

BEING SAFE, BEING ME IN ONTARIO:

Results of the Canadian Trans Youth Health Survey



THE UNIVERSITY OF BRITISH COLUMBIA

School of Nursing



BEING SAFE, BEING ME IN ONTARIO:

Results of the Canadian Trans Youth Health Survey

This study was funded by Grant # MOP 119472 of the Canadian Institutes of Health Research, Institute of Gender and Health. The recommendations within this report are solely the opinions of the investigators.

The Canadian Trans Youth Health Survey received ethics approval from the following University Research Ethics Boards:

University of British Columbia certificate #H12-03129

University of Winnipeg certificate #GT856

Dalhousie University certificate #2012-2804

Laurier University certificate #3773

Copyright 2017 under a Creative Commons
2.0 ND NC license.



SUGGESTED CITATION

Saewyc, E., Pyne, J., Frohard-Dourlent, H., Travers, R., & Veale, J., (2017). *Being Safe, Being Me in Ontario: Regional Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.

The photographs in this report are of trans youth, their families, and allies. The photographs were taken in Vancouver, BC in July 2014 by Martin Dee.

The report layout was designed by Alexandra Young.

Available online in pdf format at www.saravyc.ubc.ca

THE TRANS YOUTH HEALTH SURVEY RESEARCH TEAM

Principal Investigator:

Elizabeth M. Saewyc*, *University of British Columbia*

Co-Investigators:

Line Chamberland, *Université du Québec à Montréal*

Anita DeLongis, *University of British Columbia*

Gilbert Émond, *Concordia University*

Jacqueline Gahagan, *Dalhousie University*

André P.Grace, *University of Alberta*

Dan Metzger, *University of British Columbia and BC Children's Hospital*

Tracey Peter, *University of Manitoba*

Annie Smith, *McCreary Centre Society, Vancouver*

Catherine Taylor, *University of Winnipeg*

Robb Travers*, *Wilfrid Laurier University*

Ann Travers, *Simon Fraser University*

Kris Wells, *University of Alberta*

Senior Postdoctoral Fellow:

Jaimie Veale*, *University of British Columbia*

Postdoctoral Fellows, Community Researchers, and Research Staff:

Tonya Callaghan, *University of Calgary*

Mauricio Coronel*, *University of British Columbia*

Beth Clark, *University of British Columbia*

Max Ferguson*, *University of British Columbia*

Hélène Frohard-Dourlent*, *University of British Columbia*

Reece Malone, *Rainbow Resource Centre, Winnipeg*

Melissa Moynihan, *University of British Columbia*

Ryan Watson, *University of British Columbia*

Jake Pyne, *McMaster University*

Thanks also to former staff:

Sarah Dobson, *University of British Columbia*

Christopher Drozda, *University of British Columbia*

Kirk Furlotte, *University of Winnipeg*

Jordan King, *University of British Columbia*

Karine Khatchadourian, *BCCH*

Bea Miller, *University of British Columbia*

Special thanks to the Trans Youth Advisory Group in Ontario (Dani Araya, Aiden Kivisto, Prosoma Lundy, Casey Yau) as well as trans youth advisory groups in BC, Alberta, and Nova Scotia. For consultation on the Ontario health and social service context for trans youth, thank you to Lindsay Elin from Central Toronto Youth Services, Ilana David and Gaela Mintz from the Toronto District School Board, and Jordan Zaitzow from Rainbow Health Ontario. Thank you to the LGBTQ youth-serving agencies and clinical services who helped spread the word, and to all the youth who shared their thoughts in the survey.

* Denotes individuals who substantively contributed to the analyses and/or writing for this report.

Table of Contents

Executive summary	1
Introduction	4
Who participated in the survey?	7
Home life	13
School and work	15
Physical health	18
Physical activities	20
Injury prevention	21
Nutrition, body weight, and body image	23
Health care access	26
Mental health	31
Substance use	37
Sexual health	42
Safety, discrimination, and violence	45
Supportive relationships	51
Conclusions and recommendations	58

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 answered the survey from the province of Ontario. They represent 268 of the 923 total participants. This regional report is a first snapshot of survey results.

KEY FINDINGS:

- While the majority of youth (80%) reported living in their felt gender at least part of the time, only half lived in their felt gender full-time. Younger youth were less likely to live in their felt gender full-time.
- Safety, violence exposure, and discrimination were major issues. For example, two-thirds of participants reported discrimination because of their gender identity and about half reported discrimination due to their physical appearance.
- Many younger youth (42%) reported sexual harassment in the last year; more than 30% of younger participants had been physically threatened or injured in the past year; and 35% of older youth reported various types of cyberbullying.
- Family relationships are important, and while trans youth generally reported feeling their parents cared about them, 35% of younger youth reported their family did not understand them, and 1 in 3 did not have an adult they could talk to about problems. When youth had high levels of parental support and family connectedness, they reported much better health.
- Mental health issues were a key concern. Nearly two-thirds reported self-harm in the past year; a similar number of both older and younger youth reported serious thoughts of suicide; and 43% of older youth had attempted suicide.
- Younger trans youth who had supportive adults both inside and outside their family were more likely to

report good or excellent mental health, and were less likely to have considered suicide.

- Trans youth generally reported low connectedness to school, but those who reported higher school connectedness were twice as likely to report having good mental health.
- Only 7% of youth reported that they always felt safe in the washrooms at school, and 0% reported that they always felt safe in school change rooms.
- 30% of younger youth reported lacking needed physical health care during the past year and even more lacked needed mental health care (59%). 85% of older youth reported lacking health care, both mental and physical.
- Just under two-thirds of youth with a family doctor (63%) said their current family doctor knew about their trans identity. However, only 14% of youth with a family doctor felt 'very comfortable' discussing their trans status and trans-specific health care needs. Even fewer felt comfortable at walk-in clinics.
- Poverty and hunger were also issues for some trans

youth: twelve younger youth and more than 1 in 5 older trans youth reported going hungry in the past year because they could not afford food.

- 19% of younger trans youth reported they had run away from home in the past year and this was much more likely among those who had reported a history of physical or sexual abuse.

Given the significant health challenges faced by trans youth in our survey, and 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 the findings.

KEY RECOMMENDATIONS:

- **Support for families of trans youth:** We need improved and creative outreach strategies and support programs for parents and caregivers, to help them develop the knowledge needed to support the trans youth in their lives, including making them feel safe at home. Peer support groups for parents and siblings of trans youth are much needed, as well as training for family support workers and therapists to enable them to meet the needs of families of trans youth. Gender-affirming

3

- professionally-facilitated services for parents of trans youth are needed to enable them to promote trans youth mental health, well-being and resilience in the home and beyond.
- **Safer schools:** All schools need to be as inclusive and barrier-free as possible, and this should be done prior to an accommodation request by a trans student. Schools should have at least one all-gender wash-room regardless of who has requested one in their building, in addition to gender-specific washrooms that provide access to everyone. Schools and school districts should work with trans youth, their parents, trans community leaders, and professionals to develop effective professional development tools, policies and programs to create supportive school environments. Administrators and educators should aim to shift the school climate by integrating gender diversity into system-wide education campaigns and curriculum plans. Schools should use the Ontario Human Rights Code as their guide and develop a procedure document that explains how the code will be implemented in the school's day-to-day practice.
 - **Knowledgeable and accessible health care services:** As part of a continued commitment to depathologizing trans identities, healthcare providers and clinics should work with trans communities to ensure adequate 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. While specialist services are important, many trans youth health needs can be met in primary care settings.
 - **Engage trans youth and their families in the solutions for change:** The 268 trans youth who shared their health experiences are the experts in 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

4

There is growing awareness in Canada that gender does not always match sex assigned at birth. Gender also may not fit neatly into the two boxes of women/men or girls/boys. Some people identify with terms such as transgender, transsexual, 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 was 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 how to ask questions about gender identity. We need to find ways for trans youth to self-identify on large-scale youth health surveys,

and for both trans and cisgender youth (non-trans youth whose gender identity aligns with the sex they were assigned at birth) to accurately answer health-related survey questions.

Some people identify with genders that do not match the sex they were assigned at birth. They may self-identify with terms such as transgender, transsexual, genderqueer, gender fluid, MTF, FTM, trans man, transfeminine, etc. We have chosen to use the word trans to describe youth whose gender identity and sex assigned at birth, differ. While we know this umbrella term does not fit for everyone, our intention is to be as inclusive as possible.



5

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 for trans youth. It is important to understand these health contexts in order to develop interventions that will improve their well-being. This survey is intended to be a step toward documenting the challenges and resilience of trans youth in Canada, and to identify ways that future youth health research can better include this often-overlooked population.

PURPOSE OF THE SURVEY

Our study is one of the first national youth health surveys in Canada to focus on trans youth. We had two main purposes:

- Asking trans youth about the same wide range of health topics and influences on health that are asked in the broader population of young people
- Trying several different questions about gender identity, and asking youth for their opinions about each, so we gain insight and develop improved ways of asking about gender

“I’ve always lived as my gender, regardless of whether other people saw me that way.”

– AGE 18, ONTARIO

METHODS

The Trans Youth Health Survey Research Team is comprised of researchers from universities across Canada and from transgender and other community organizations that have frontline 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 we asked 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 youth (ages 14 to 18) and one for older 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 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 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, youth could save the survey and come back to complete it. Where 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 focuses on participants who indicated that they currently live in the province of Ontario. Results have been rounded to the nearest whole percent; however, we do not report on any sub-samples that contain less than 5 participants in any particular category. We tested comparisons between older and younger age groups for questions they both were asked. We also compared Ontario to the larger national sample. Any comparisons reported using the Ontario data are statistically significant unless otherwise noted. Like in the National report, we provide quotes from participants who answered one of the numerous comment boxes provided in the survey.

Who Participated in the Survey?

In total, 268 youth from Ontario completed part or all of the survey. The average age of participants at the time of the survey was 20. Youth age 18 or younger represented 33% of all participants.

HOW OLD ARE YOU TODAY?



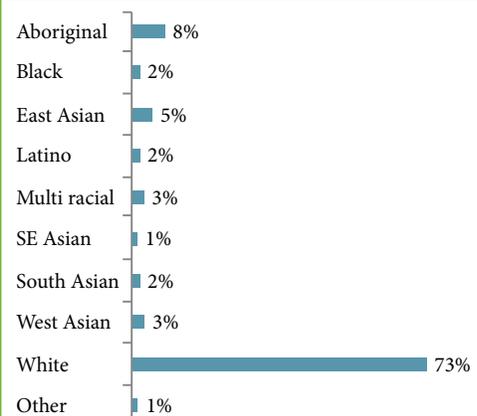
GEOGRAPHICAL LOCATION

Youth participated in the survey from every province and territory in Canada except for the Yukon and Nunavut, although we had fewer than 10 youth participate from Northwest Territories and Prince Edward Island. Most participants lived in Ontario and British Columbia: youth from Ontario represented 29% of all participants.

ETHNIC AND CULTURAL BACKGROUND

More than 7 out of 10 youth in Ontario reported being white. Overall, almost 1 in 10 participants identified as Aboriginal, which included First Nations, Inuit, and Métis.

ETHNIC OR CULTURAL BACKGROUND



Note: Participants could select more than one response option.

NEW CANADIANS

Only 1% of youth were recent immigrants (had lived in Canada for less than two years). The majority (88%) of participants had lived in Canada for their whole lives.

LANGUAGE

Language spoken at home is another way to identify the cultural diversity of the survey participants. In Ontario, just over three quarters of youth spoke only English at home, and only one person spoke only French at home. Ontario youth were less likely than youth in the national sample to speak only French at home, but slightly more likely to speak English and another language.

GENDER IDENTITY

The survey contained several different questions asking trans youth about their gender identity in slightly different ways. Youth were then asked to rate the effectiveness of asking about gender in these ways. The question “What is your gender identity?” was rated the highest by trans youth, both in how much they liked it and how well the options fit them. This question allowed them to select their gender identity or identities from a long list of options, and to select more than one option from the list: just under one third checked one option on the list, and about half checked two or three options on the list. Younger participants were more likely to choose only one option from the list. Participants could also write in additional options if they felt their identity was missing

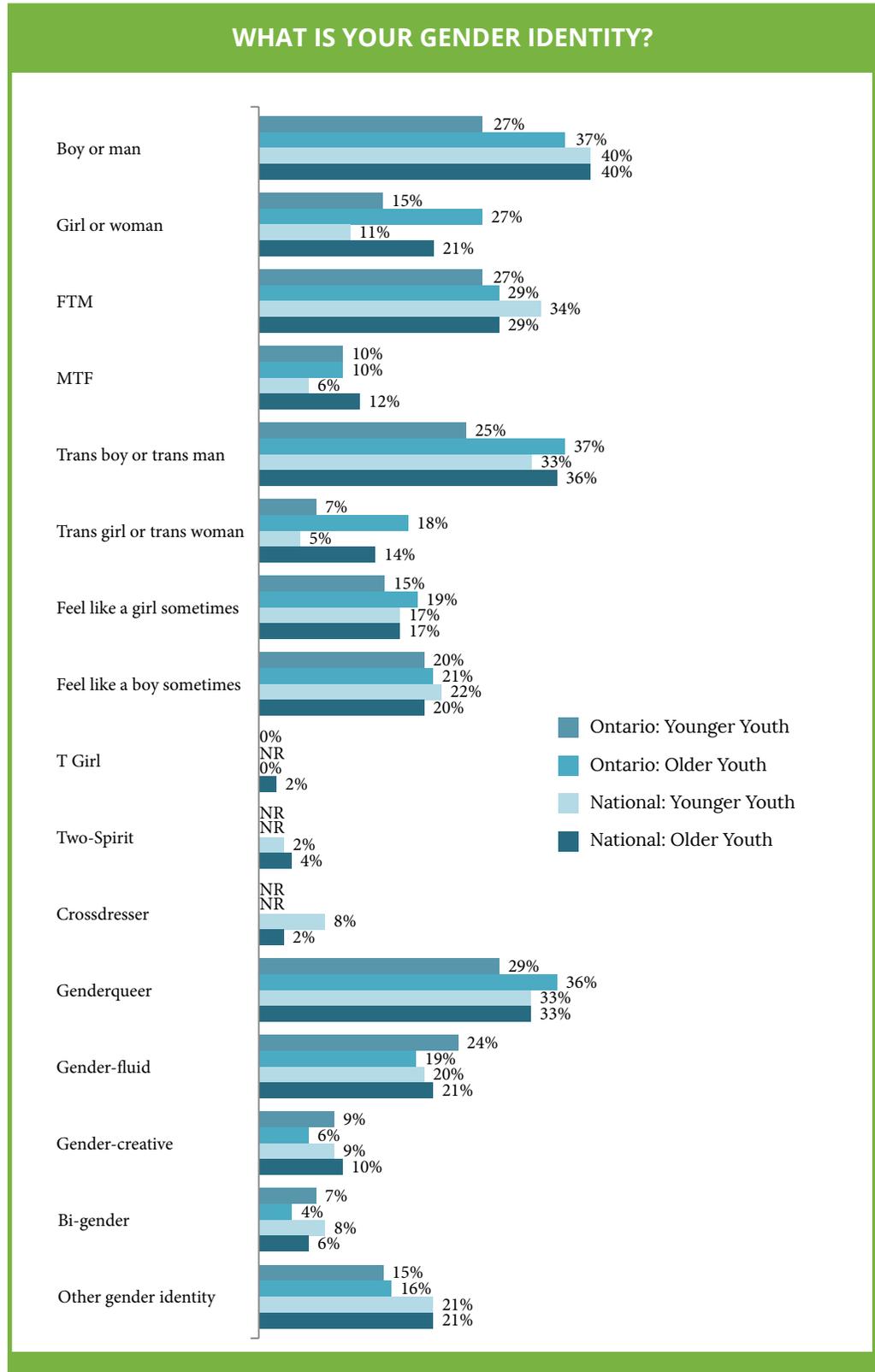


“I am technically a transsexual man, having transitioned my sex to male, but I don’t identify as transgender. I have spent more than half my life as a boy, having transitioned as a kid.”

– AGE 20, ONTARIO

from the existing list. 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.

9



Note: Youth could choose more than one response. FTM=Female-to-Male. MTF=Male-to-Female. Numbers of intersex youth were non-reportable as less than 5 youth endorsed this gender identity. NR: Not releasable due to small number of responses.

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 38% identifying as boys or men, and nearly as many identifying in “some

other way,” and only about 17% identifying as girls or women. The comments following this question suggest that some 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.

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?

	Ontario	National
I am not transgender	11%	8%
I am transgender and identify as a boy or a man	38%	40%
I am transgender and identify as a girl or a woman	17%	16%
I am transgender and identify in some other way	35%	36%

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

Another question asked participants: “Do you identify as trans*? (This includes transgender, transsexual, transitioned, genderqueer and some two-spirit people.)” Among Ontario respondents, 85% of trans youth answered yes, but comments written about this question suggested some participants did not like “trans*” because it lumped together people with many different identities and experiences.

