trans youth who would first have had sex at age 19 or older.

ALCOHOL OR DRUG USE AT LAST SEX

Among those who had ever had sex, just under a third of trans youth reported they had used alcohol or drugs the last time they had sex (27%). There were no statistically significant differences between older and younger trans youth.

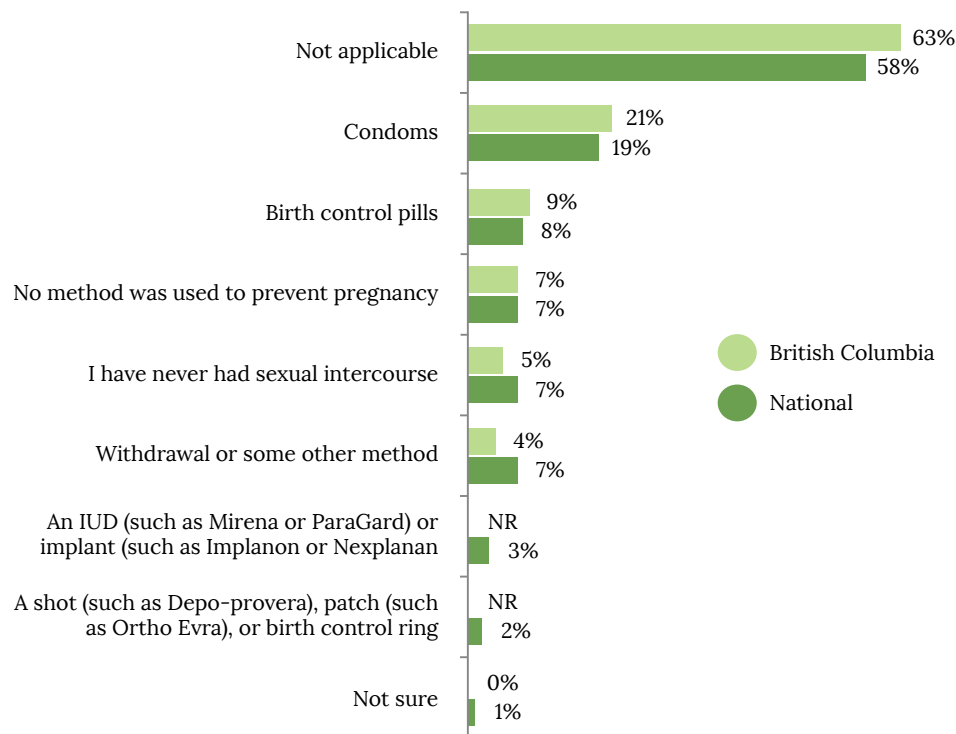


CONTRACEPTIVE USE AT LAST SEX

Although not all sexual behaviour carries a risk of pregnancy, if trans youth have genital sex they may be able to become pregnant or get someone pregnant, even when they are taking puberty blockers or hormones. We asked trans youth what contraceptive methods they used, if any, the last time they had sexual intercourse. Trans youth could choose more than one option.

Most trans youth chose “not applicable” (63%), but among those who reported one or more methods, many reported using effective methods, such as condoms or birth control pills, while a small number reported using withdrawal or no method. Condoms were the most common method reported, followed by birth control pills. A small number of trans youth reported an IUD or birth control shots.

METHOD USED TO PREVENT PREGNANCY AT LAST SEXUAL INTERCOURSE



Note: Youth could choose more than one response.
NR: Not releasable due to small number of responses.

PREGNANCY INVOLVEMENT

Nationally among trans youth who have ever had sex, 5% reported ever being pregnant or causing a pregnancy once. No younger trans youth in British Columbia reported being involved in a pregnancy.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

The survey also asked whether trans youth had ever been told by a doctor or nurse that they had a sexually transmitted infection, with several examples of types of STIs. Although self-report is not as reliable as actual test results, because people can have an STI without having symptoms, several adolescent health surveys ask this question. None of the younger adolescents said they had been told by a doctor or nurse they had an STI, while 8% of older trans youth said they had been told they had an STI.

TRADING SEX FOR MONEY OR OTHER THINGS

In Canadian and international law, a youth under age 18 who trades sexual activities for money or other things like shelter is being sexually exploited. We asked both younger and older trans youth if they had ever traded sexual activity for money, food, shelter, drugs or alcohol. A small number of trans youth reported ever trading sex (11%); older trans youth were more than four times as likely to report trading sex than younger participants (16% vs. 4%).



