



BEING SAFE, BEING ME:

Results of the Canadian
Trans Youth Health Survey



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA



BEING SAFE, BEING ME:

Results of the Canadian Trans Youth Health Survey

This study was funded by Grant # MOP 119472 of the Canadian Institutes of Health Research, Institute for 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

Copyright 2015 under a Creative Commons
2.0 ND NC license.



SUGGESTED CITATION

Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). *Being Safe, Being Me: 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 some of the research team members, trans youth, their families, and allies. The photographs were taken in Vancouver, BC, in July 2014 and March 2015, by Martin Dee.

The report layout was designed by Alexandra Young.

Available on-line 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:

Jones Adjei, University of British Columbia

Diana Apuada, University of British Columbia

Tonya Callaghan, University of Calgary

Mauricio Coronel*, University of British Columbia

Beth Clark*, University of British Columbia

Sarah Dobson*, University of British Columbia

Hélène Frohard-Dourlent*, University of British Columbia

Jordan King, University of British Columbia

Reece Malone, Rainbow Resource Centre, Winnipeg

Melissa Moynihan*, University of British Columbia

Jake Pyne, McMaster University

Gabrielle Richards, Université du Québec à Montréal

Ryan Watson*, University of British Columbia

Thanks also to former staff:

Christopher Drozda (UBC)

Kirk Furlotte (U Winnipeg)

Karine Khatchadourian (BCCH)

Bea Miller (UBC)

Special thanks to the Trans Youth Advisory Groups in BC, Alberta, Ontario, and Nova Scotia, to the LGBTQ youth-serving agencies and clinical services who 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	2
Introduction	4
Who participated in the survey?	8
Home life	16
School and work	18
Physical health	22
Physical activities	24
Injury prevention	25
Nutrition, body weight, and body image	27
Health care access	31
Mental health	38
Substance use	44
Sexual health	50
Safety, discrimination, and violence	55
Supportive relationships	63
Conclusions and Recommendations	69

Executive Summary

The Canadian Trans Youth Health Survey was a national on-line survey conducted by researchers from several Canadian universities and community organizations. The survey had 923 trans youth participants from all 10 provinces and one of the territories. 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 national report is a first snapshot of survey results.

KEY FINDINGS:

- While the majority of youth (83%) reported living in their felt gender at least part of the time, only about half lived in their felt gender full time. Those who lived in their felt gender all the time were almost 50% more likely to report good or excellent mental health.
- 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.
- Most youth (70%) reported sexual harassment; more than 1 in 3 younger participants had been physically threatened or injured in the past year (36%); and nearly half of older youth reported various types of cyberbullying.
- Family relationships are important, and while trans youth generally reported feeling their parents cared about them, 70% reported their family did not understand them, and about 1 in 3 did not have an adult in their family they could talk to about problems. When youth had high levels of parent 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 reported serious thoughts of suicide; and more than 1 in 3 had attempted suicide.
- Trans youth who had supportive adults both inside and outside their family were four times more likely to report good or excellent mental health, and were far 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.
- Many youth reported missing needed physical health care during the past year (33% of younger and 49% of older youth) and even more missed needed mental health care (68% of younger youth).
- Over half of youth with a family doctor (53%) said their current family doctor knew about their

trans identity. However, only 15% 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 was also an issue for some trans youth: 1 in 5 younger youth and more than 1 in 3 older trans youth reported going hungry in the past year because they could not afford food.
- More than 1 in 4 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, but 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:

- **Support for families of trans youth:** Families are a key source of support for young people. We need better outreach and support for families, to help them understand and support their trans youth, and to help trans youth feel safe at home.
- **Safer schools:** Schools need to become safer and more welcoming for trans youth, even before these youth make themselves known to school staff. 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.
- **Knowledgeable and accessible health care services:** 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.
- **Work to reduce disparities between provinces:** In some areas of health, provincial differences were striking. Trans youth in every province should have access to safe schools, high quality health care, and supportive networks. This requires commitment from government to ensure policies and programs are supportive, not discriminatory.
- **Engage trans youth and their families in the solutions for change:** The 923 trans youth 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. 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 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 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 (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 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.



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, FTM, transman, 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.

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 general population of young people
- Trying several different questions about gender identity, and asking youth for their opinions about each, so we gain insight on what might be better ways to ask about gender

“Thank you again for giving me the opportunity to participate in this survey. I may have had a lot of critical feedback, but really this is amazing and I hope you get a large sampling of diverse replies! :)” - AGE 23, ALBERTA

6

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 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 on-line, 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 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 usu-

ally 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 youth. 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.