In Ontario, nearly three quarters of trans youth in our survey were assigned female at birth. Younger trans youth were more likely to have been assigned female at birth (78% compared to 74% of younger participants). This could be because trans female and transfeminine youth might be more marginalized in our society, and so they may come out at later ages and be harder to reach, for example, if they are less connected to community organizations.

11

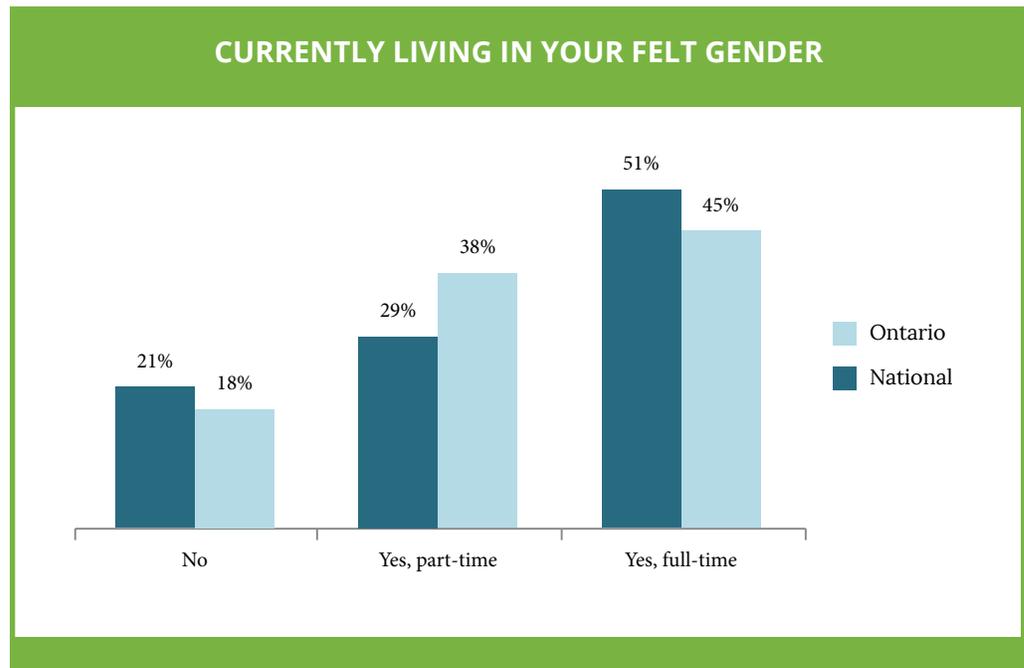
“How does someone bigendered like me “live as my felt gender”? I just live.”

- AGE 20, ONTARIO

LIVING IN FELT GENDER

More than half (51%) of trans youth of Ontario reported that they were currently living in their felt gender full-time, and only 21% were not living in their felt gender at all. Younger youth were more likely to be living in their felt gender part-time, while older youth were more likely to be living in their felt gender full-time.

In the comments about this question, trans youth pointed out that 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.



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

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 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, often times adding that they were asexual (demisexual, aro-mantic) or polysexual or panromantic. Participants could choose more than one response on the list.

The younger youth of Ontario were somewhat more likely to identify as pansexual (30%), while older youth were more likely to identify as bisexual (20%) and queer (65%). Younger youth were also more likely to say they were questioning or were unsure about their sexual orientation, and to select "other."

HOW DO YOU CURRENTLY IDENTIFY?		
	Ontario	National
Bisexual	18%	17%
Gay	14%	13%
Lesbian	13%	12%
Asexual	12%	10%
Pansexual	28%	35%
Queer	58%	49%
Straight or heterosexual	11%	14%
Two-Spirit	3%	4%
Not sure or questioning	9%	11%
Other	19%	17%

Note: Youth could choose more than one response.

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. Over half of younger participants told us that they live with more than one parent in their main home; very few younger trans youth said they live alone or live with a foster parent or parents. While it was more common for older youth to live with parents, about a third also lived with roommates.

Two percent of all trans youth reported having children. We asked older trans youth whether they were ever under the legal responsibility of the government as a child. Seven percent said yes, and 5% weren't sure.

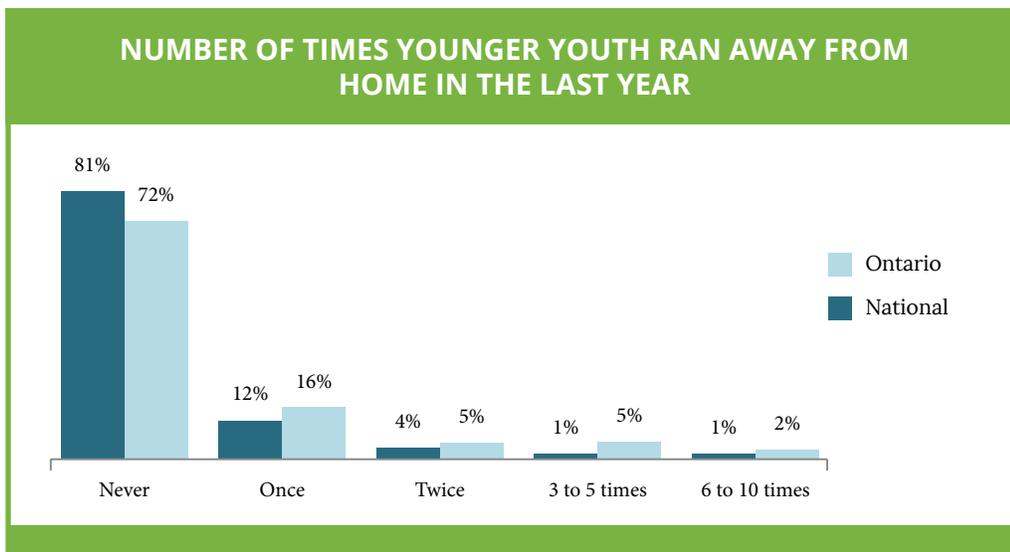
Youth may run away because of conflict at home, abuse, feeling unsafe, or a combination of these factors. Most younger participants had not run away in the past year, but at least 16% had run away one or more times.

YOUNGER TRANS YOUTH LIVING SITUATION		
	Ontario	National
Birth mother/stepmother/adoptive mother	84%	74%
Birth father/stepfather/adoptive father	58%	56%
Sibling(s)/stepsibling(s)	70%	60%
Grandparent(s)	6%	4%
Other adult(s) related to me	NR	3%
Foster parent(s)	NR	2%
Two mothers/two fathers	NR	2%
I live alone	NR	2%
My own child or children	NR	NR
Other	7%	9%

NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH LIVING SITUATION		
	Ontario	National
Spouse	3%	4%
Common-law	12%	16%
Parent	40%	39%
Child	0%	1%
Siblings	25%	26%
Foster parent	0%	NR
Foster child	0%	NR
Grandparent(s)	3%	3%
In-laws	NR	1%
Other relatives	NR	2%
Unrelated adults	8%	8%
Friend/Roommate	35%	35%

NR: Not releasable due to small number of responses.



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

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 reported that they did not feel very connected to their school: on a scale of 0 to 10, they scored 4.9 in school connectedness.

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

YOUNGER YOUTH AVERAGE SCHOOL CONNECTEDNESS SCORE (0-10)

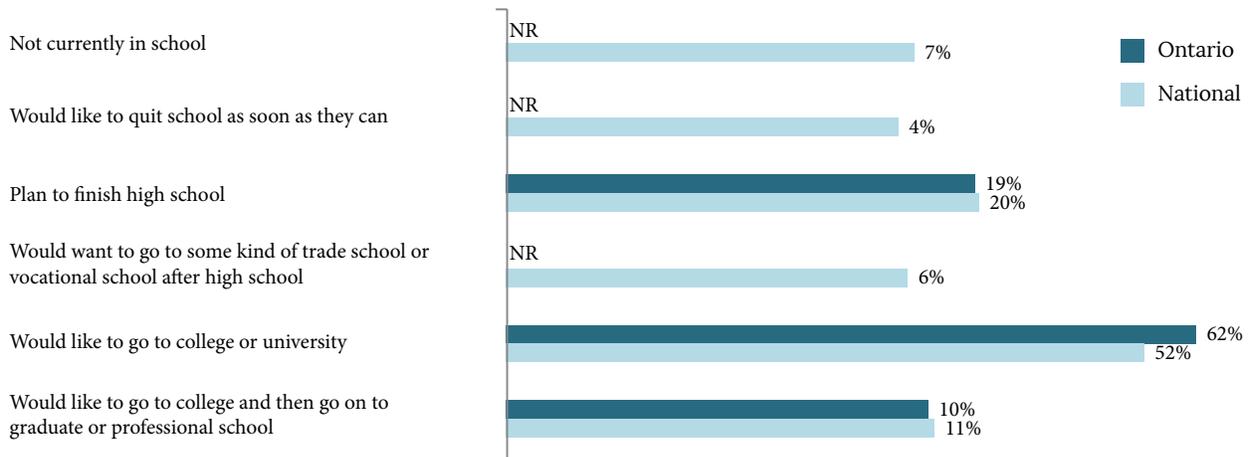
Overall Average	4.9
British Columbia	5.5
Alberta	4.7
Prairie Provinces	4.4
Ontario	4.9
Quebec	6.0
Atlantic Provinces	3.8

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 over half said they would like to continue their education at a college or university, while a few of them saw themselves going to a trade or vocation school, and some expected to go to graduate or professional school.



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



NR: Not releasable due to small number of responses

17

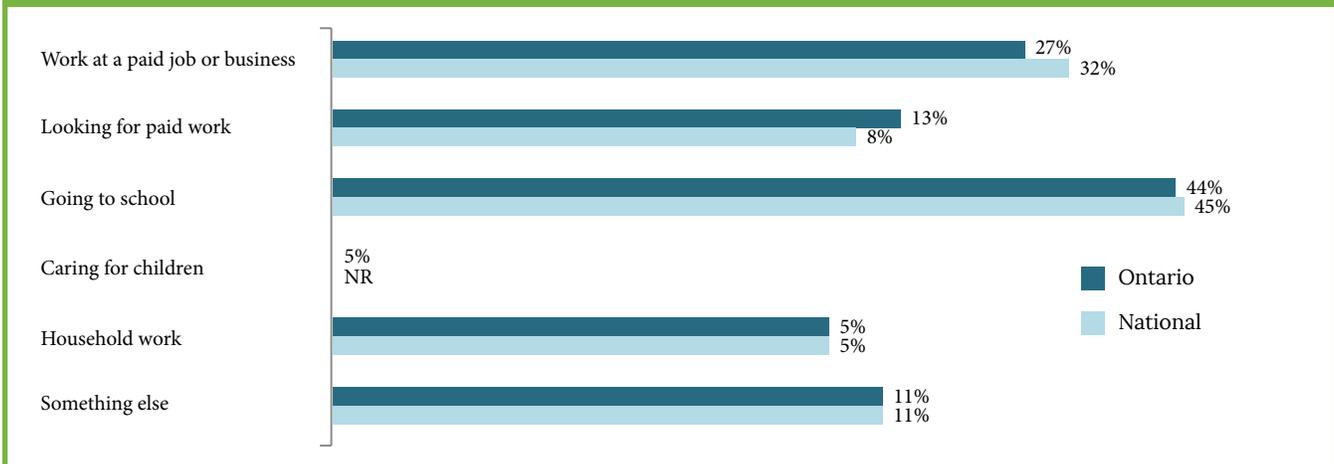
WORK

Older youth participants in Ontario (19-25) had a different question: they were asked what their main activity was. Older youth were most likely to be in school or to be working at a paid job or a business. In addition, some older youth said that they were looking for work and some chose to write in an answer. Common write-in responses 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.

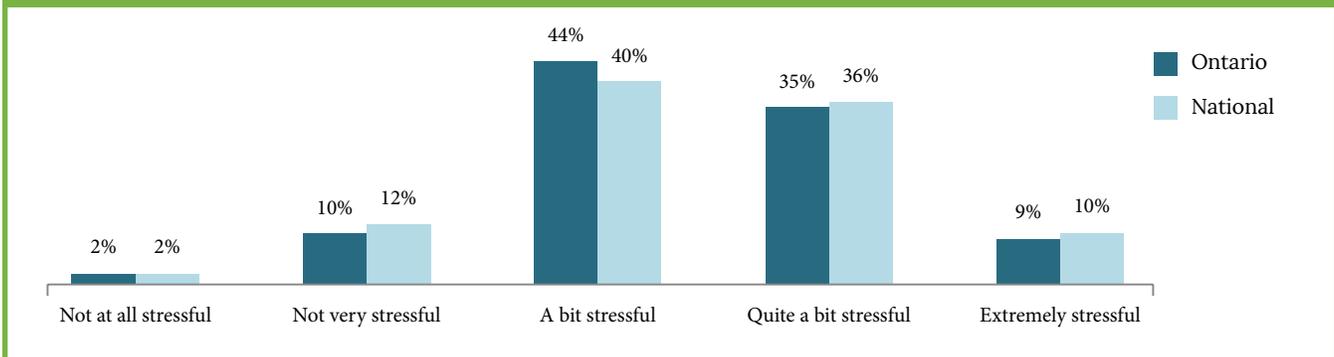
We also asked older youth to rate how stressful most days were at work or at school. About three-quarters of them reported most of their days were “a bit” or “quite a bit” stressful. In contrast, only 12% of older youth reported that most days were “not at all” or “not very” stressful.

OLDER YOUTH MAIN ACTIVITY IN PAST 12 MONTHS:



NR: Not releasable due to small number of responses

OLDER YOUTH HOW STRESSFUL MOST DAYS AT WORK OR SCHOOL ARE:



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

Physical Health

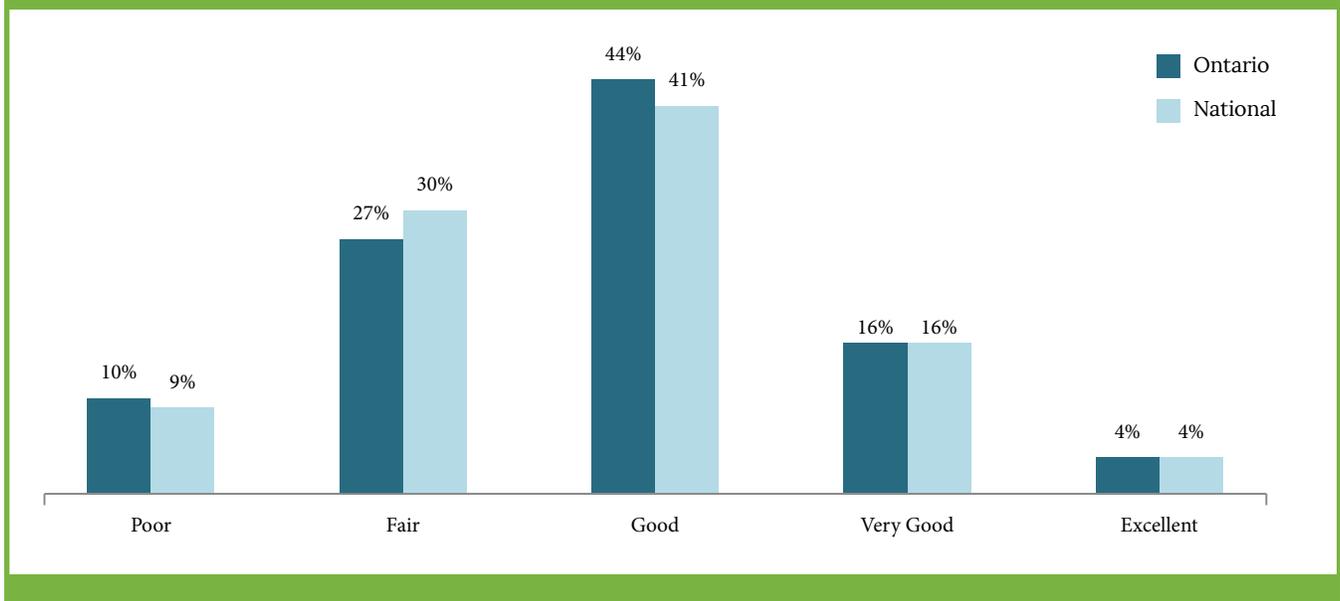
18

We asked youth about their physical health, chronic health problems, and their sleep habits. More than half of participants said their health was good, very good or excellent.

A significant portion of younger trans youth in Ontario (30%) reported having a physical condition or health problem that has lasted at least twelve months. More than two fifths of older trans youth (43%) reported physical health conditions or problems over the same duration.