Safety, discrimination, and violence

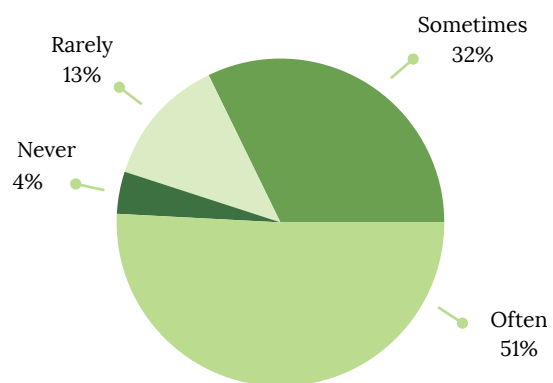
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Violence exposure is a key determinant of health, and experiences of safety, discrimination, and violence can profoundly influence the health of all people. This survey asked trans youth a number of questions about perceptions of safety in different places, and experiences of discrimination and violence at home, in school, in the community, and online.

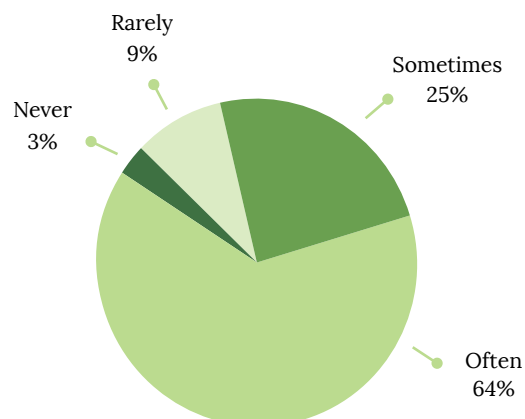
SAFETY AND VIOLENCE AT HOME

Most questions about family safety and violence were directed toward younger participants. One question asked trans youth how often they felt safe in their home. The majority felt safe at home often (51%), and only 4% never felt safe.

BRITISH COLUMBIA: HOW OFTEN YOUNGER TRANS YOUTH FEEL SAFE INSIDE THEIR HOME



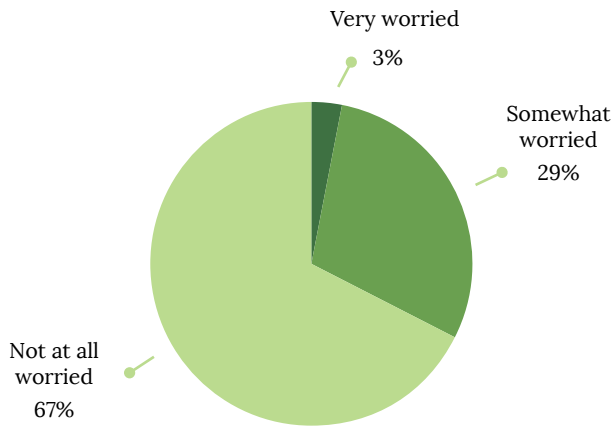
NATIONAL: HOW OFTEN YOUNGER TRANS YOUTH FEEL SAFE INSIDE THEIR HOME



Percentages may not add up to 100% due to rounding.

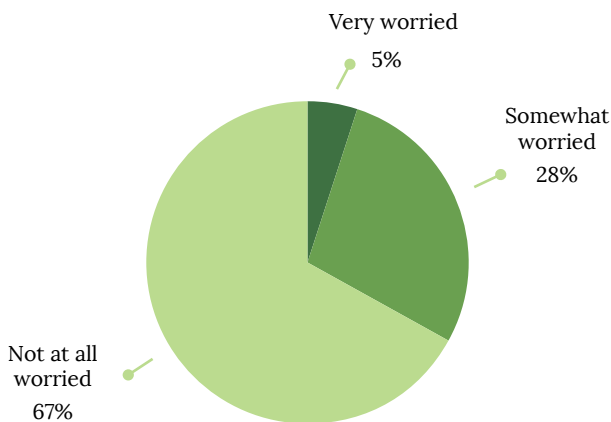
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BRITISH COLUMBIA: HOW WORRIED OLDER TRANS YOUTH FEEL WHEN THEY ARE ALONE IN THEIR HOME AT NIGHT



Percentages may not add up to 100% due to rounding.