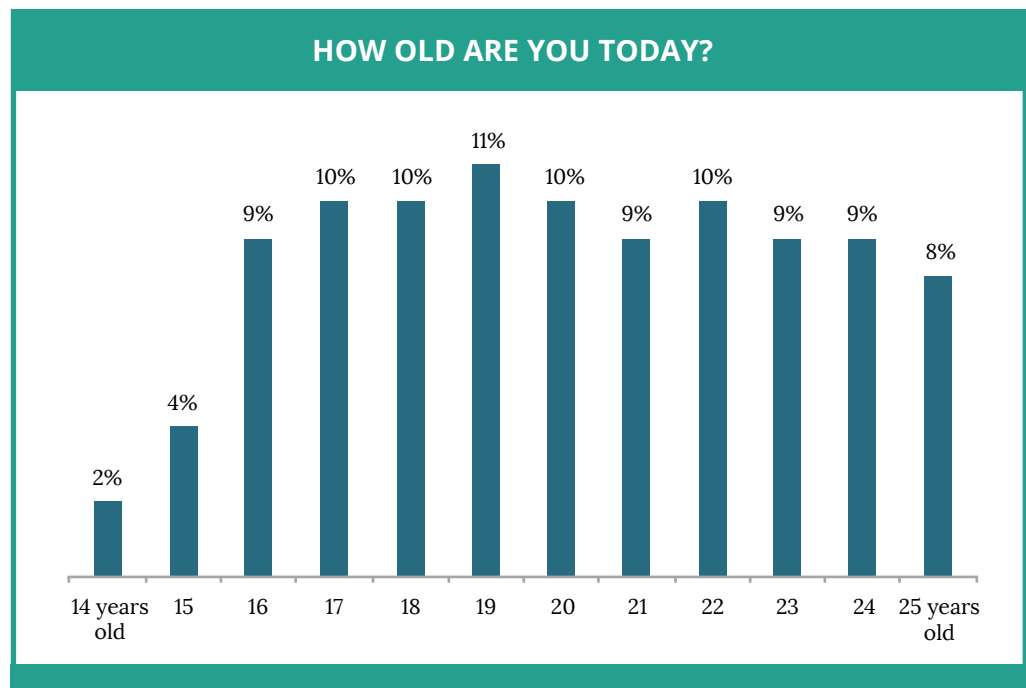
We also provided comment boxes throughout the survey for youth to share their thoughts and opinions. The quotes included in this report are from those comments.

“I am really glad someone out there in the research world is concerned about trans youth.”

- AGE 21, QUÉBEC

Who participated in the survey?

In total, 923 youth completed part or all of the survey. The average age of participants at the time of the survey was 20 years old. Youth age 18 or younger represented 35% of all participants. The average age of participants in Québec was slightly higher (21 years old), while the average age in the Prairie Provinces and British Columbia was slightly lower (19 years old).



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, and a lot of youth in Québec and Alberta also answered the survey.

NUMBER OF TRANS YOUTH WHO PARTICIPATED FROM EACH REGION



10

ETHNIC AND CULTURAL BACKGROUND

More than 7 out of 10 youth reported being white. Participants in the Atlantic provinces and Alberta were more likely to be white, while participants in British Columbia were more likely to be youth from other ethnic backgrounds.

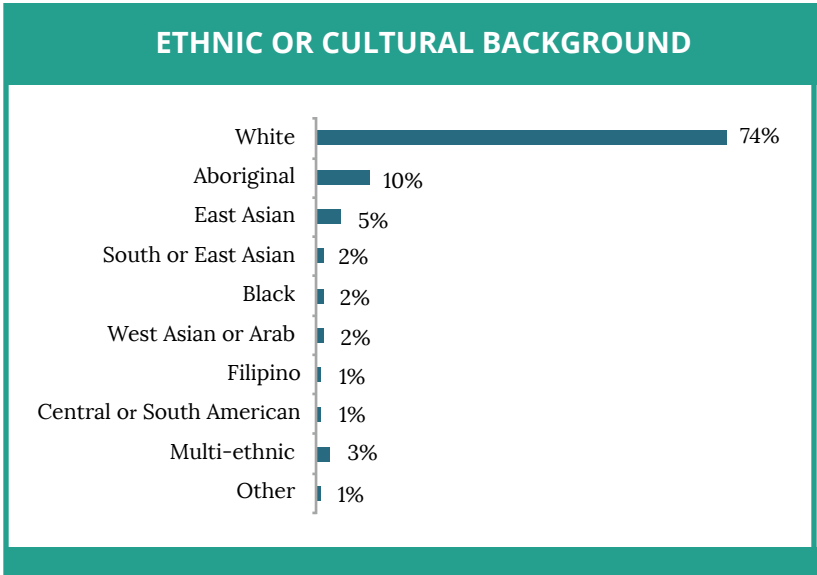
Overall, 1 in 10 participants identified as Aboriginal, which included First Nations, Inuit, and Métis. This number was much higher in the Prairie Provinces. A small number of youth identified as East Asian (which included Korean, Chinese and Japanese ethnic identities), South Asian and Southeast Asian, and other ethnic groups. Several youth checked more than one option.