SELF-REPORTED HEALTH STATUS



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

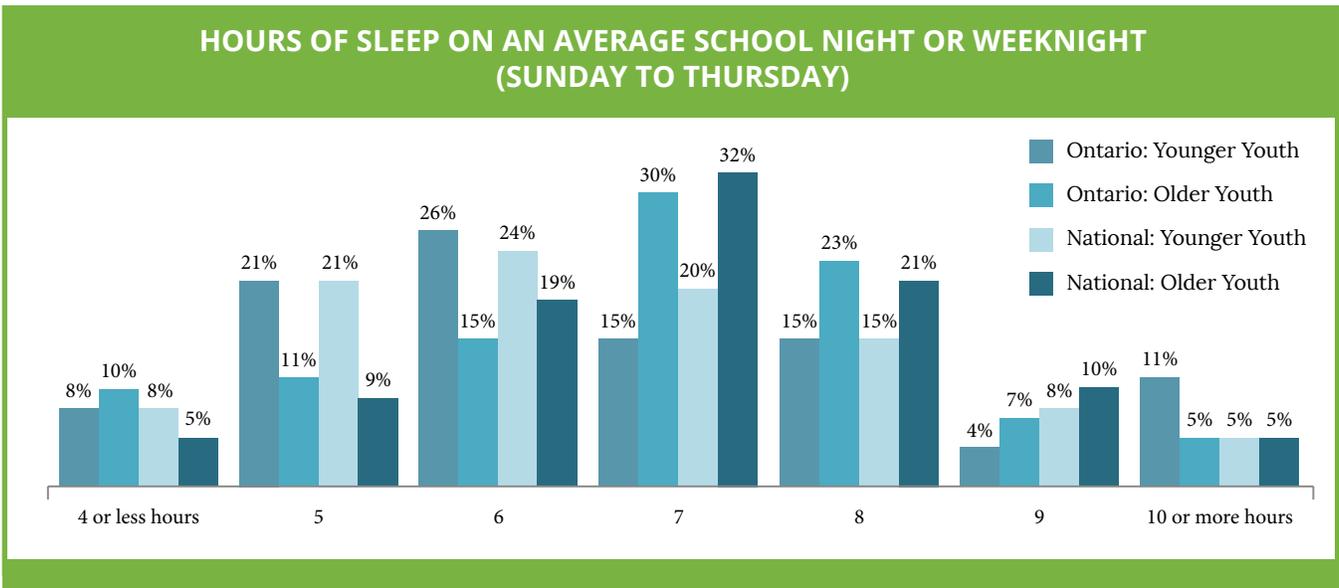
19

According to the National Sleep Foundation, adolescents need between 8.5 and 9.25 hours of sleep each night. We asked younger youth how much sleep they get on an average school night: 15% said they get 9 hours or more and 15% get 8 hours of sleep. A small number of younger youth get 4 hours of sleep or less on an average school night. We asked older youth the same question, except on an average weeknight instead of average school night. On an average weeknight, 12%

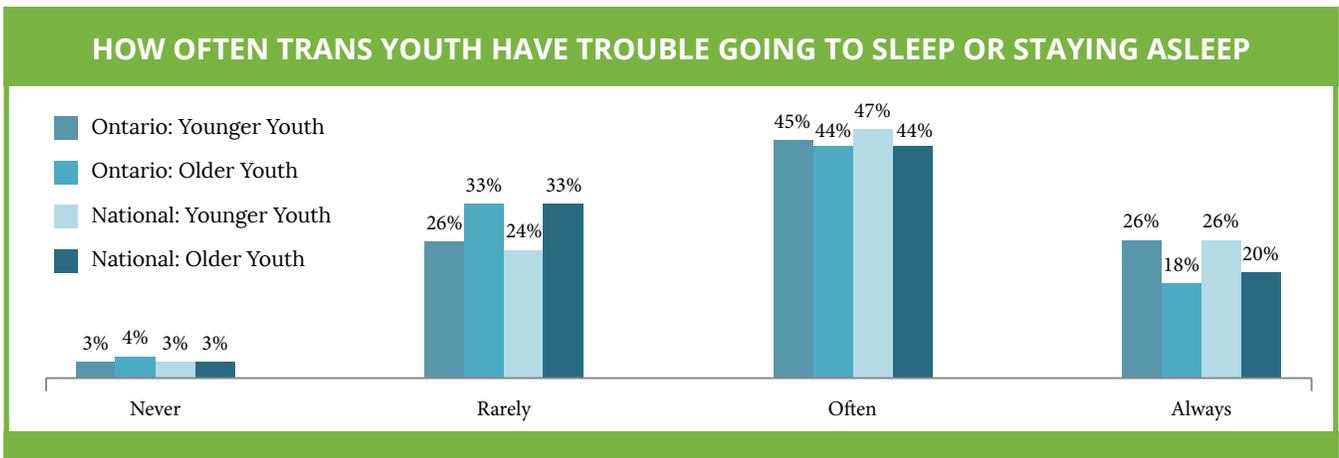
of older youth get 9 hours or more and 23% get 8 hours of sleep. A small number of older youth get 4 hours of sleep or less on an average weeknight.

On an average weekend night, 30% of younger youth and 35% 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.



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



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

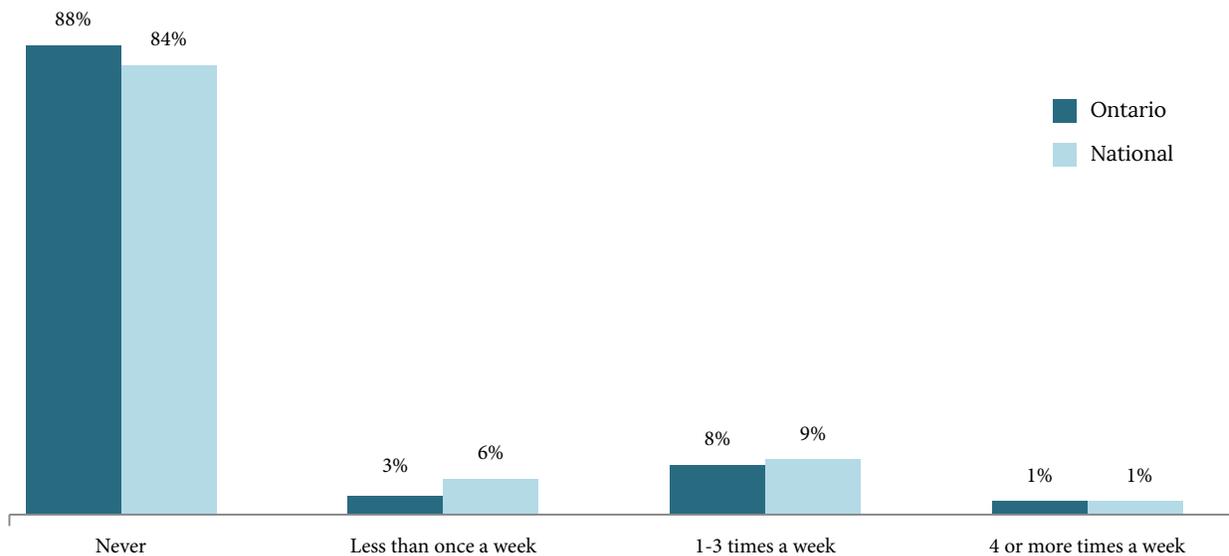
Physical Activities

20

We asked all youth how often in the last month they participated in physical activities with a coach. The great majority said never (88%) while 9% reported exercising at least once per week.



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



Injury Prevention

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 to prevent injuries, for example, whether they wear a helmet while riding a bike. Nearly half of Ontario youth (46%) said they wear a bike helmet often or always, while a third said never or rarely, and 24% said they don't ride a bike at all.

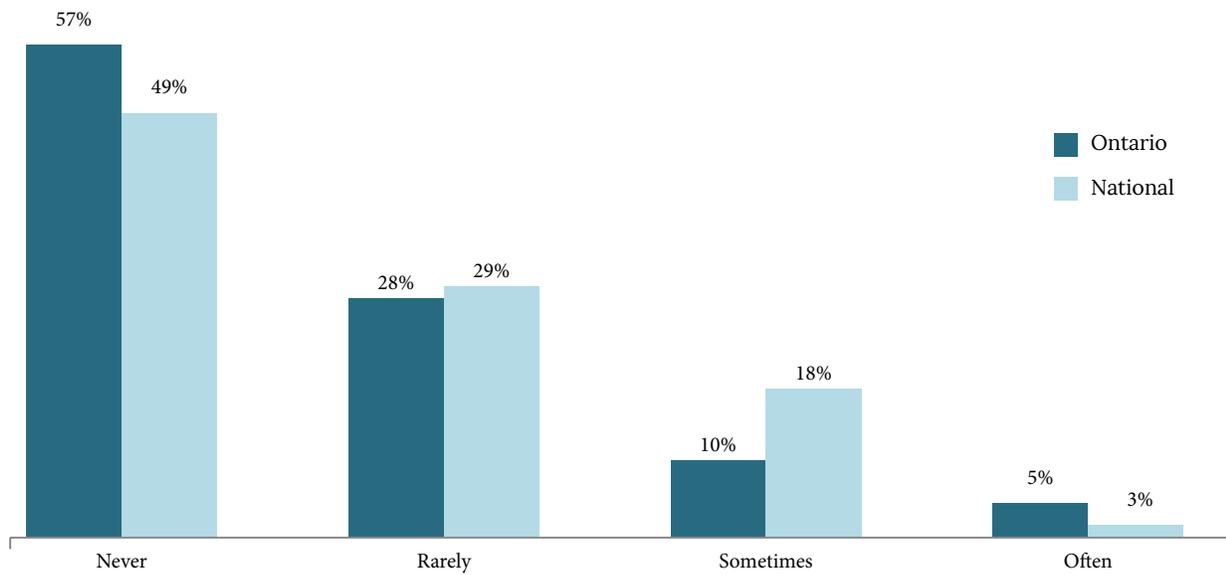
Drinking and driving is another important safety concern. Among younger youth who said they have a driver's license, none said that they had ever driven a vehicle within an hour of drinking 2 or more drinks of alcohol.

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

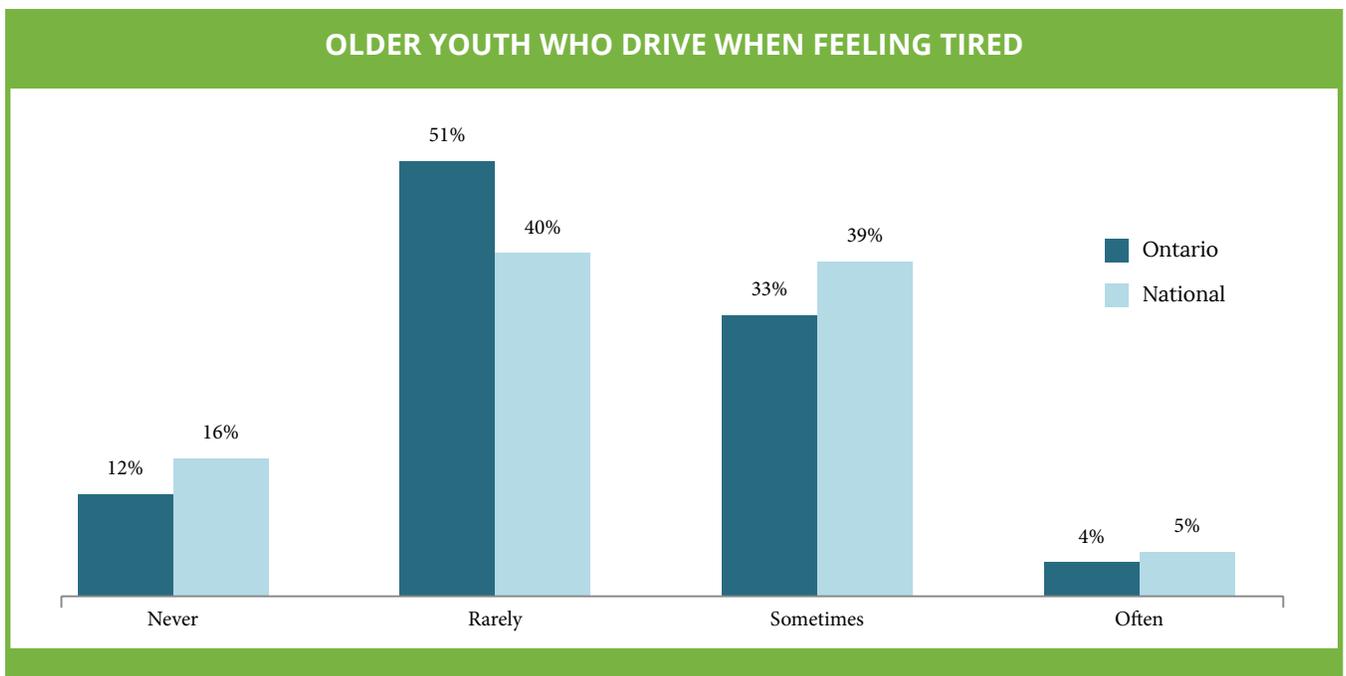
A slightly larger number of youth reported driving within an hour of using marijuana in the past 12 months.

We also asked older youth who had driven in the past year how often they use their cell phone while driving (excluding hands-free). More than a half said they never use their cell phone while driving (57%), while 5% said that they often use their cell phone while driving.

OLDER YOUTH WHO USE A CELL PHONE WHILE DRIVING A MOTOR VEHICLE



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



Nutrition, body weight, and body image

NUTRITION

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

Most of Ontario younger trans youth reported eating fruit or vegetables (85%) the day before, but only 8% of younger youth reported having at least the seven servings recommended by the Canada food guide, and fifteen percent had no fruit or vegetables at all.

We asked older youth how often they usually have certain kinds of food and drink. Most reported usually eating fruit or vegetables day before (83%). A greater proportion of older youth reported usually eating vegetables or green salad (80%) rather than fruit (58%).

BREAKFAST

Out of the younger youth attending school, 39% reported always eating breakfast in the past week while 27% reported never eating breakfast in the past week.

YOUNGER YOUTH WHO ATE OR DRANK AT LEAST ONE SERVING YESTERDAY

	Ontario	National
Fruit (not counting fruit juice)	57%	59%
Vegetables or green salad	68%	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)	38%	30%
Water	91%	91%
Pop / soda (non diet), slurpees, slushies)	30%	35%
Energy drinks (Red Bull, etc.)	7%	7%
Coffee / lattes / iced coffee	30%	35%

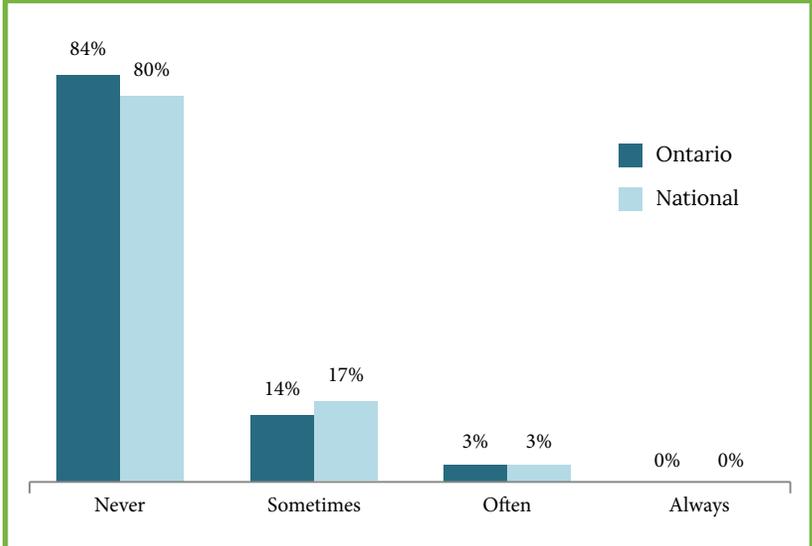
FOOD SECURITY

The Trans Youth Health Survey did not directly assess poverty, but did ask several questions about not having enough food – which can be an outcome of poverty. Younger 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 a small number did so “sometimes” or “often.”

A significant percent of older trans youth reported not having access to food because of money in the past year: 40% reported ever not eating because they could not afford food, 30% reported losing weight, and 24% reported not eating for a whole day because they could not afford food.

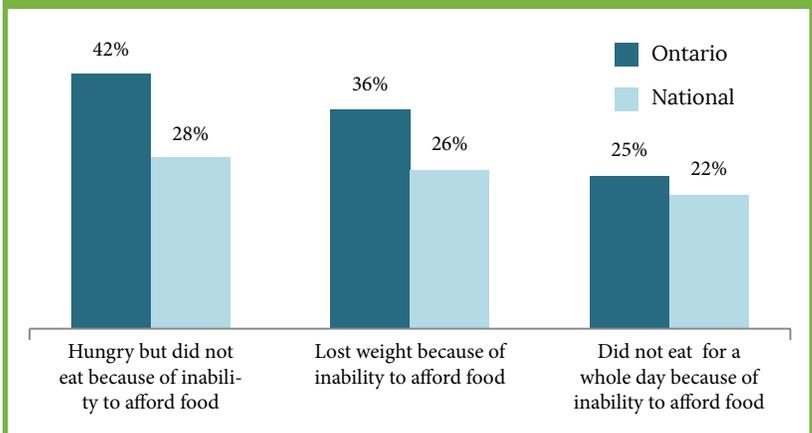


HOW OFTEN YOUNGER TRANS YOUTH GO TO BED HUNGRY BECAUSE THERE WAS NOT ENOUGH MONEY FOR FOOD AT HOME



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

OLDER TRANS YOUTH WHO HAD PROBLEMS AFFORDING FOOD:



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

25

BODY WEIGHT AND BODY IMAGE

We asked younger and older trans youth slightly different questions about how they perceive their body weight. Just under half of the younger participants and just over one third of older participants thought of their body as overweight.