NATIONAL: HOW WORRIED OLDER TRANS YOUTH FEEL WHEN THEY ARE ALONE IN THEIR HOME AT NIGHT



Older trans youth were asked a slightly different question about how worried they feel when alone in their home in the evening or at night. The majority felt not at all worried (67%), while a few (3%) felt very worried.

The survey also asked about both being a victim of physical abuse and witnessing violence toward other members of the family. In the past year, 21% of younger participants said they had been physically abused by someone in their family, and 13% had witnessed family violence.

ROMANTIC RELATIONSHIP / DATING VIOLENCE

Most trans youth reported having been in a romantic or dating relationship (92% of older trans youth, 80% of younger trans youth). Among those who had ever had a romantic or dating relationship, 27% had been physically hurt by the person they were going out with. “Being hurt” included being shoved, slapped, hit, kicked, or forced into any sexual activity. Within those who had ever been on a date or gone out with anyone, dating violence was the same between younger and older trans youth.

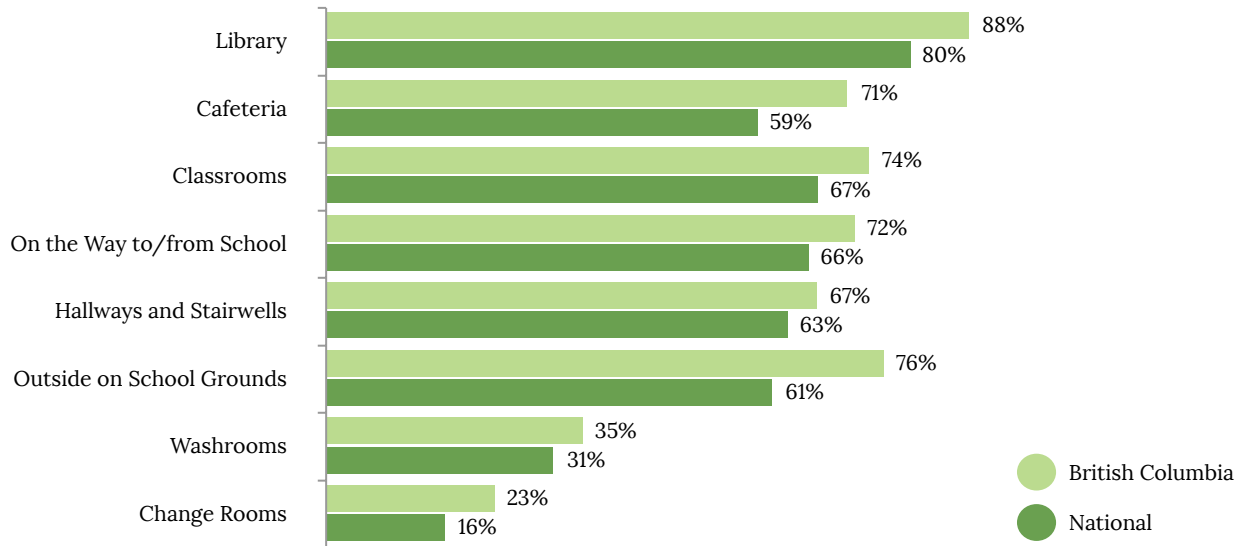
SAFETY AND VIOLENCE AT SCHOOL

It is difficult for anyone to learn when they do not feel safe at school. We asked a number of different questions about experiences of safety, bullying, and violence at school.

Among younger trans youth, we asked a series of questions about how safe they felt in different parts of the school or on the grounds outside of school. These questions together can form a scale of perceived safety overall, and each question provides useful information about where most students feel safest or least safe. On average, trans students felt relatively safe at school: on a scale of 0 to 10, where 0 means a student never feels safe, and 10 means a student feels safe always, the average score was 5.4.



YOUNGER TRANS YOUTH FEELING USUALLY OR ALWAYS SAFE IN SCHOOL LOCATIONS



Students felt least safe in washrooms and changing rooms, and the safest in the library and outside on school grounds.