NEW CANADIANS

Only 2% of youth were recent immigrants (had lived in Canada for less than two years). The majority (87%) 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. Overall, just over three quarters of youth spoke only English at home, and 7% spoke only French at home. In Québec, participants were more likely to speak only French instead of only English at home. Across the country, 7% of participants answered that they spoke both French and English at home, and 1 in 10 trans youth reported speaking a language other than French or English at home.



Note: Participants could select more than one response option.

GENDER IDENTITY

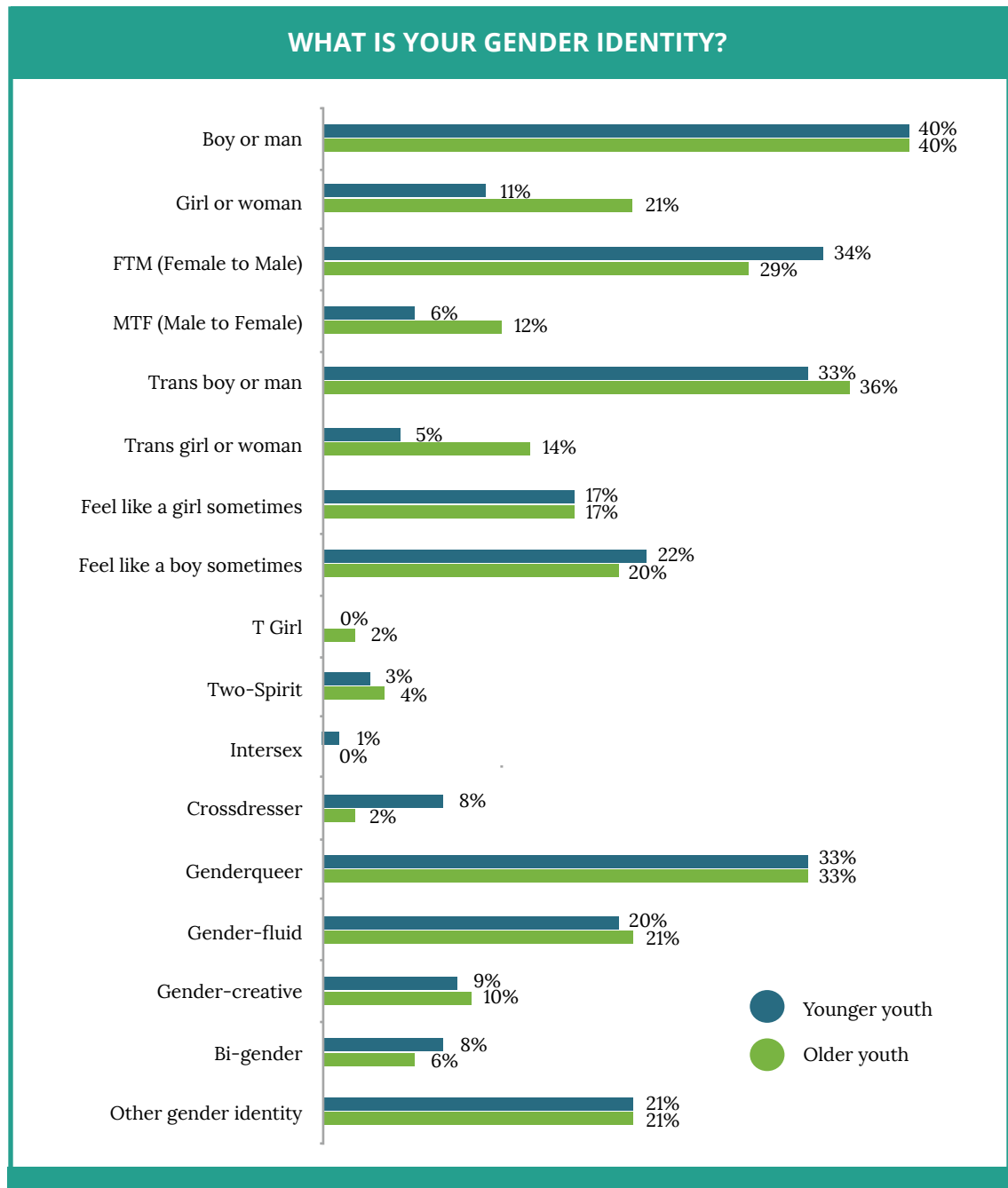
The survey contained several different questions asking trans youth about their gender identity in slightly different ways. The question “What is your gender identity?” was rated the highest by trans youth, both in how much they liked it and how well the options fit them. This question allowed them to 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 from the existing list. More than 1 in 5 trans youth wrote in an identity that was not on the 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.