Many younger youth reported trying to either lose weight (41%) or keep from gaining weight (24%). A much smaller percentage (6%) of younger trans youth were trying to gain weight and the remaining 29% reported not doing anything about their weight. Half (52%) of Ontario older youth reported that they were not changing the way they eat due to concerns about their body weight, while 48% reported that they were.

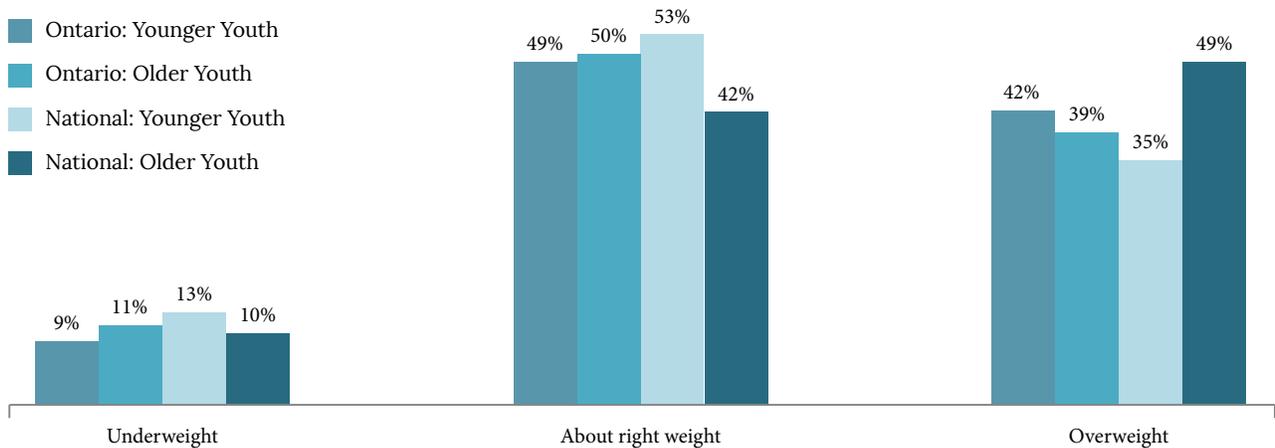
Just over half (56%) of participants reported that they had exercised to lose

weight or control their weight in the past year. A minority reported fasting or skipping meals (39%), smoking cigarettes (9%), vomiting on purpose after eating (9%), using diet pills or speed (5%), or using laxatives (5%) for this purpose.

Ontario younger youth were more likely than older youth to report fasting or skipping meals (50% vs. 34%), or vomiting after eating (17% vs. 5%) to lose or control their weight.



HOW TRANS YOUTH THINK OF THEIR BODY



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

Health care access

26

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.

FAMILY DOCTORS

Ontario youth were most likely to have a family doctor (81%). Almost half of youth with a family doctor (63%) said their current family doctor knew about their trans identity. However, only 14% of youth with a family doctor felt 'very comfortable' discussing their trans status and trans-specific health care needs with their doctor.

“A lot of doctors are confused when they ask what meds I’m taking and I tell them I’m on testosterone and a hormone blocker. There doesn’t seem to be much education about trans* people offered to health care professionals. It’s something that they should have, it’s extremely important for us to feel safe when we need health care.”

– AGE 18, ONTARIO



“I’m scheduled to see a female gynaecologist but I’m remaining in the closet about being trans because I don’t think she will respect my gender identity.”

– AGE 20, ONTARIO

27

WALK-IN CLINICS

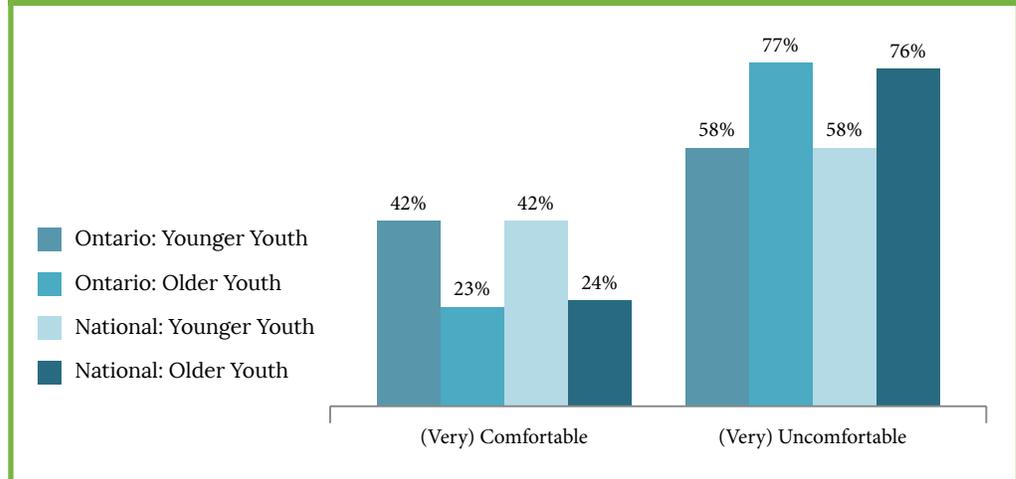
A third of Ontario youth used walk-in clinics as their main source of health care. However only 1% felt 'very comfortable' discussing their trans status and trans-specific health care needs with doctors at a walk-in clinic.



“In my community, there isn’t enough resources for people without transportation. The closest resource I have is in Toronto. I’ve been having trouble enough as it is finding a job and I’ve been discouraged against coming out and identifying as a woman in the workforce. It hurts.”

- AGE 19, ONTARIO

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



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

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.

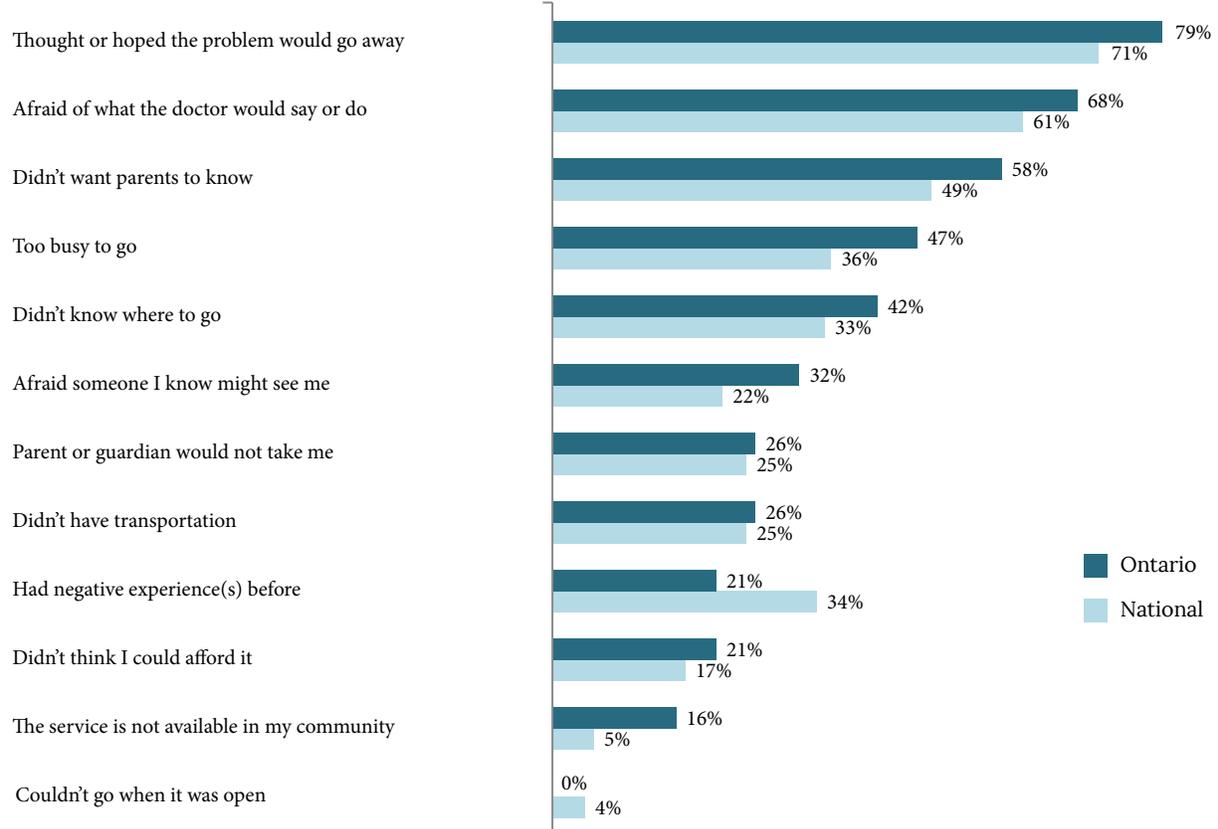
Most older youth (84%) had not received the health care they felt they needed during the preceding year. Thirty percent of younger youth had not received physical healthcare and 59% did not receive mental health services when they needed them at some point during the last year.

“I’m afraid that I’ll take my life before I can get the surgery to help me, because it’s such an arduous and unnecessarily difficult path. I just want to live.”

- AGE 20, ONTARIO

We asked younger youth why they did not receive care. The reasons most often given were that they didn't want their parents to know, they thought or hoped the problem would go away, and they were afraid of what the doctor would say or do.

REASONS FOR NOT ACCESSING NEEDED PHYSICAL HEALTHCARE IN THE PAST YEAR (AMONG YOUNGER YOUTH WHO FELT THEY NEEDED SERVICES)



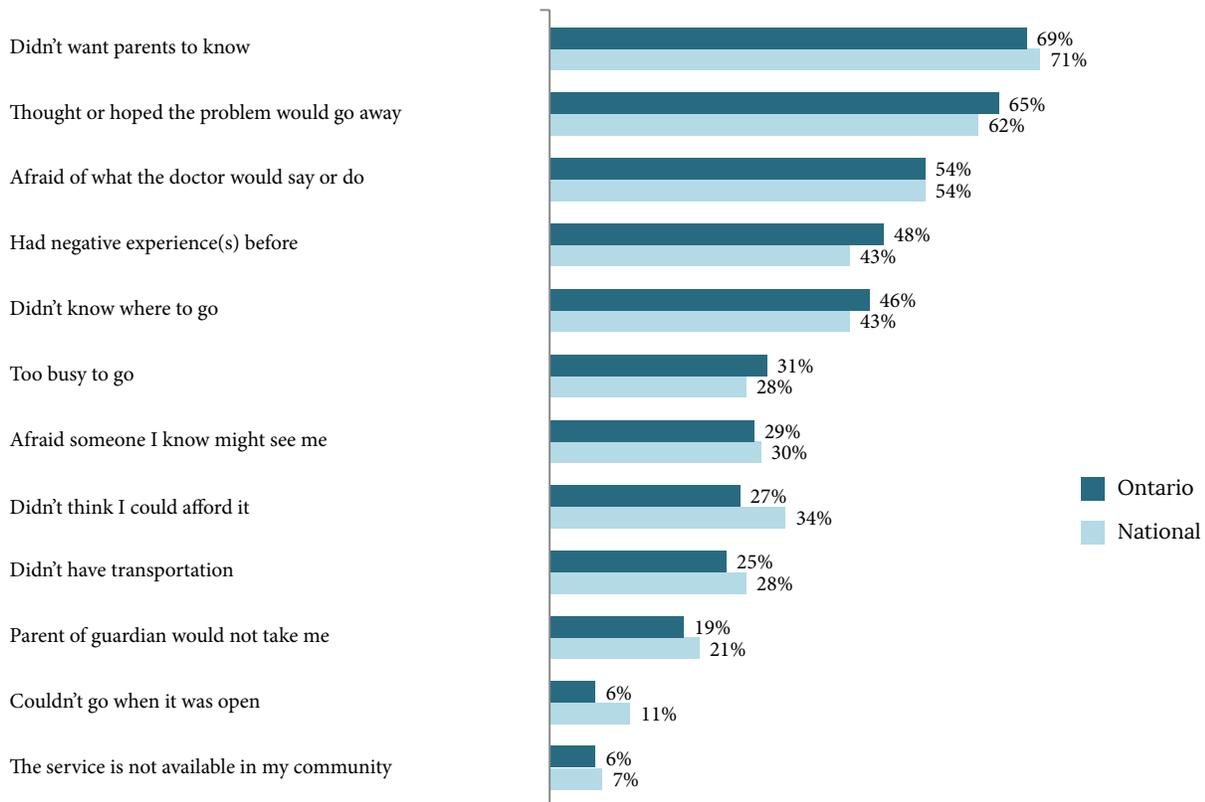
29

“Often, I do not access health care because of cissexism. The assumption that I am cis by doctors makes it difficult for me to out myself and therefore, get appropriate help for some issues. This makes it take even longer to access healthcare and then problems persist for longer than they need to.”

- AGE 20, ONTARIO

Among younger youth, more than half (59%) also reported at least one time in the last 12 months when they had not received needed mental health services. The most common reasons these youth gave for not getting mental health services included not wanting parents to know, thinking or hoping the problem would go away, afraid of what the doctor might say or do, previous negative experiences, and not knowing where to go.

REASONS FOR NOT ACCESSING NEEDED MENTAL HEALTH HELP IN THE PAST YEAR (AMONG YOUNGER YOUTH WHO FELT THEY NEEDED SERVICES)



HORMONE THERAPY

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

A third of youth (38%) reported they had ever taken hormones for trans-related reasons at some point, including 20% of younger youth and 46% of older youth.

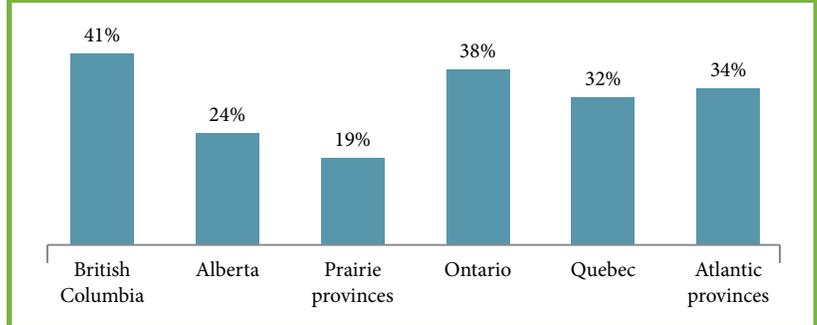
The majority of Ontario trans youth reported receiving hormones through prescriptions from family doctors, GPs and specialists.

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

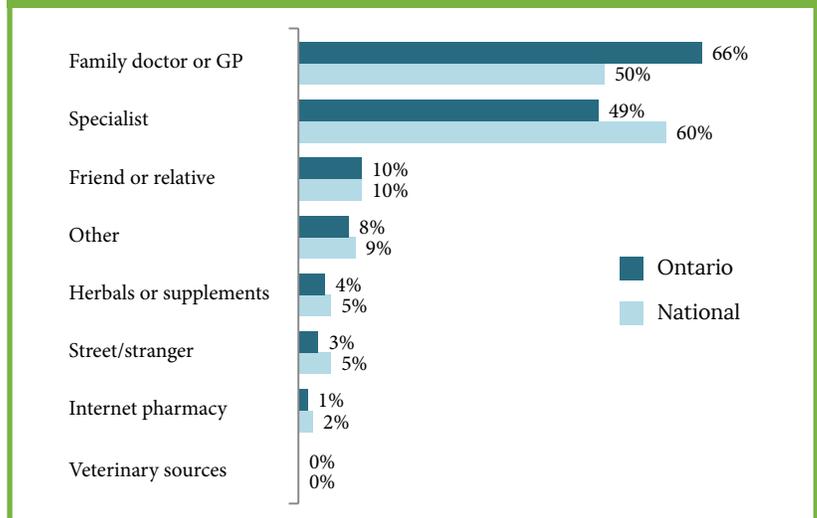
“The problem isn’t with my body, but with peoples’ perceptions of my body.”