We also asked younger participants how many times they had been bullied at school in the past year, defined as being repeatedly teased, threatened, kicked, hit or excluded. Just under half had not been bullied at all (42%), while half had been bullied once or more (50%), and the remaining trans youth did not attend school during the past 12 months. Just under a fifth (17%) reported being bullied 1 to 3 times, and 12% had been bullied 12 or more times in the past year.

We also asked them separately about different types of bullying at school. Just under half of younger participants reported they had been physically threatened or injured in the past year (44%), and 9% had been threatened or injured with a weapon. Almost 2 in 3 reported being taunted or ridiculed (65%).

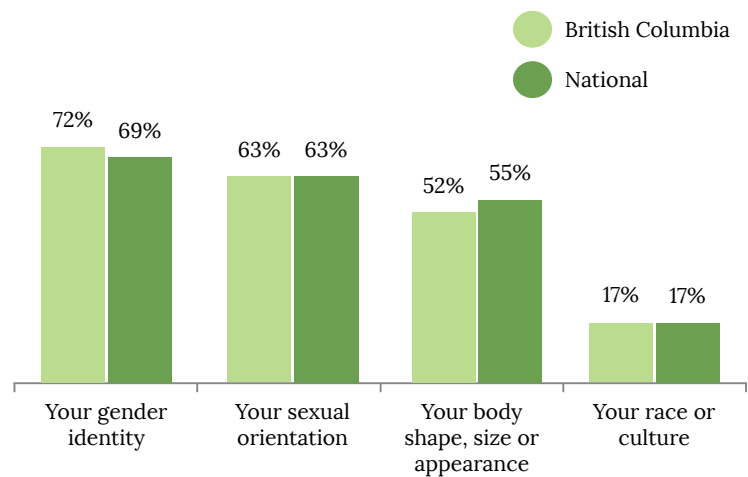
We also asked about bias-based harassment, or whether someone had said something bad about various characteristics. Trans youth were most likely to report people had said something bad about their gender identity, followed by sexual orientation, body shape or appearance, and less commonly about their race or culture (as might be expected in a largely white sample).

Some young people who feel unsafe may carry weapons to school. Among younger participants who had attended school in the past 30 days, 5% reported always carrying a weapon to school and an additional 19% reported sometimes carrying a weapon to school. Older participants were asked a slightly different question, and 27% said they routinely carried something to protect themselves or alert another person.

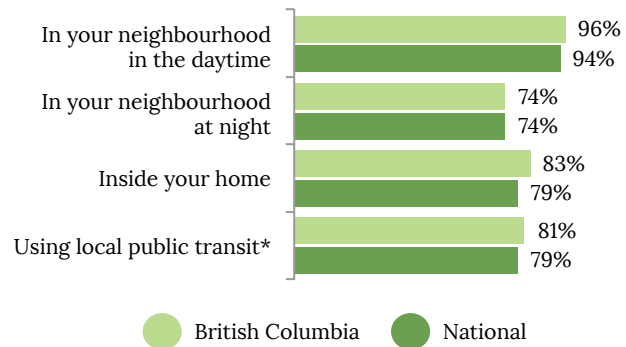
SAFETY AND VIOLENCE IN THE COMMUNITY

In addition to family and school, trans youth may have safety issues in their community. We asked older and younger participants slightly different questions about community safety based on other surveys for their age groups.