“I identify under the trans* umbrella but as someone who is genderqueer, and does not want to transition in a traditional way but stay somewhere between the lines. I feel as if I am appropriating an identity that is not mine by stating that I am transgender.” - AGE 24, ALBERTA



12



Note: Youth could choose more than one response. FTM=Female-to-Male MTF=Male-to-Female.

“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

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	8%
I am transgender and identify as a boy or a man	40%
I am transgender and identify as a girl or woman	16%
I am transgender and identify in some other way	36%

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 40% identifying as boys or men, and nearly as many identifying in “some other way,” and only about 1 in 6 identifying as girls or women. Older trans youth were more likely to identify 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.

Another question asked participants: “Do you identify as trans*? (This includes transgender, transsexual, transitioned, genderqueer and some

two-spirit people.)” Nearly 90% 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.

Nearly three quarters of trans youth in our survey were assigned female at birth. 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 (29% compared to 18% of younger participants), and trans youth in Québec were also more likely to have been assigned male at birth (45% compared to 26% overall in Canada).

14

“I’m non-binary/genderqueer. Most days I feel like there is no way for me to actually live in my “felt gender” in a way that other people can understand when they look at me.”

- AGE 21, NEWFOUNDLAND AND LABRADOR

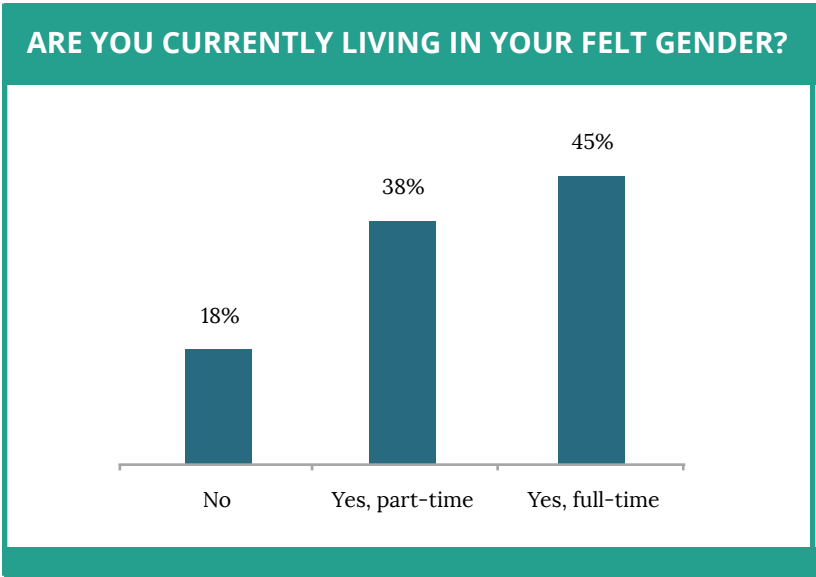
LIVING IN FELT GENDER

The majority of our participants (83%) reported that they were currently living in their felt gender at least part of the time, and only about 1 in 5 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. Trans youth in British Columbia were more likely than those in other provinces to be living full-time in their felt gender (53%), and least likely not to be living in their felt gender at all (10%). Trans youth in Ontario were least likely to be living in their felt gender part-time (29%), and trans youth in the Atlantic provinces were least likely to be living in their felt gender full-time (31%).

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 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. Over 1 in 10 youth identified



as straight or heterosexual, and about the same percentage identified as gay or lesbian. 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 50% of participants only chose one response, a significant number checked two (27%) or three (17%) responses.

Younger youth were somewhat more likely to identify as pansexual and queer, while older youth were more likely to identify as bisexual. Younger youth were also more likely to say they were questioning or were unsure about their sexual orientation, and to select “other.”

We also asked Aboriginal trans youth if they identified as Two Spirit, and a little over a quarter (28%) said yes.

HOW DO YOU CURRENTLY IDENTIFY?	
Bisexual	17%
Gay	13%
Lesbian	12%
Asexual	10%
Pan Sexual	35%
Queer	49%
Straight or heterosexual	14%
Two-Spirit	4%
Not sure or questioning	11%
I am transgender and identify in some other way	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, while over 1 in 4 live with only one parent, and just over 1 in 10 live with other unrelated adults. 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 roommates, about a third lived with parents, and only 1 in 10 lived alone.

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. Four percent said yes, and 6% 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 more than 1 in 4 had run away one or more times.

Youth who reported feeling less safe at home were more likely to have reported running away at least once in the past year. Those youth who reported feeling less connected to their families reported running away more often in the last year. Youth who said they had been physically or sexually abused were 3-1/2 times more likely to have run away from home than those who hadn't been abused.