- AGE 22, ONTARIO

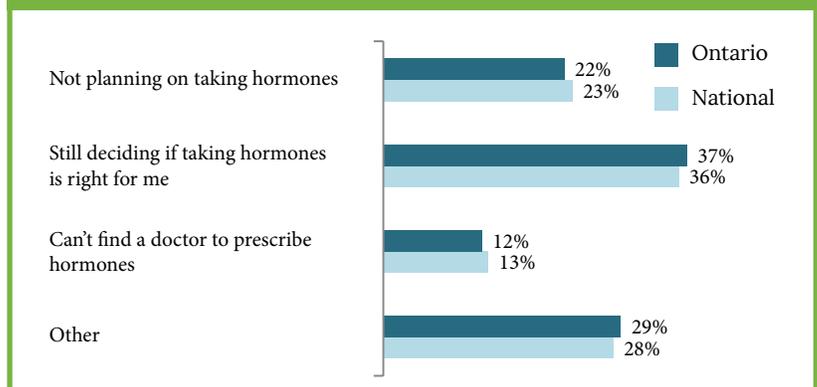
EVER TAKEN HORMONES



WHERE YOUTH RECEIVE THEIR HORMONES



REASONS FOR NOT TAKING HORMONES

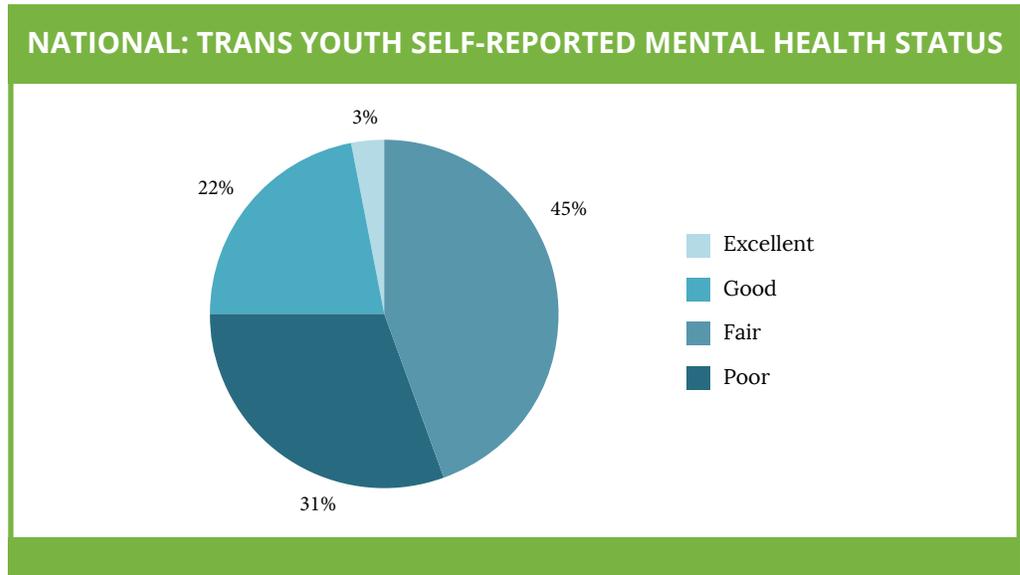
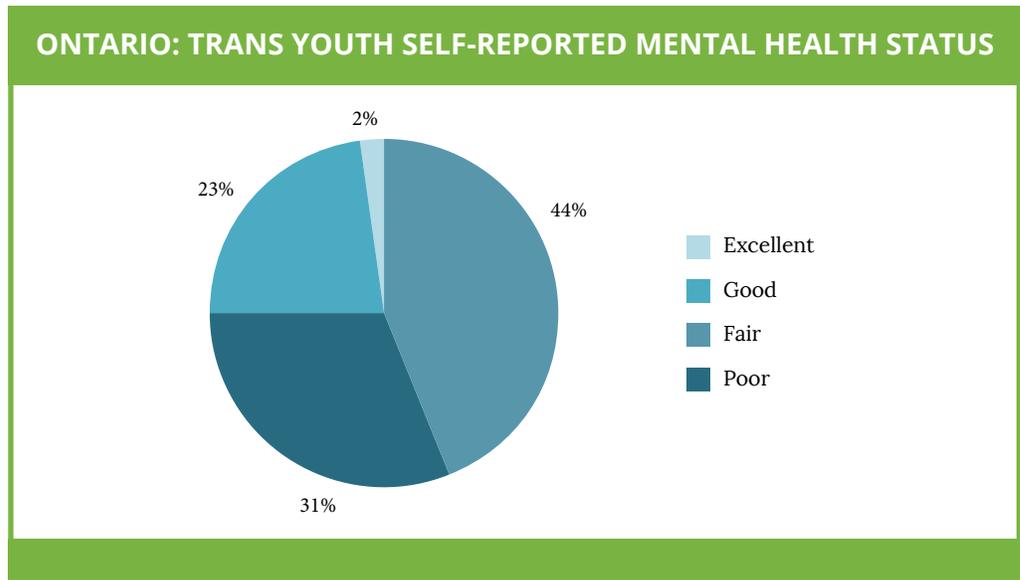


Mental health

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 half of trans youth rated their overall mental health as excellent or good.

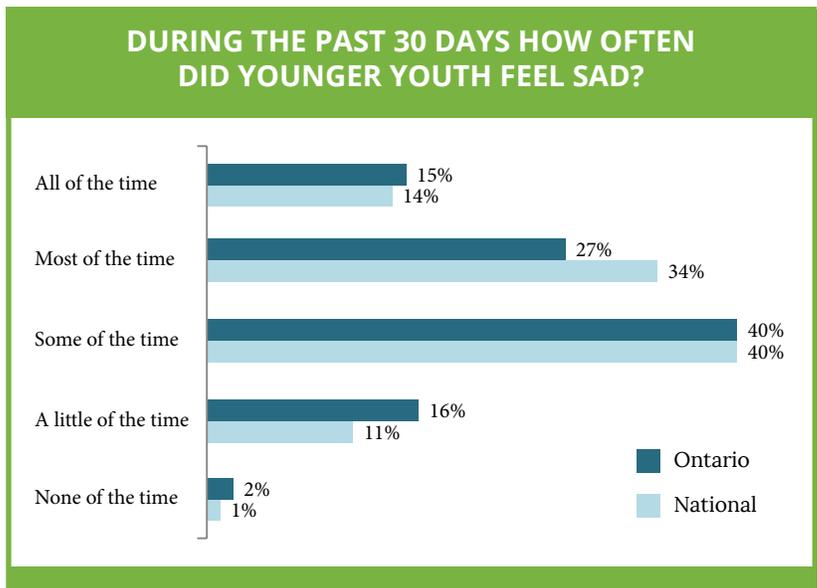
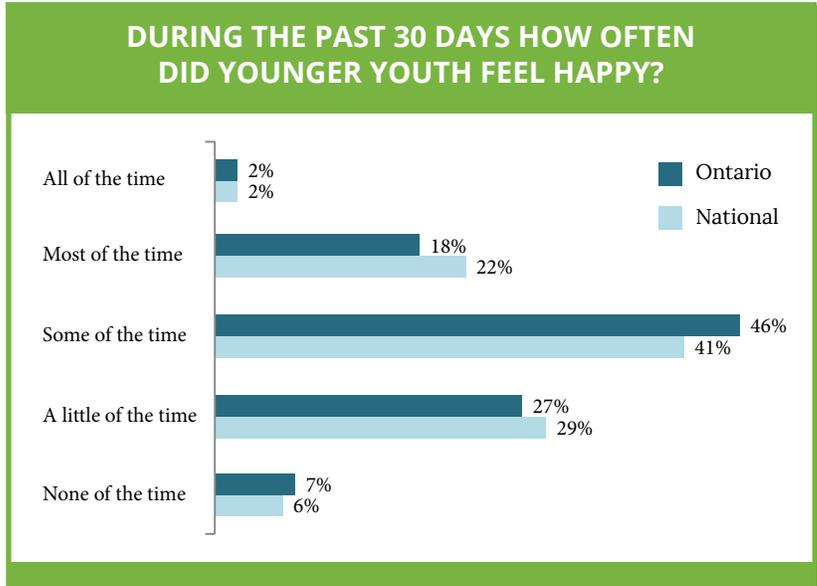


SELF-ESTEEM

There were several related questions that measured self-esteem. The self-esteem scale included slightly different questions for older and younger youth such as, “I usually feel good about myself,” “I am able to do things as well as most other people,” “You take a positive attitude towards yourself”, and if younger youth if they could think of something they were good at. Younger Ontario trans youth scored 3.1 out of 10, and older trans youth scored 4.2 out of 10 on this scale.

EMOTIONAL WELLBEING

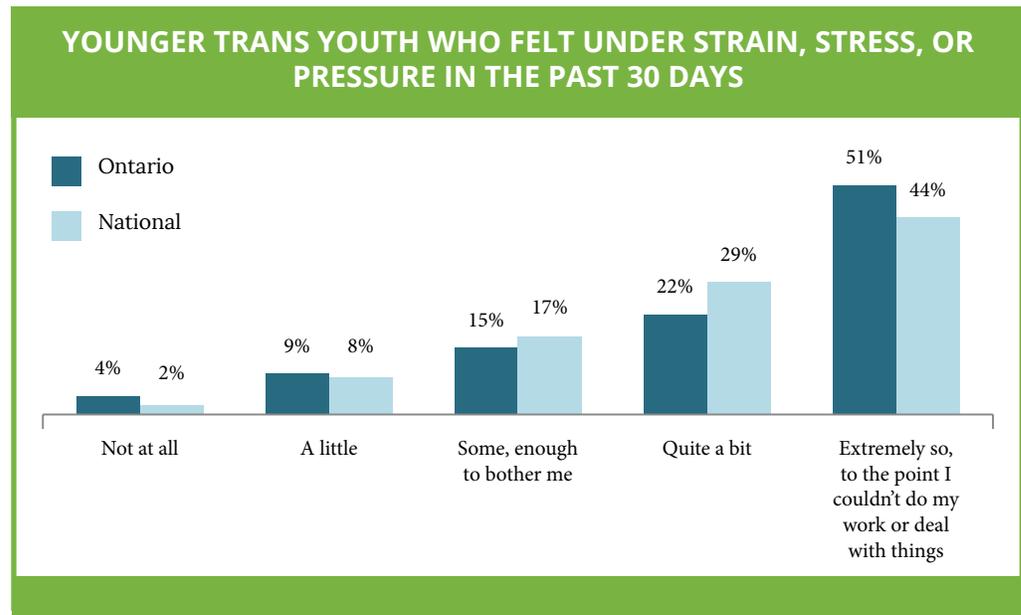
Older youth also answered a series of questions about their happiness, life satisfaction, sense of belonging, and relationships. Younger youth reported on how often they had felt happy during the previous 30 days. Ontario youth scored a 4.0 out of 10 on the emotional wellbeing scale



33

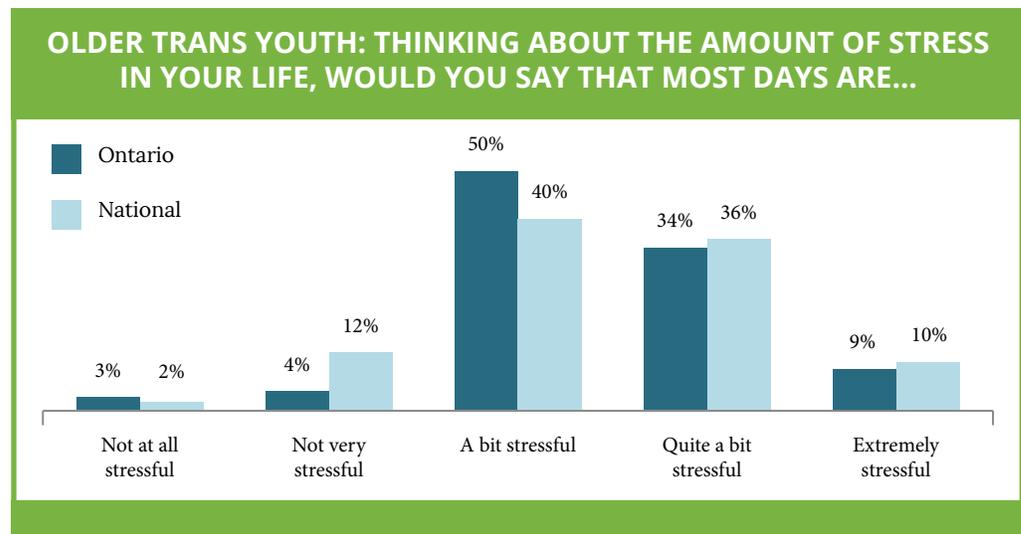
STRESS

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



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

We asked older youth a slightly different question.



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

EMOTIONAL DISTRESS

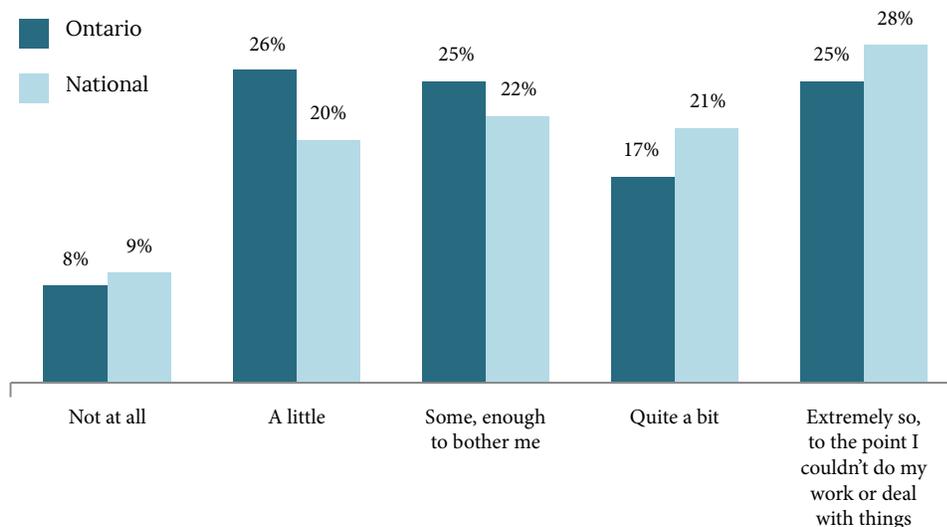
Younger youth responded to several questions about how they had felt in the last 30 days. They reported how stressed, sad, worried and discouraged they felt. On a scale of 0 – 10 (low to high), the average emotional distress score was 6.2 out of 10

Older youth answered questions about depression and anxiety, such as “Have you felt sad or depressed in the last month?” and “Was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?” When combined in the scales, the average depression score was 3.9 out of 10 and the average anxiety score was 3.7 out of 10.

“The questions about suicide, depression, and addiction would have been answered very differently several years ago. I want to share that in being able to transition I have become a happier and more confident person. Being myself is what made me capable of living without alcohol, and repairing my relationships with family and friends. I hope that positive stories like mine become more common and that depression and addiction are no longer high-risk issues for trans youth.”

– AGE 24, ONTARIO

YOUNGER TRANS YOUTH WHO FEEL SO DISCOURAGED, OR HOPELESS, OR HAVE SO MANY PROBLEMS THEY WONDER IF ANYTHING WAS WORTHWHILE

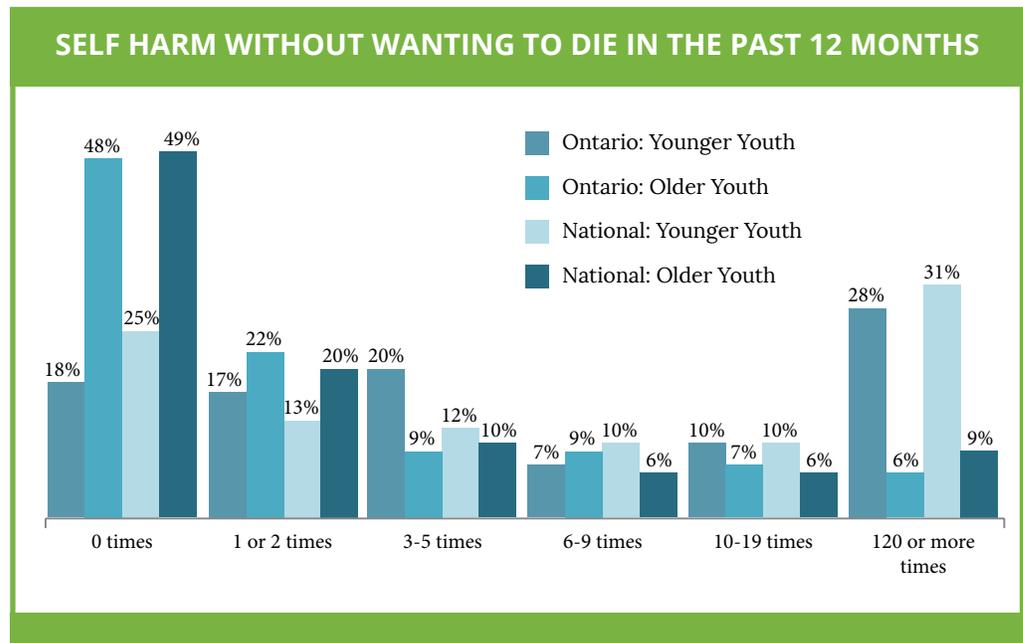


*Percentages may not add up to 100% due to rounding.