YOUNGER YOUTH WHO REPORTED PEOPLE SAID SOMETHING BAD ABOUT



HOW OFTEN YOUNGER TRANS YOUTH FEEL SOMETIMES OR OFTEN SAFE IN THESE LOCATIONS



*Among those who used public transit

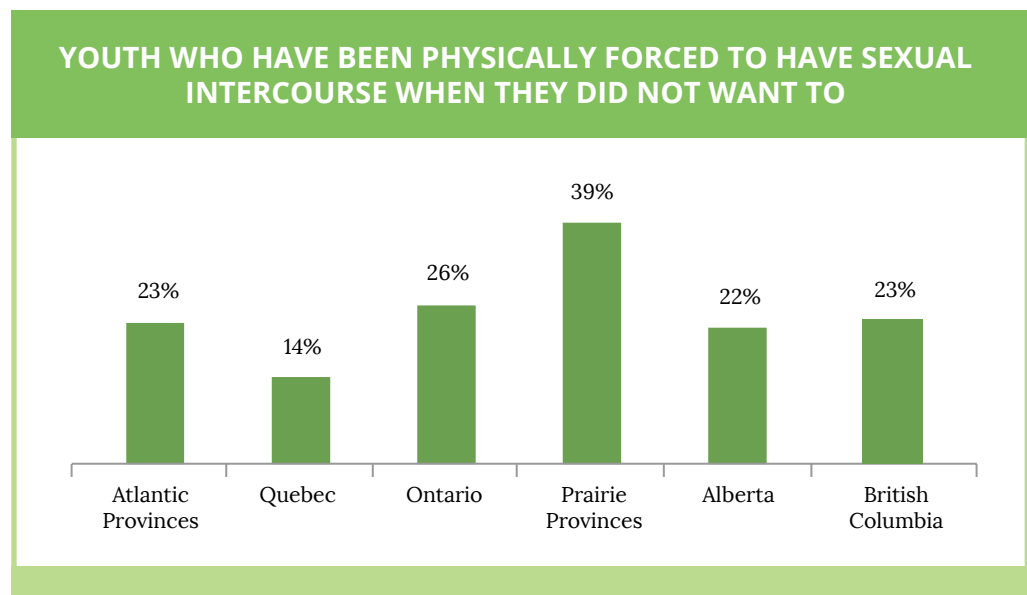
Among younger participants, most felt safe in their neighbourhoods during the daytime. They were less likely to feel safe in their neighbourhoods at night. Similarly, they were slightly less likely to feel safe on public transit (among those who used public transit).

Older participants were asked how often they walked alone in their area after dark: 11% said almost never, but 12% said nearly every day. When asked, 26% said that they would walk alone after dark more often if they felt safer from crime, and 29% said they still would not. Among those who used public transit, 14% said they felt very worried while waiting alone for public transit after dark, but nearly half were not at all worried (49%). Overall, almost half of all older trans youth who reported that they were not worried when they walked alone after dark were from B.C.

SEXUAL VIOLENCE

The survey for younger participants included questions about sexual harassment in the past 12 months. A quarter of younger trans youth said they had never experienced unwanted sexual comments, jokes or gestures directed at them (25%). Physical sexual harassment was more common, as 32% of younger participants said another person had touched, grabbed, pinched or brushed against them in a sexual way that they did not want.

Sexual assault is a serious form of violence that can lead to a variety of health issues, including sexual health problems such as unwanted pregnancy or sexually transmitted infections. Nearly 1 in 4 participants (23%) reported being physically forced to have sexual intercourse when they did not want to.



“I can’t find a sexual assault crisis place where I feel comfortable talking about white supremacy and racist violence.”

- AGE 23

CYBER SAFETY AND CYBERBULLYING

Bullying and violence do not just happen in person. There is growing concern over the risks of identity theft, potential sexual luring, and cyberbullying via the Internet or text messaging. Among younger participants, in the past year 2 in 5 trans youth (41%) had been asked for personal information over the Internet, such as names, addresses, and phone numbers, and 26% said someone had made them

feel unsafe when they were in contact with them on the Internet. Additionally, about 1 in 3 (30%) said they had been bullied or picked on through the Internet in the past year.

Among older trans youth, the questions were slightly different, and were about ever experiencing the different forms of cyberbullying, rather than only in the past year. Just under half (48%) reported they had received threatening or aggressive emails or instant messages. Additionally, 42% had been the



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target of hateful comments on the web, in email or instant messages, and 4% reported someone else had sent out threatening emails using their identity. Another 39% reported being cyberbullied in ways other than those already mentioned.

DISCRIMINATION

We asked both younger and older trans youth a series of questions about whether or not they had experienced discrimination in the past 12 months because of different aspects of their lives.

Most trans youth reported experiencing discrimination because of their sex or their gender identity, appearance, sexual orientation, and age, with smaller percentages reporting discrimination because of ethnicity/culture, religion, or disability.

IN THE PAST YEAR, HAVE YOU EXPERIENCED DISCRIMINATION OR BEEN TREATED UNFAIRLY BY OTHERS IN CANADA BECAUSE OF...				
	British Columbia		National	
	Younger Youth	Older Youth	Younger Youth	Older Youth
Your sex	55%	82%	46%	63%
Your ethnicity or culture	NR	25%	13%	15%
Your race or colour	NR	21%	10%	13%
Your physical appearance (other than skin colour)	45%	66%	43%	60%
Your religion	12%	10%	10%	10%
Your sexual orientation	49%	69%	47%	59%
Your age	53%	65%	51%	49%
A disability	16%	31%	18%	25%
Your language	NR	9%	7%	12%
Your gender identity	66%	78%	60%	70%
For some other reason	43%	58%	33%	34%

NR: Not releasable due to small number of responses.