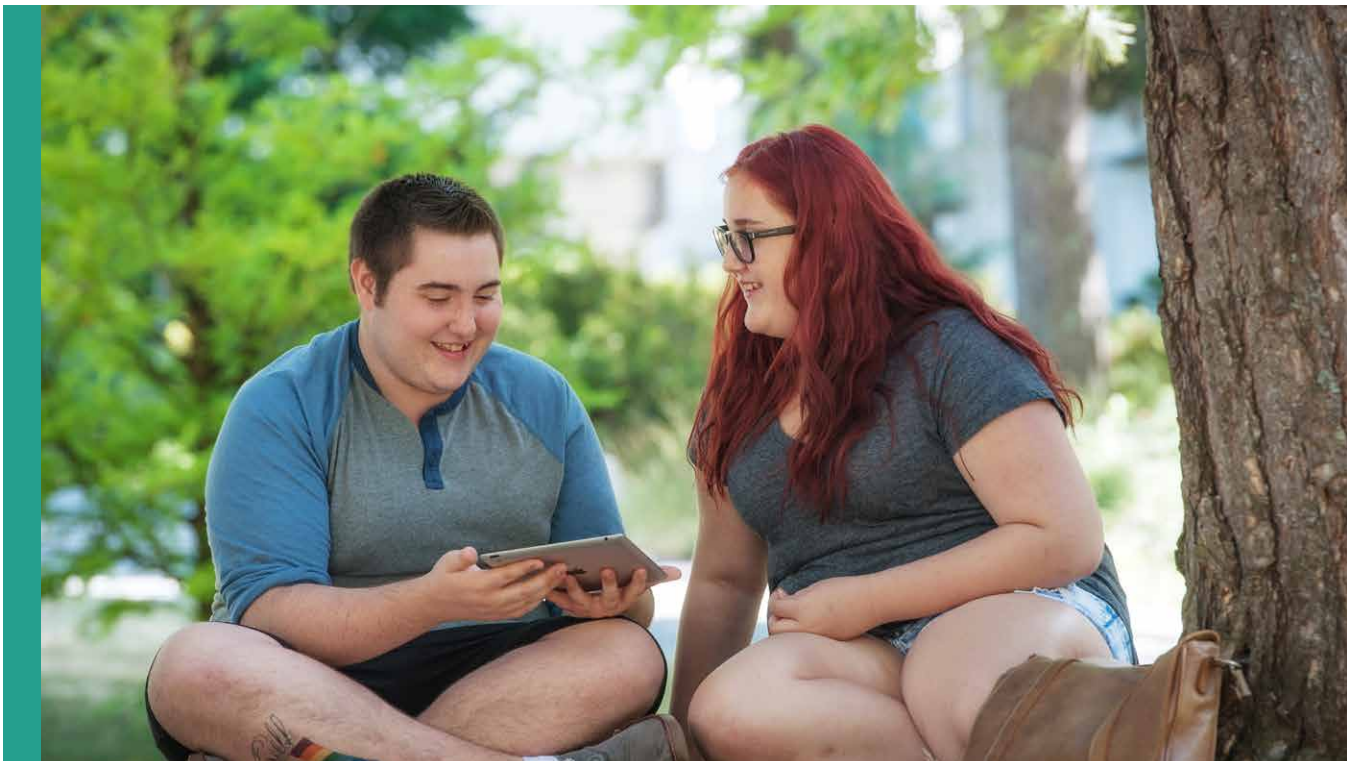
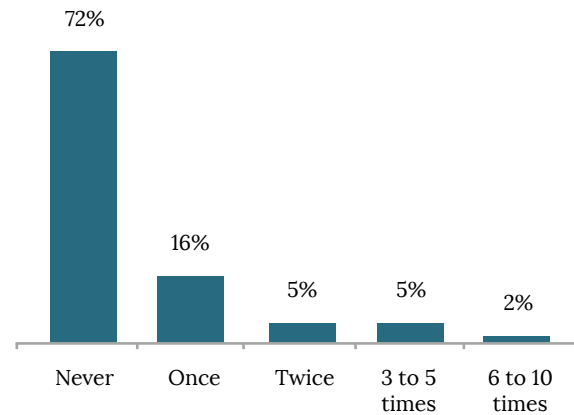
YOUNGER TRANS YOUTH LIVING SITUATION

2 or more parents	58%
Single parent	28%
Other unrelated adults	11%
Alone	2%
Foster parent(s)	2%

OLDER TRANS YOUTH LIVING SITUATION

Roommates	42%
Parents	34%
Partner	13%
Alone	10%
Other (siblings, grandparents)	2%

NUMBER OF TIMES YOUNGER YOUTH RAN AWAY FROM HOME IN THE LAST YEAR



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. Youth in the Atlantic provinces had the

lowest levels of connection to their school, while youth in Québec and British Columbia reported higher levels of 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.