35

SELF-HARM

More than half the youth reported they had hurt themselves on purpose without wanting to die in the last 12 months. Older youth were less likely (52%) than younger youth (82%) to have engaged in self-harm in the last 12 months.



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

SUICIDE

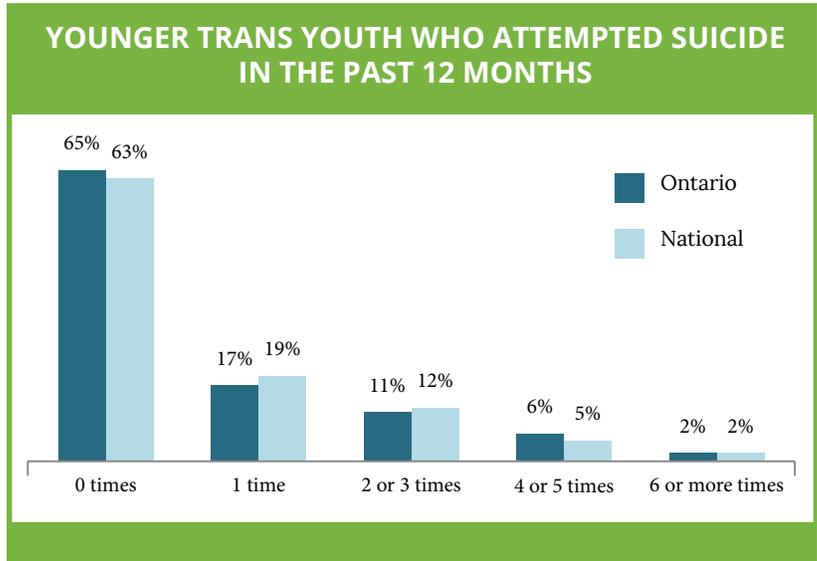
Within the last 12 months, 69% of younger youth had seriously considered suicide, 35% had attempted suicide at least once, and nearly 8% had attempted suicide 4 or more times.

Similarly, almost three-quarters of older 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, 1 in 10 youth had required medical treatment by a doctor or nurse.

“[I’ve had] terrible experiences with hospital based mental health care workers.”

– AGE 17, ONTARIO



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



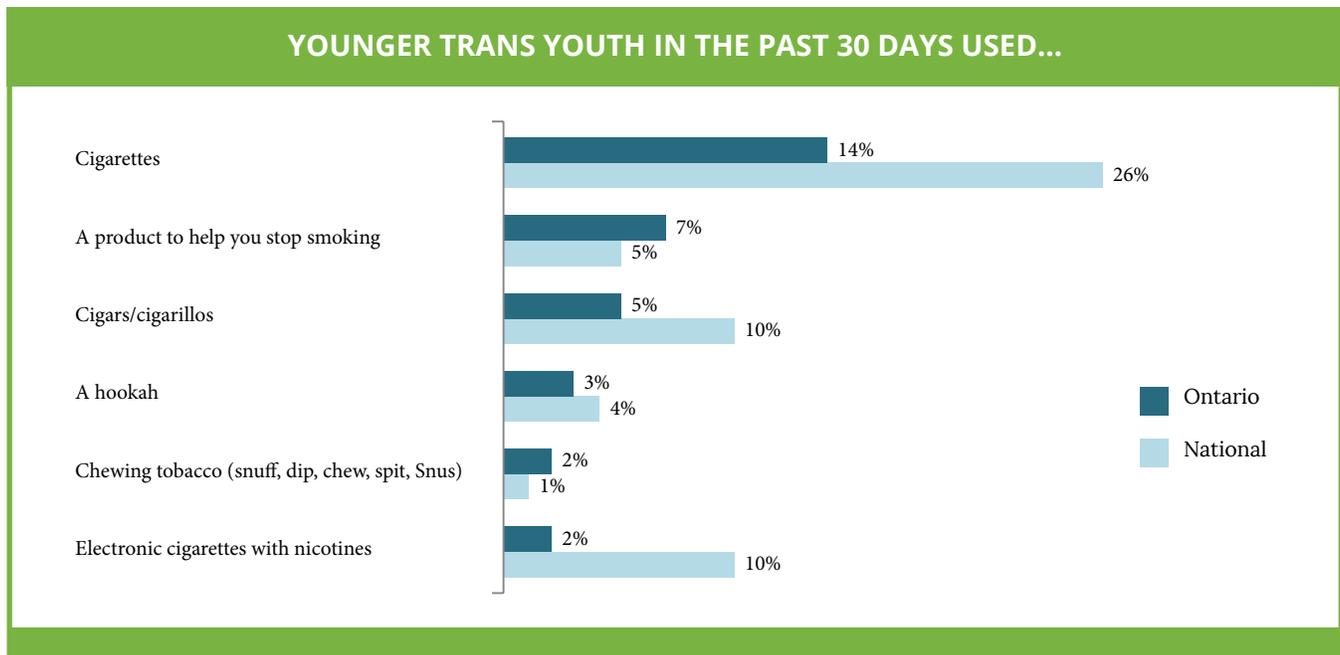
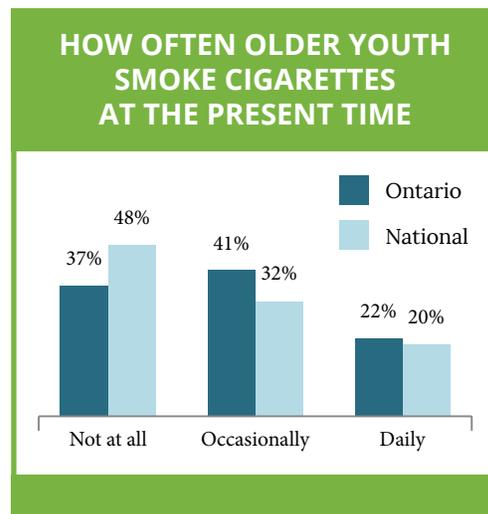
Substance abuse

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

TOBACCO

Over half of the older youth (57%) reported smoking a whole cigarette at some point in their lives. Of these youth, over three quarters had smoked a total of 100 or more cigarettes (about 4 packs) in their lifetime, and 22% were currently daily smokers. Of older youth who smoked, 44% had stopped smoking for at least 24 hours because they were trying to quit, one or more times during the last 12 months.

Over two-thirds of younger youth had never tried tobacco. Of younger youth who were currently smokers, more than half reported trying to quit at least once in the last 12 months.

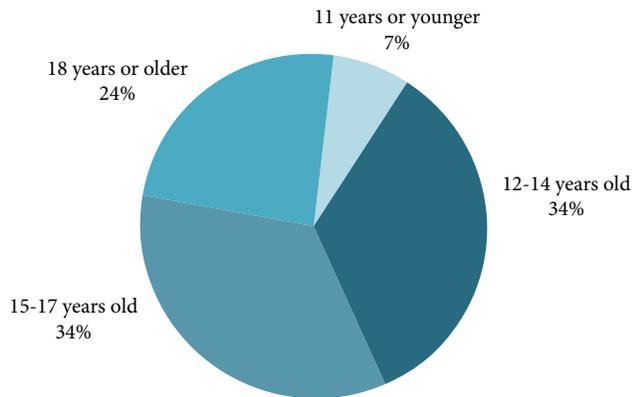


ALCOHOL

Just under half of younger youth (49%) said they had drunk more than a sip of alcohol at least once in the last 12 months, with 2% drinking at least once a week. A third of younger youth (33%) reported binge drinking at least once in the past month (having 5 or more drinks of alcohol on the same occasion).

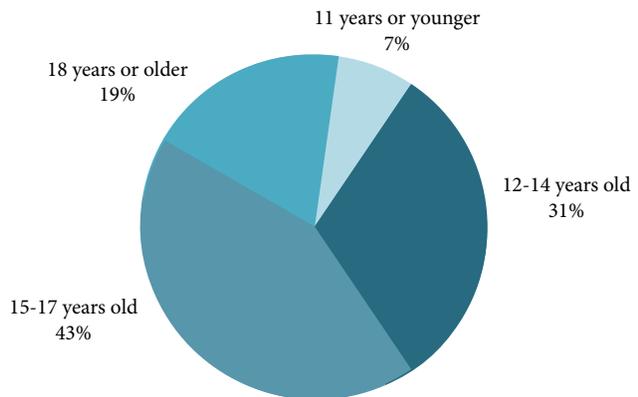
A majority of older youth (89%) drank more than a sip of alcohol in the previous 12 months, and 27% drank alcohol at least once a week. More than half (67%) of older youth had engaged in binge drinking within the last 12 months, and 27% of Ontario older youth binge drinking at least once a month over the last year

ONTARIO: OLDER TRANS YOUTH AGE WHEN THEY FIRST DRANK ALCOHOL



Percentages may not add up to 100% due to rounding

NATIONAL: OLDER TRANS YOUTH AGE WHEN THEY FIRST DRANK ALCOHOL

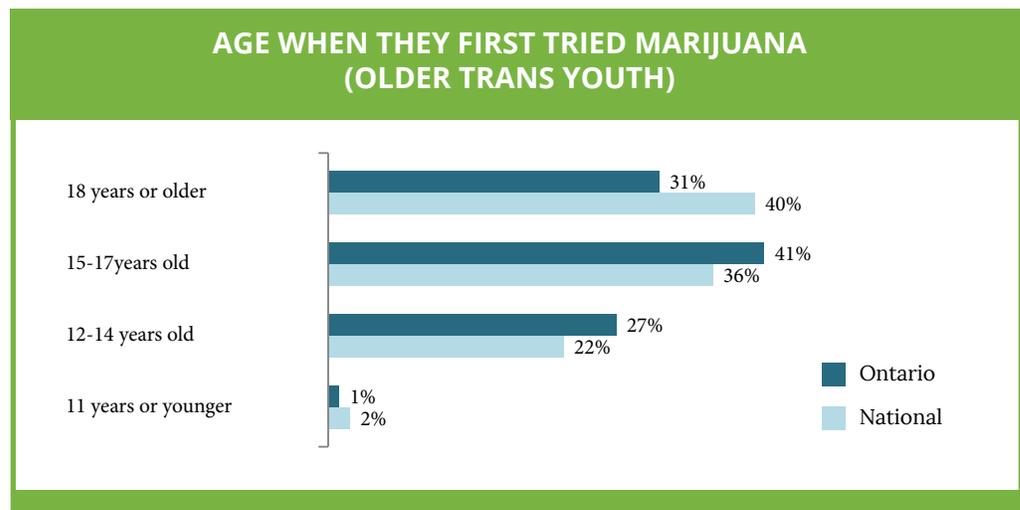
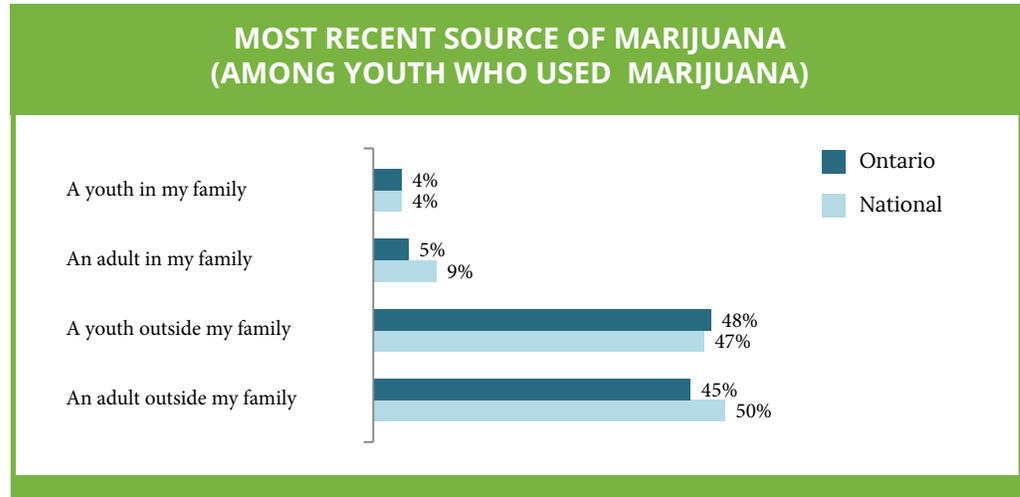


Percentages may not add up to 100% due to rounding

39

MARIJUANA

A quarter of younger youth (24%) had used marijuana in last 12 months. Two-thirds of older youth (68%) had ever tried marijuana, and 10% had used marijuana daily over the last 12 months. Overall, 34% of youth who had used marijuana used it on the previous Saturday night, including 31% of younger youth and 34% of older youth.



OTHER SUBSTANCES

We asked about lifetime use of other types of drugs for younger youth, and use in the past 12 months for older youth. The three most common substances younger youth had ever tried were prescription pills without a doctor's consent (14%), inhalants (8%), and ecstasy/MDMA (6%).

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

We also asked younger youth about negative consequences of their drinking or drug use during the last 12 months. Many 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, and having family arguments.

YOUNGER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS

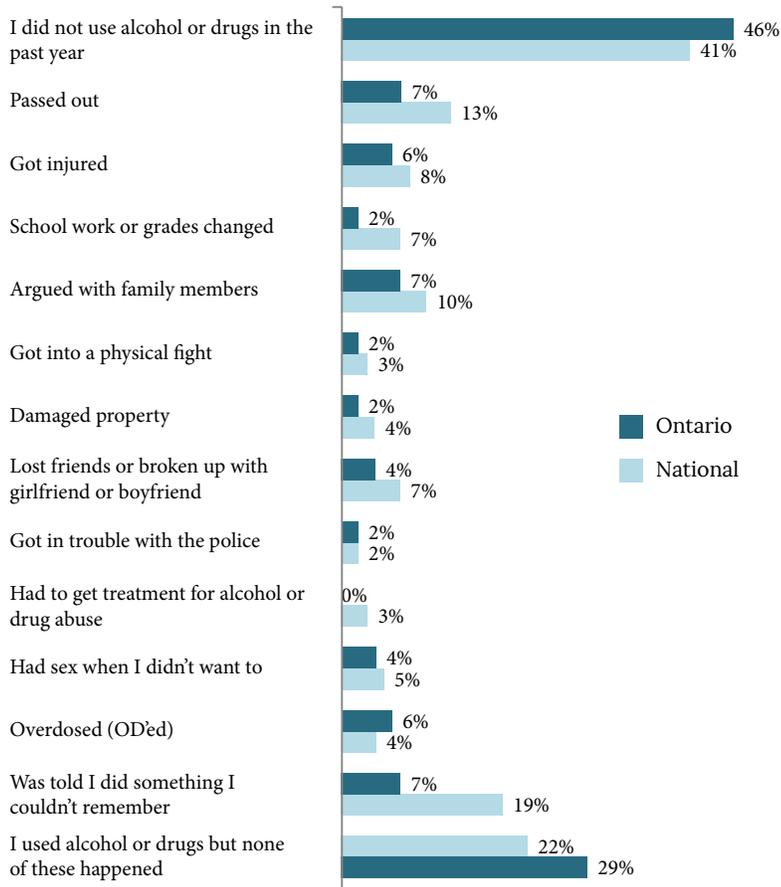
	Ontario	National
Prescription pills without doctor's consent (e.g. OxyContin, Ritalin)	13%	17%
Cocaine (coke, crack)	3%	7%
Hallucinogens (LSD, acid, PCP, dust, mescaline, salvia)	3%	11%
Ecstasy/MDMA	7%	14%
Mushrooms (shrooms, magic mushrooms)	3%	11%
Inhalants (glue, gas, nitrous oxide, whippits, aerosols)	8%	11%

OLDER YOUTH NUMBER OF TIMES USED THE FOLLOWING DRUGS IN THE PAST 12 MONTHS

	Ontario	National
Cocaine or crack	7%	8%
Speed (amphetamines)	4%	6%
Hallucinogens PSP, or LSD (acid)	8%	12%
Ecstasy (MDMA) or other similar drugs	8%	14%
Glue, gasoline, or other solvents	3%	1%
Heroin	1%	1%

41

YOUNGER TRANS YOUTH REPORTED THE FOLLOWING HAPPENED BECAUSE THEY WERE DRINKING OR USING DRUGS:



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

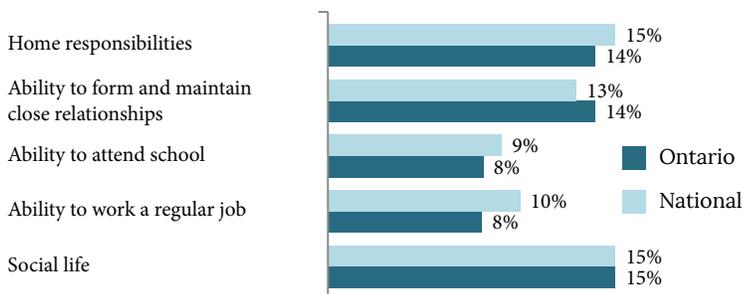
NON-PRESCRIBED HORMONE USE

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 youth said they got hormones through a doctor's prescription, many youth who had taken hormones reported getting these medications without a prescription at some point, whether through friends or relatives (10%); strangers or on the street (3%); herbals or supplements (4%); internet pharmacy (1%); or other means (8%).