Supportive relationships

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Supportive relationships, whether at home, at school or in the community, are important for overall health and wellbeing. We asked trans youth both where they looked for support and where they found it.

Just over one third of younger trans youth had no adult that they could talk to if they were having a serious problem (35%). Close to another third had an adult in their family that they could go to for support (29%), while about half had an adult outside their family who they could go to for support (53%).

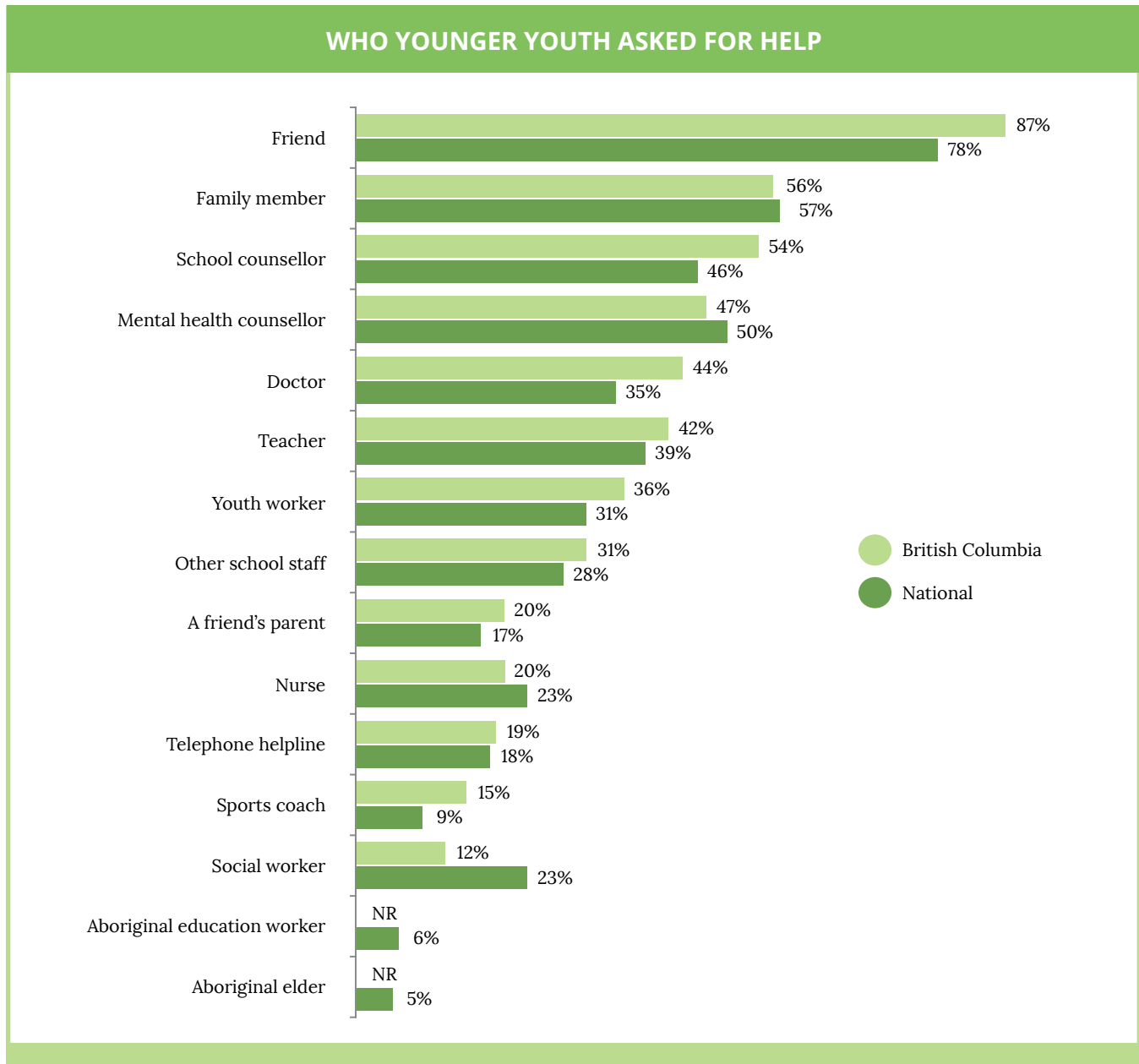
Younger trans youth also reported whom they had asked for help in the last 12 months and how helpful those people had been. The people younger trans youth went to for help most often were friends, family members, mental health and school counsellors, and doctors.