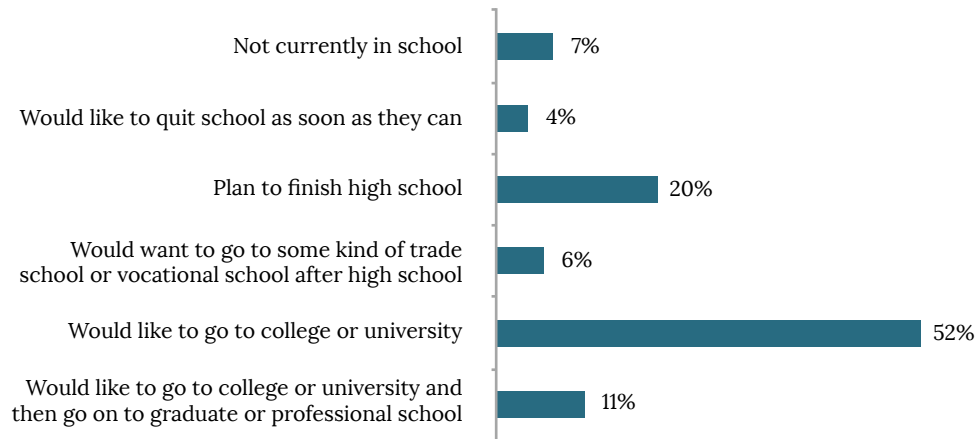
YOUNGER YOUTH AVERAGE SCHOOL CONNECTEDNESS SCORE (0-10)	
Overall average	4.9
British Columbia	5.6
Alberta	4.8
Prairie Provinces	4.1
Ontario	4.8
Quebec	6.0
Atlantic Provinces	3.7

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)