"I am currently facing problems. There are no professionals in my area to help me face these problems with my family."

- AGE 19, ONTARIO

OLDER TRANS YOUTH WHO REPORT DRUG USE INTERFERED WITH LIFE



Sexual health

42

Sexual health is an important area of health for most young people and the emergence of sexual identity is a major milestone 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.

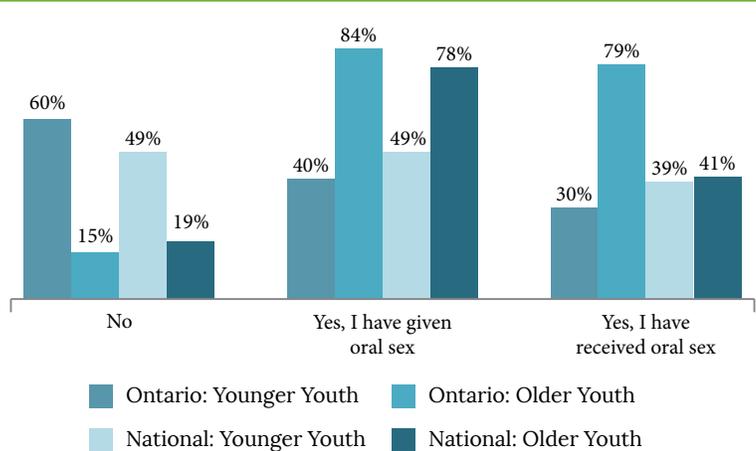
ORAL SEX

Most participants reported they had [ever] had oral sex. About half said they had given oral sex, and slightly less than that said they had received oral sex. Older youth were more likely to have had oral sex than younger respondents (86% vs. 40%). Among those who had ever had oral sex, most of them also reported oral sex in the past year.

ANAL SEX

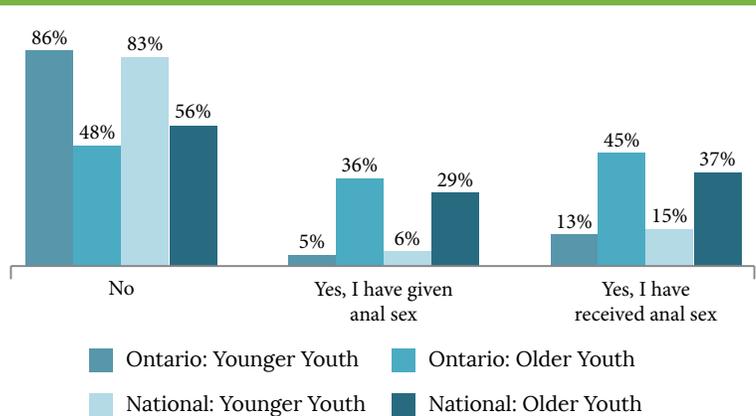
Youth in Ontario were more likely (40%) to report having had anal sex compared to other provinces. Again, older youth were more likely to report ever having anal sex than younger participants, both in having given and received anal sex.

EVER HAD ORAL SEX



Note: Youth could choose more than one response. Only youth who indicated they had had oral sex were asked if they had given or received this type of sex.

EVER HAD ANAL SEX



Note: Youth could choose more than one response. Only youth who indicated they had had oral sex were asked if they had given or received this type of sex.

43

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.

Slightly more than half of the participants reported they had genital sex. Older youth were significantly more likely to report genital sex than younger trans youth. In the past 12 months, 57% of older youth who had had genital sex had been the receptive partner, and 37% said they had been the insertive partner.

AGE AT FIRST SEXUAL EXPERIENCE

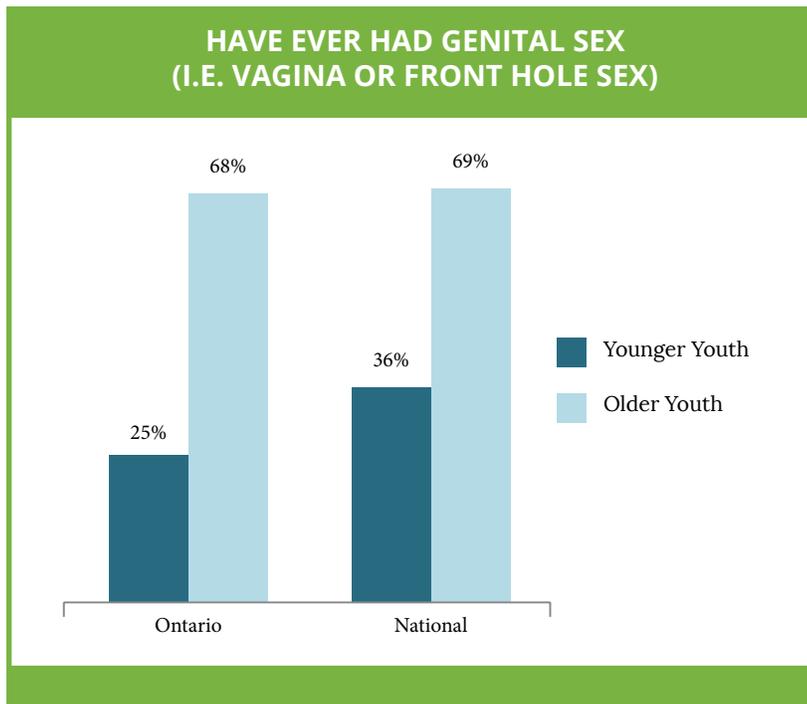
We also asked youth how old they were the first time they had sexual intercourse, although the question was asked a bit differently for older and younger participants. Among younger youth who had ever had sex, the average age at first sex was just under 15 years old. Among older youth who had ever had sex, the average age was a bit older, at 16.4 years. This is expected, because older youth include a number of youth who would first have had sex at age 19 or older.

ALCOHOL OR DRUG USE AT LAST SEXUAL EXPERIENCE

Among those who had ever had sex, nearly 1 in 5 reported they had used alcohol or drugs the last time they had sex (17%). Older youth were more likely to report having drunk alcohol or used drugs the last time they had sex (19% vs 5%).

CONTRACEPTIVE USE AT LAST SEXUAL EXPERIENCE

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



Most youth chose “not applicable” (61%), but among those who reported one or more methods condoms were the most commonly reported, followed by birth control pills. Less effective methods, such as either withdrawal or no method, were relatively frequently reported. A small number of youth reported birth control shots, patches or rings.

Older youth were slightly more likely than younger youth to report no method was used the last time they had sex (5% vs 4%), however older youth were less likely to report withdrawal as birth control compared younger youth (7% vs 19%) and generally reported using more effective methods of contraceptives.

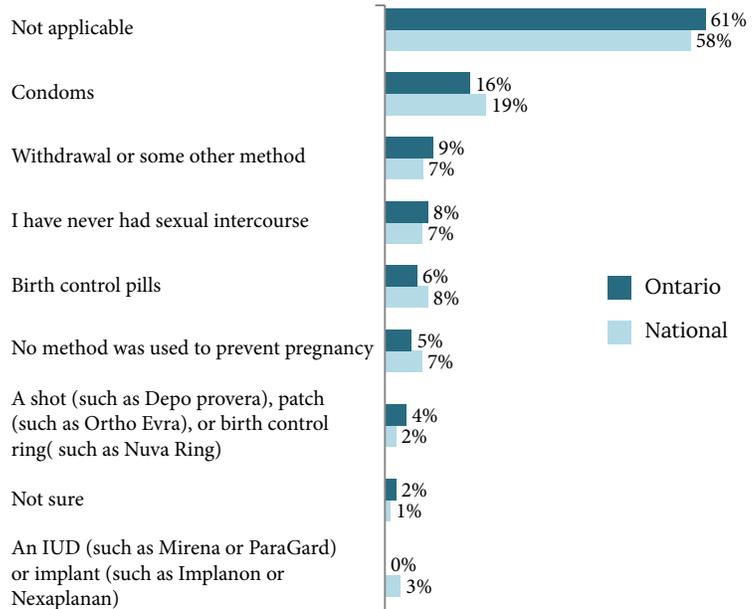
PREGNANCY INVOLVEMENT

Among those who have ever had sex, 5% reported ever being pregnant or causing a pregnancy (4% once, and less than 1% two or more times). This group was comprised solely of older youth.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

The survey also asked whether 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. Very few younger adolescents said they had been told by a doctor or nurse they had

METHOD USED TO PREVENT PREGNANCY AT LAST SEXUAL INTERCOURSE



Note: Youth could choose more than one response.

an STI (2%), while 5% of older 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 youth if they had ever traded sexual activity for money, food, shelter, drugs or alcohol. Seven percent of youth reported ever trading sex; older youth were much more likely to report trading sex compared to younger participants (9% vs. 5%).

Safety, discrimination, and violence

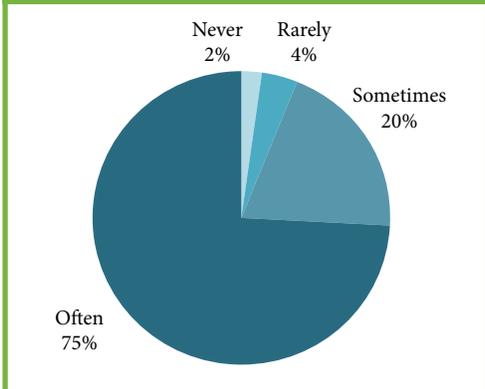
Violence exposure is a key determinant of health, and experiences of safety, discrimination, and violence can profoundly influence the health of all people. This survey asked youth a number of questions about perceptions of safety in different places, and experiences of discrimination and violence at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

SAFETY AND VIOLENCE AT HOME

Most questions about family safety and violence were directed toward younger participants. There was one question about how often youth felt safe in their home.

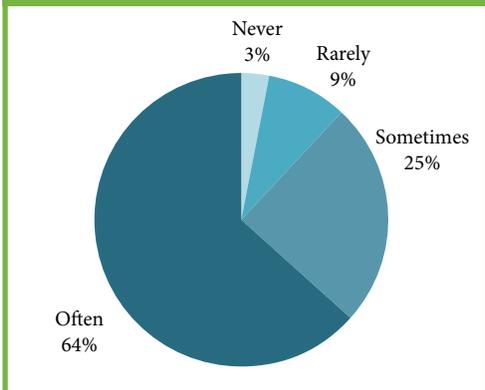


ONTARIO: HOW OFTEN YOUNGER TRANS YOUTH FEEL SAFE INSIDE THEIR HOME



Percentages may not add up to 100% due to rounding

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

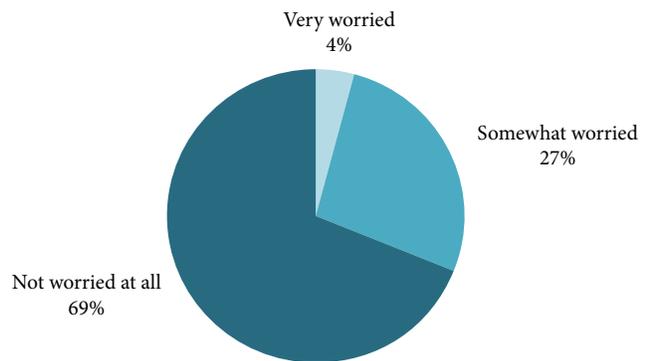


Percentages may not add up to 100% due to rounding

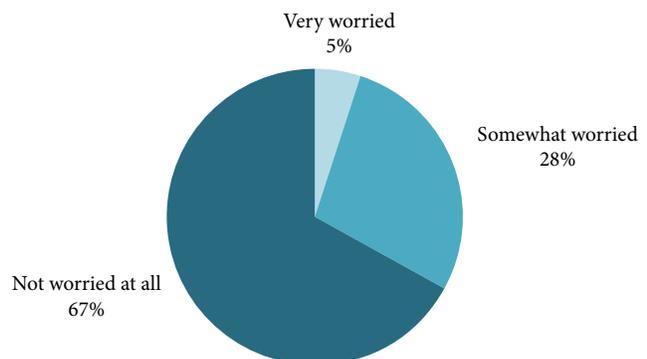
Older youth had a slightly different question about how worried they feel when alone in their home in the evening or at night. The majority felt not at all worried, while just over one-quarter felt somewhat worried, some felt very worried, and a few said they didn't know

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 threatened or injured, and 12% had witnessed family violence.

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



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



47

ROMANTIC RELATIONSHIP / DATING VIOLENCE

Most youth reported having been in a romantic or dating relationship (90% of older youth, 53% of younger youth). Among those who had ever had a romantic or dating relationship, 20% 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. Older youth were more likely to report relationship violence than younger ones (25% vs. 9%), in part because they were more likely to have been in a romantic relationship.

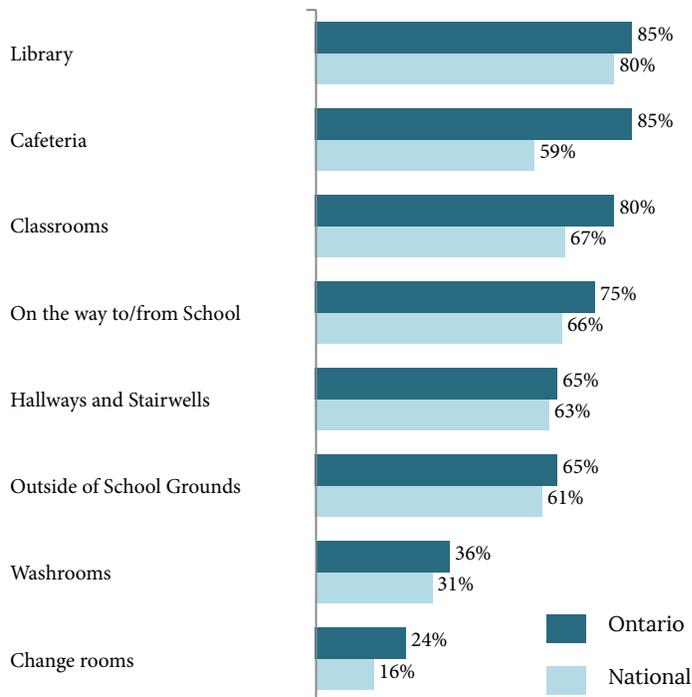
SAFETY AND VIOLENCE AT SCHOOL

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, or violence at school. Among younger 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. Trans youth scored a 5.3 out of 10 on this scale. On average, trans students felt safe overall at school, with the safest location reported to be in the classroom and the library. The lack of safety youth reported in washrooms and change rooms should concern educators and school administrators.

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 over a third had not been bullied at all (39%), while more than half had been bullied more than once (53%). Just over 1 in 4 (27%) 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. A third of younger participants reported they had been physically threatened or injured in the past year (33%), and 8% had been threatened or injured with a weapon. Almost 2 in 3 reported being bullied, taunted, or ridiculed (60%).

YOUNGER YOUTH FEELING USUALLY OR ALWAYS SAFE IN SCHOOL LOCATIONS



We also asked about bias-based harassment, or whether someone had said something bad about various characteristics of an individual. Overall, youth were most likely to report people had said something bad about their gender identity and sexual orientation, followed by body shape or appearance, and less commonly about their race or culture. However, a much larger percentage of racialized youth (41%) reported that people had said something about their race or culture.

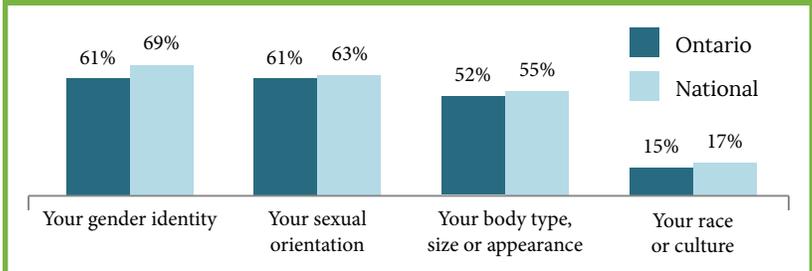
Some young people who feel unsafe may carry weapons to school. Among younger participants who had attended school in the past 30 days, one respondent reported always carrying a weapon to school and an additional 10% reported sometimes carrying a weapon to school. Older participants were asked a slightly different question, and 21% said they routinely carried something to protect themselves or alert another person.