“I really think there should be more groups for trans and queer kids, not just 14 and up, to feel safe in, when I first came out I had no-one, but now I have really wonderful people in my life.” - AGE 14



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Among those who asked for help, the people trans youth found most helpful were sports coaches, friends, and mental health counsellors. There was a statistically significantly higher number of younger trans youth who found sports coaches to be helpful in B.C. compared to the national average.



NR: Not releasable due to small number of responses.

PERCENTAGE WHO YOUNGER YOUTH REPORTED WERE HELPFUL		
	British Columbia	National
Friend	81%	84%
Family member	65%	57%
A friend's parent	46%	50%
Teacher	76%	62%
Aboriginal education worker	NR	NR
School counsellor	74%	57%
Other school staff	59%	51%
Youth worker	79%	67%
Mental health counsellor	80%	68%
Social worker	NR	44%
Doctor	71%	59%
Nurse	64%	67%
Telephone helpline	NR	43%
Aboriginal elder	NR	NR
Sports coach	88%	53%

Note: Trans youth could choose more than one response.

NR: Not releasable due to small number of responses.

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Older trans youth reported having an average of four close friends and relatives that they feel at ease with and comfortable talking to.

We also asked older trans youth which support people would be available to them if they were in need. More than half had someone they could get most kinds of help and support from.

OLDER YOUTH: SUPPORTS THAT ARE AVAILABLE WHEN NEEDED ALL OR MOST OF THE TIME		
	British Columbia	National
Someone to help you if you were confined to bed?	54%	51%
Someone who shows you love and affection?	69%	68%
Someone to give you advice about a crisis?	64%	57%
Someone to confide in or talk to about yourself or your problems?	60%	60%
Someone to take you to the doctor?	55%	53%
Someone to prepare your meals if you were unable to do it yourself?	55%	52%
Someone who hugs you?	59%	53%
Someone to help with daily chores if you were sick?	50%	49%
Someone who understands your problems?	48%	44%

FAMILY CONNECTEDNESS OF YOUNGER YOUTH

In addition to relationships with parents, younger trans youth were asked questions about life with their families in general. This included questions about how much your family respects your privacy, and how much they understand you, among other questions. The figure below reports the percentage of trans youth who answered ‘not at all’ or ‘a little’ to these questions.

USING CORRECT NAME AND PRONOUNS

We asked trans youth who in their social circle they had asked to use their correct name and pronouns (ones that reflect their gender identity).

When it comes to their family, almost two thirds of trans youth had asked their parents to use a different name and pronoun, while a similar number had asked their sibling(s) to call them by a different name or pronouns. Younger participants were more likely to be planning on telling their sibling(s), while older participants were more likely to have already done so.

Almost half of trans youth had made the request to their extended family. Among trans youth who had a spouse/partner or roommates, trans youth were very likely to have asked these people to use a different name or pronoun. Younger participants were less likely to have told their roommate(s).

Notably, B.C. had the highest number of trans youth who did not plan on asking their school staff to refer to them by their preferred names and pronouns. Churches, temples or mosques were the spaces where trans youth were least likely to have asked people to use a different name and pronoun. Older participants were more likely to have asked their cultural community, and younger participants were more likely not to be planning on doing so.

Comments from trans youth showed this question was not always relevant to their experiences. Some trans youth decide to keep their birth name, for example, if it is considered a gender-neutral name. Trans youth who have a non-binary gender identity (and might use different pronouns than he or she) also face the additional barrier that people tend to be unfamiliar with gender-neutral pronouns, which can complicate the process of asking people to use different pronouns.