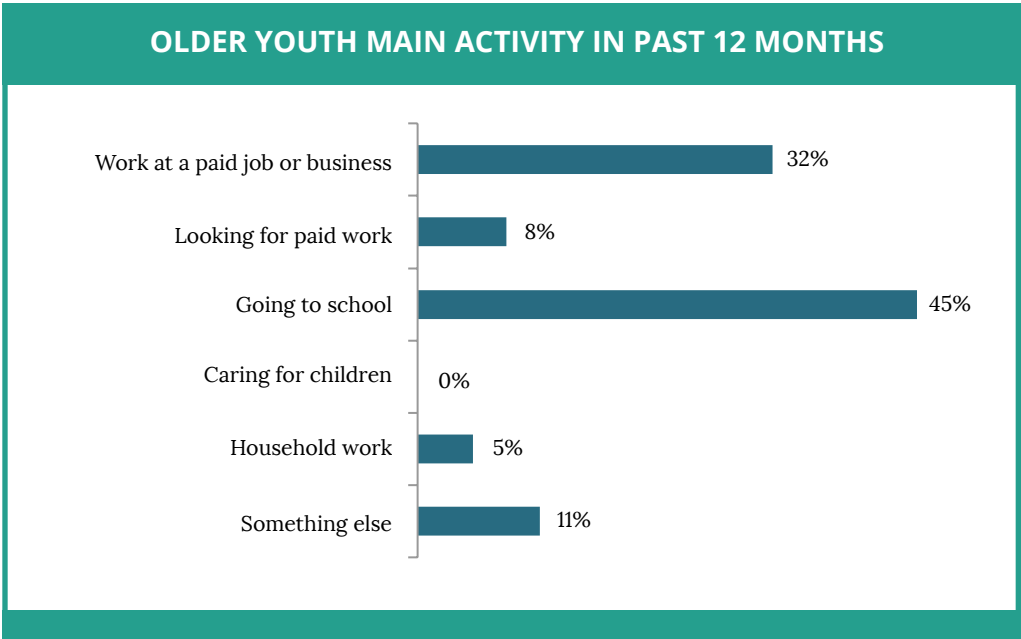
20

WORK

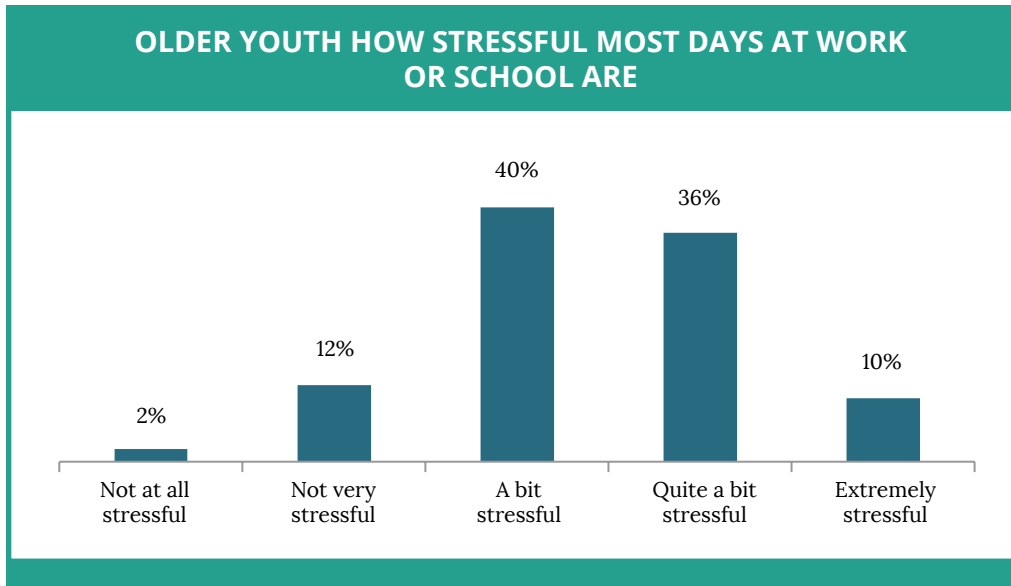
We also asked younger youth how many hours a week they spent working for pay (outside the home). Over 60% of them did not work for pay. If they did work, they were most likely to work less than 5 hours per week. Only 6% of younger participants worked more than 16 hours a week.

Older participants 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 about 1 in 10 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.

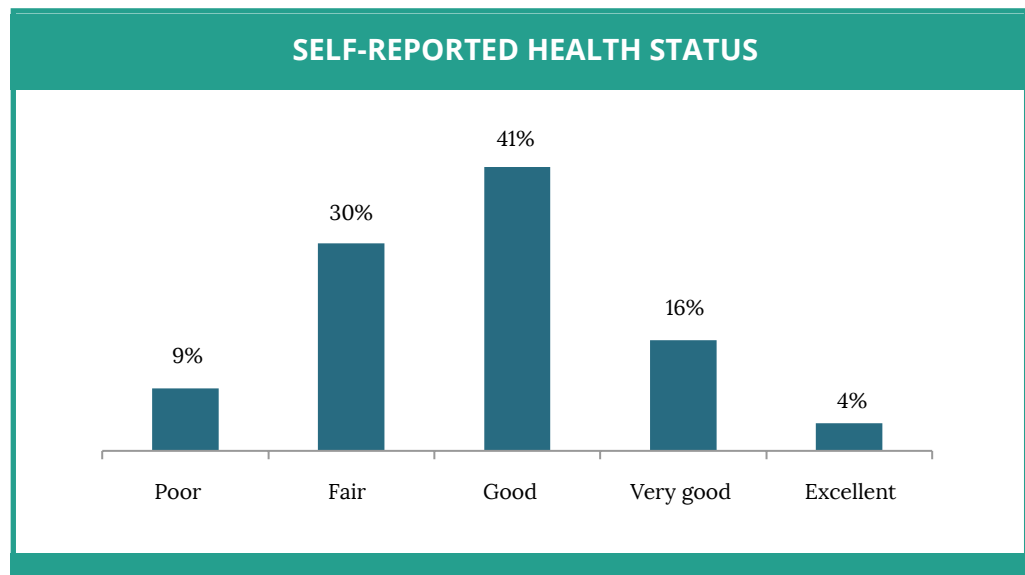


We also asked older youth to rate how stressful most days were at work or at school. About three-quarters of them reported most of their days were “a bit” or “quite a bit” stressful. In contrast, only 14% of older youth reported that most days were “not at all” or “not very” stressful.



Physical health

We asked youth about their physical health, chronic health problems, and their sleep habits. Only 1 in 5 participants said their health was very good or excellent.



More than 1 in 4 (27%) younger youth and more than 1 in 3 older youth (38%) told us they have a physical health problem that has lasted at least 12 months.

SLEEP

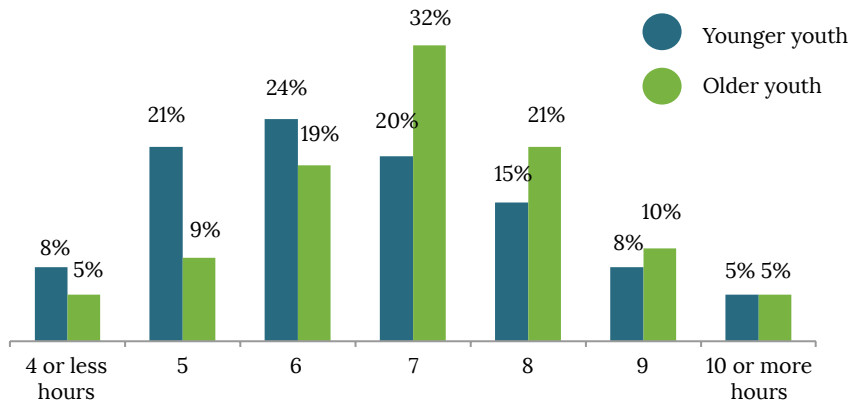
According to the National Sleep Foundation, adolescents need between 8.5 and 9.25 hours of sleep each night. We asked younger youth how much sleep they get on an average school night: 13% said they get 9 hours or more and 15% get 8 hours of sleep. A small number of younger youth get 4 hours of sleep 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, 15%

of older youth get 9 hours or more and 21% get 8 hours of sleep. A small number of older youth get 4 hours of sleep or less on an average weeknight.