SAFETY AND VIOLENCE IN THE COMMUNITY

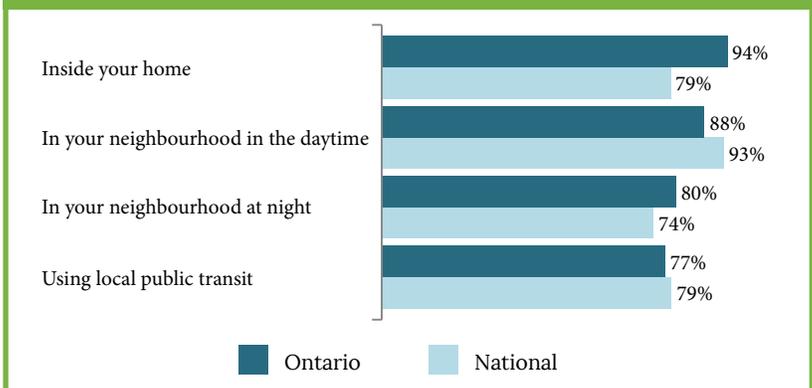
In addition to family and school, trans youth may have safety issues in their community. We asked older and younger participants slightly different questions about community safety based on other surveys for their age groups.

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

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

Older participants were asked how often they walked alone in their area after dark: 19% said almost never, while 27% said nearly every day or daily. When asked, 49% said that if they felt safer from crime, they would walk alone after dark more often, 27% said they still would not, and 25% said they didn't know if they would. Among those who used public transit, 10% said they felt very worried while waiting alone for public transit after dark, another 53% said they felt somewhat worried, 37% were not at all worried.

49

SEXUAL VIOLENCE

The survey for younger participants included questions about sexual harassment in the past 12 months. Most youth (63%) said they had experienced unwanted sexual comments, jokes or gestures directed at them. Physical sexual harassment/assault was less common, but 42% of younger participants said another person had touched, grabbed, pinched or brushed against them in a sexual way that they did not want.

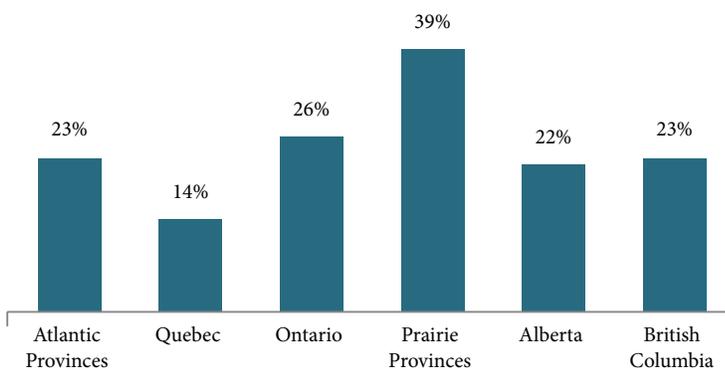
Sexual assault is a serious form of violence that can lead to myriad mental health issues, as well as a variety of health issues, including unwanted pregnancy or sexually transmitted infections. 26% of Ontario participants reported being physically forced to have sexual intercourse when they did not want to.

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 27% had been asked for personal information over the Internet, such as names, addresses, and phone numbers, and 29% said someone had made them feel unsafe when they were in contact with them on the Internet. Additionally, nearly 1 in 3 (33%) said they had been bullied or picked on through the Internet in the past year.

Among older youth, the questions were slightly different, and were about ever experiencing the different forms of cyberbullying rather than the past year only. Just over half (52%) reported they had received threatening or aggressive emails or instant messages. As well, 46% had been the target of hateful comments on the web, in email or instant messages, and 7% reported someone else had sent out threatening emails using their identity. Another 35% reported being cyberbullied in ways other than those already mentioned.

YOUTH WHO HAVE BEEN PHYSICALLY FORCED TO HAVE SEXUAL INTERCOURSE WHEN THEY DID NOT WANT TO



DISCRIMINATION

We asked both younger and older youth a series of questions about whether they had experienced discrimination in the past 12 months because of different aspects of their lives.

Most 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. Again, this is in part influenced by the demographics of our sample (73% of youth who identified as white).

IN THE PAST YEAR, HAVE YOU EXPERIENCED DISCRIMINATION OR BEEN TREATED UNFAIRLY BY OTHERS IN CANADA BECAUSE OF...				
	Ontario: Younger Youth	Ontario: Older Youth	National: Younger Youth	National: Older Youth
Your sex	56%	71%	46%	63%
Your ethnicity or culture	17%	15%	13%	15%
Your race or colour	9%	17%	10%	13%
Your physical appearance(other than skin colour)	49%	67%	43%	60%
Your religion	7%	13%	10%	10%
Your sexual orientation	45%	64%	47%	59%
Your age	51%	47%	51%	49%
A disability	26%	31%	18%	25%
Your language	9%	6%	7%	12%
Your gender identity	65%	82%	60%	70%
For some other reason	51%	46%	33%	34%

Supportive relationships



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

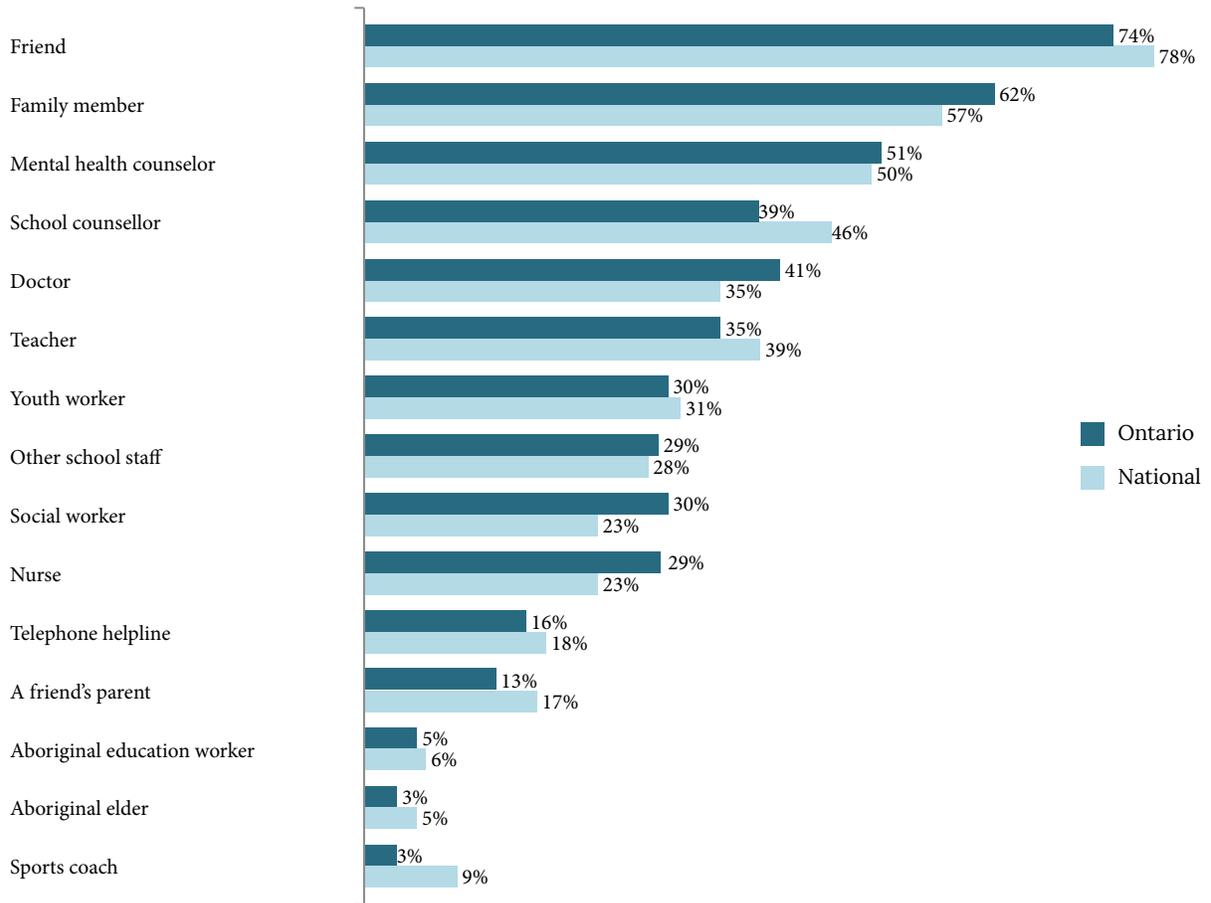
One third of younger youth (33%) had no adult that they could talk to if they were having a serious problem. Another third had an adult in their family that they could go to for support, and almost half (44%) had an adult outside their family they could go to for support. Younger youth with supportive adults both in and outside the family were about four times more likely to report good or excellent mental health (as opposed to poor/fair), and were over four times less likely to have considered suicide.

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

“When some stranger uses [the pronouns] I prefer, I enjoy it.”

- AGE 22, ONTARIO

WHO YOUNGER YOUTH ASKED FOR HELP



53

Among those who asked for help from people, the people they found most helpful were friends (89%), nurses (73%), a friend’s parent (67%), teachers (65%), and youth workers (61%).

Younger youth were also asked how much they felt various adults outside their family cared about them. These adults included police officers, teachers, community adults, adult relatives and church leaders. Youth scored an average of 3.5 on this 10-point adult caring scale.

PERCENTAGE WHO YOUNGER YOUTH REPORTED WERE HELPFUL		
	Ontario	National
Friend	89%	84%
Family member	53%	57%
A friend’s parent	67%	50%
Teacher	65%	62%
Aboriginal education worker	0%	NR
School counsellor	57%	57%
Other school staff	47%	51%
Youth worker	61%	67%
Mental health counsellor	60%	68%
Social worker	44%	44%
Doctor	55%	59%
Nurse	73%	67%
Telephone helpline	50%	43%
Aboriginal elder	0%	NR
Sport coach	0%	53%

NR: Not releasable due to small number of responses.

Older youth reported having an average of four close friends and relatives that they feel at ease with and comfortable talking to. On average 2 of those close friends and relatives lived in the same community as the youth.

We also asked older 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; however only 36% of older youth felt they had someone who understands their problems most or all of the time.

OLDER YOUTH: SUPPORTS THAT ARE AVAILABLE WHEN NEEDED ALL OR MOST OF THE TIME

	Ontario	National
Someone to help you if you were confined to bed?	48%	51%
Someone who shows you love and affection?	56%	68%
Someone to give you advice about a crisis?	55%	57%
Someone to confide in or talk to about yourself or your problems?	58%	60%
Someone to take you to the doctor?	47%	53%
Someone to have a good time with?	43%	61%
Someone to prepare your meals if you were unable to do it yourself?	46%	52%
Someone who hugs you?	47%	53%
Someone to help with daily chores if you were sick?	44%	49%
Someone who understands your problems?	36%	44%

PARENT CONNECTEDNESS

Parent relationships are key for the well-being of trans youth. All youth were asked about the closeness, caring, warmth and satisfaction they felt in their relationships with their parents, or those people they considered to be their parents. On a scale of 0-10, younger youth rated their parent connectedness 6.0 on average, and older youth rated it 5.1.

FAMILY CONNECTEDNESS OF YOUNGER YOUTH

In addition to relationships with parents, younger 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. When combined on a scale of 0-10, younger youth ranked their family connectedness 5.7 out of 10 on average (vs. 4.2 in the national sample).

There was no significant relationship between family connectedness and mental health; however the national survey, which had a larger sample, reported that younger trans youth with higher levels of family connectedness were more likely to report good or excellent overall mental health.

“Still undecided [about legally changing their name]. I’m anxious about how much tension this would put on my family relationships. Even getting my mom to introduce me with a shorter version of my birth name has created a lot of conflict.”

- AGE 22, ONTARIO

“I live far away from family, but if I visit them, I de-transition for the visit for safety reasons”

- AGE 25, ONTARIO



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, 59% of youth had asked their parents to use a different name and pronoun, and over half of youth 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.

Just over a third of youth had made the request to their extended family (an additional 1 in 4 youth were planning to ask). Among trans youth who had a spouse/partner or roommates, 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).

Cultural and/or religious communities 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 youth showed this question was not always relevant to their experiences. Some youth decide to keep their birth name, for example, if it is considered a gender-neutral name. Youth who have a non-binary gender identity (and might use different pronouns than he or she) also face

HAVE YOU ASKED ANY OF THE FOLLOWING PEOPLE TO CALL YOU BY A DIFFERENT NAME OR PRONOUN, ONE WHICH REFLECTS YOUR GENDER IDENTITY?

	Ontario	National
My parent(s)	59%	60%
My siblings	57%	57%
My spouse or partner	82%	80%
My child(ren)	20%	20%
My extended family	37%	36%
My roommates	67%	62%
My trans friends	87%	86%
My non-trans friends	80%	78%
People online	84%	85%
My church/temple/mosque	23%	19%
My cultural community	32%	37%
My co-workers	54%	47%
My employer	48%	47%
My supervisor/boss	53%	48%
My teachers	62%	55%
My school staff	57%	50%
My classmates	58%	52%

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.

“I’ve always lived as my gender, regardless of whether other people saw me that way.”

- AGE 18, ONTARIO

BEING ABLE TO LIVE IN FELT GENDER

Being able to live in one’s felt gender – in the gender that feels the most right – is positively linked with trans youth’s health. 51% of youth reported living in their felt gender all the time, 29% reported doing so part of the time, while 21% not living in their felt gender. Older trans youth were more likely to report living in their felt gender full time (56% vs 41% of younger trans youth).

Some youth reminded us that living in one’s gender can be less about how other people perceive them than about their own experiences. Conversely, other youth (particularly non-binary youth) pointed out that living in one’s felt gender can be difficult when one’s gender is rarely seen and understood in a society that sees gender as a binary.

SENSE OF BELONGING

We asked older trans youth how they would describe their sense of belonging in their local community, most of Ontario older youth reported “very weak” (31%) or “somewhat weak” (41%), indicating a low sense of belonging overall.



Conclusions and recommendations

58

This survey, one of the first of its kind in Canada, provides an important picture of the health and well-being of trans youth. This report focuses specifically on Ontario trans youth, for whom there are serious concerns: many of these youth face rejection, discrimination and even violence, within their families, at school or work, in their community, and in health care settings. 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. Many express despair through lowered self-esteem, depression, sadness, substance use, and suicide.

At the same time, there are signs of hope. Many of the young people who participated in the survey provided thoughtful and inspiring comments about how they have navigated the complexities of gender, and the improvement in their lives when their identity has been recognized and affirmed. Some of them shared personal strengths and supportive relationships, and many noted helpful professionals. When young people felt cared about, they reported much lower levels of distress and better health. Trans youth, like all youth, need the support and care of family, friends, school staff, and other professionals, to reach their full potential as healthy adults. 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

We need improved and creative outreach strategies and support programs for parents and caregivers, to help them develop the knowledge needed to support their trans youth, and help them feel safe at home. Peer support groups for parents and siblings of trans youth are much needed, as well as training for family support workers and therapists to enable them to meet the needs of families of trans youth. Gender-affirming professionally-facilitated services for parents of trans youth are needed to enable them to promote trans youth mental health, well-being and resilience in the home and beyond.

SAFER SCHOOLS

All schools need to be as inclusive and barrier-free as possible, and this should be done prior to an accommodation request by a trans student. Schools should have an all-gender washroom regardless of who has requested one in their building, in addition to gender-specific washrooms that provide access to everyone. Schools and school districts should work with trans youth, their parents, trans community leaders, and professionals to develop effective professional development tools, policies and programs to create supportive school environments. Administrators and educators should aim to shift the school climate by integrating gender

diversity into system-wide education campaigns and curriculum plans. Schools should use the Ontario Human Rights Code as their guide, and also develop a procedure document that explains how the code will be implemented in the school's day-to-day practice.

Strategies could include:

- adopting explicit gender-inclusive school policies
- adopting anti-bullying policies that address the unique needs of trans youth
- training for teachers, school counselors, and administrators on gender identity development and gender-affirming approaches
- awareness campaigns and education for students
- making all-gender washrooms and change rooms available
- adopting evaluation frameworks for monitoring progress and change

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 were uncomfortable discussing trans health issues with health professionals. As part of a continued commitment to depathologizing trans identities, healthcare providers and clinics should work with trans communities to ensure adequate and timely access to gender-affirming healthcare for trans youth. As with school staff, professionals from all the different health care disciplines who deliver services to youth 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 especially need safe access to and support around hormone therapy, and mental health services to help them cope. Importantly, they need access to these types of programs in their home communities so that travel does not become an access barrier. While specialist services are important, many trans youth health needs can be met in primary care settings. Beyond individual providers and clinics, the health care system also needs changes in policies to reduce barriers to accessing age-appropriate and supportive care for trans youth.



ENGAGE TRANS YOUTH AND THEIR FAMILIES IN THE SOLUTIONS FOR CHANGE

The 268 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.

NEXT STEPS

This report is the first analysis from the rich information provided by the trans youth who participated across Ontario. Additional regional reports are planned, as well as fact sheets that focus on specific topics, and professional journal articles with more in-depth statistical analyses of the data. We will conduct comparisons to population-level survey data where the same questions have been asked of similar regional or national populations of young people. We will also offer webinars and presentations throughout the next year on various health issues from the survey results. The latest information about new reports and fact sheets can be found on our website at www.saravyc.ubc.ca.