YOUNGER YOUTH WHO CHOSE “NOT AT ALL” OR “A LITTLE” IN ANSWER TO QUESTIONS ABOUT HOW MUCH FAMILY		
	British Columbia	National
Cares about your feelings	40%	53%
Understands you	60%	31%
Has fun together	52%	49%
Respects your privacy	NR	57%
Pays attention to you	37%	65%

NR: Not releasable due to small number of responses.

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“I prefer to use a different name and pronoun, but it’s all over the place right now because people are in various stages of accepting my transition.” - AGE 20

HAVE YOU ASKED ANY OF THE FOLLOWING PEOPLE TO CALL YOU BY A DIFFERENT NAME OR PRONOUN, ONE WHICH REFLECTS YOUR GENDER IDENTITY?		
	British Columbia	National
My parent(s)	64%	60%
My sibling(s)	62%	57%
My spouse or partner	79%	80%
My child(ren)	24%	20%
My extended family	44%	36%
My roommates	57%	62%
My trans friends	85%	86%
My non-trans friends	79%	78%
People online	84%	85%
My church/temple/mosque	NR	19%
My cultural community	44%	37%
My co-workers	43%	47%
My employer	49%	47%
My supervisor/boss	49%	48%
My teachers	53%	55%
My school staff	49%	50%
My classmates	56%	52%

NR: Not releasable due to small number of responses.

Conclusions and Recommendations

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This survey provides an important picture of the health and well-being of trans youth in British Columbia. There are serious concerns: many of these trans youth face rejection, discrimination and even violence at home and in their community. They report significant stress and mental health challenges, a profound lack of safety in navigating their daily lives, barriers to supportive health care, and worrying rates of poverty.

At the same time, there are signs of hope. Many of the trans young people who participated in the survey provided thoughtful and inspiring comments about how they have navigated the complexities of gender, and the improvements in their lives when their identity has been recognized and affirmed. Some shared personal strengths and supportive relationships, and many noted helpful professionals.

A number of key recommendations are suggested by our findings, and from youth in our trans youth advisory groups.

Support for families of trans youth

Families are a key source of support for young people, yet many trans youth continue to face rejection and harm from parents and other family members. We need better outreach and support for families, to help them understand and support the trans youth in their lives, and to help trans youth feel safe at home. Supportive families help ensure good mental health outcomes for young people, and they promote resilience in the face of discrimination and other difficulties that are still too often part of the daily reality of trans youths' lives.

As we work towards building more supportive families, it is also essential that there be structures in place for trans youth to find support among adults outside of their family, such as youth workers, counsellors, or coaches. Opportunities for training on gender identity must be made available for all people who work closely with young people to ensure that staff are well-prepared to support and welcome youth of all gender identities.



Safer schools

In British Columbia, sexual orientation and gender identity (SOGI) was required to be referenced in district and school codes by December 31, 2016. Youth spend the majority of their time in school, so it is crucial that trans youth have positive experiences there. Schools need to become safer and more welcoming for trans youth, even before they make themselves known to school staff. Schools and school districts should work with trans youth, parents of trans youth, trans community leaders, and professionals to develop effective policies and programs that create supportive school environments. Strategies could include:

- Training for teachers, school counselors, and administrators on gender identity development and gender-affirming approaches
- Awareness campaigns and education for students
- Making gender-neutral washrooms and change rooms available

See www.sogieducation.org for further resources for educators in British Columbia.

Knowledgeable and accessible health care services

The significant barriers faced by trans youth in accessing health care are troubling. Many missed out on needed physical or mental health care, and most were uncomfortable discussing trans health issues with health professionals. Healthcare providers and clinics should work with trans communities to ensure adequate and timely access to gender-affirming healthcare for trans youth. Service providers need further training to improve their competency in providing high quality care, which is more than just “trans friendly” care. This should include general education about gender identity and barriers that trans people face in accessing health care, and discipline-specific training in appropriate protocols for addressing trans youth health issues. Young people need safe access to and support around hormone therapy, and mental health services to help them cope with their day-to-day challenges.

Engage trans youth and their families in the solutions for change

The 209 B.C. trans youth who shared their health issues and life experiences are the experts at identifying the barriers and challenges they face at home, at school or work, in their communities, and in health care settings. They also may offer creative solutions for addressing these challenges. They should have a voice in making changes in the environments they navigate, to support their being and their becoming, their growth and their transition to adulthood.