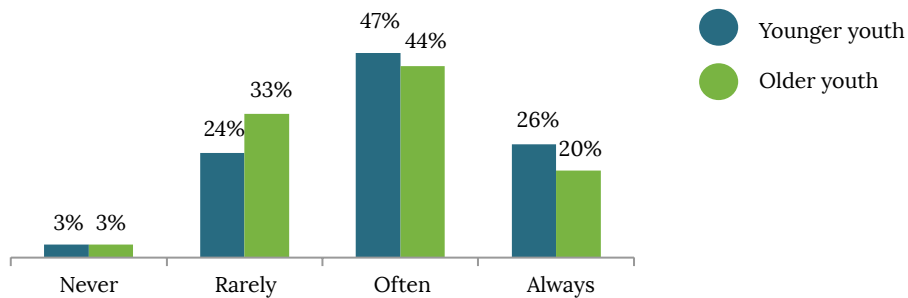
On an average weekend night, 70% of younger youth and 67% of older told us that they were getting at least 8 hours of sleep.

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

HOURS OF SLEEP ON AN AVERAGE SCHOOL NIGHT OR WEEKNIGHT (SUNDAY TO THURSDAY)



HOW OFTEN TRANS YOUTH HAVE TROUBLE GOING TO SLEEP OR STAYING ASLEEP

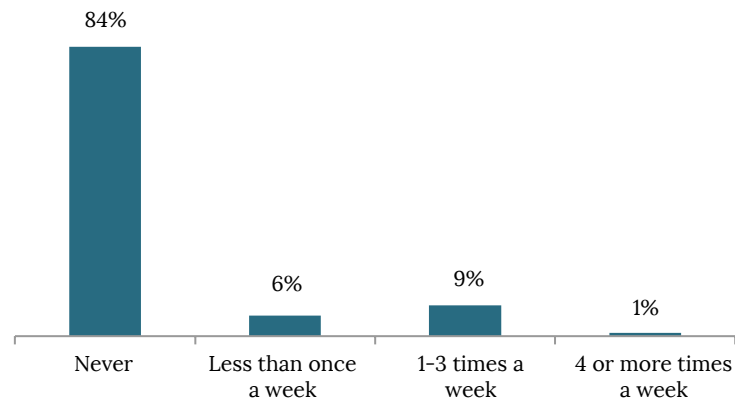


Physical activities

We asked younger participants how often in the last month they participated in before school, lunchtime, or after school activities organized by their school. More than half (55%) said they never participated, 24% said they participated one or more times per

week, and 11% said they participated less than once per week. We also asked all youth how often in the last month they participated in physical activities with a coach. The great majority said never, and 1 in 10 said they participated one or more times per week.

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



Injury prevention

25

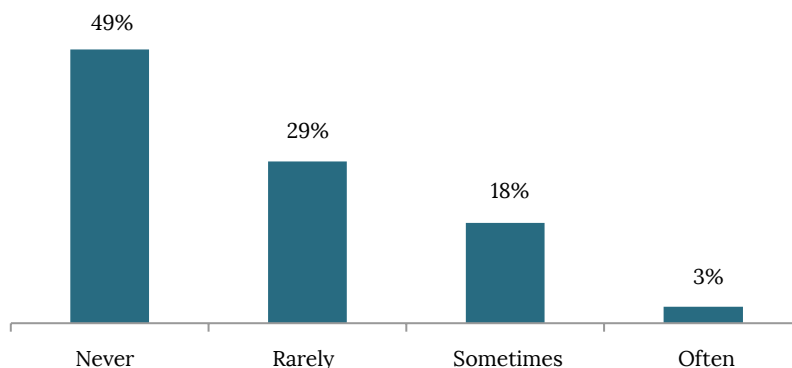
Injuries are a leading cause of death and health problems for young people worldwide, so it is important to know what trans youth do to keep themselves safe and prevent injuries, for example, whether they wear a helmet while riding a bike. Nearly half of youth (43%) said they wear a bike helmet often or always, while a third said never or rarely, and 1 in 4 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, only 1% 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, 5% 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. Around 1 in 10 youth who used marijuana said they had driven within an hour of using in the past 12 months.

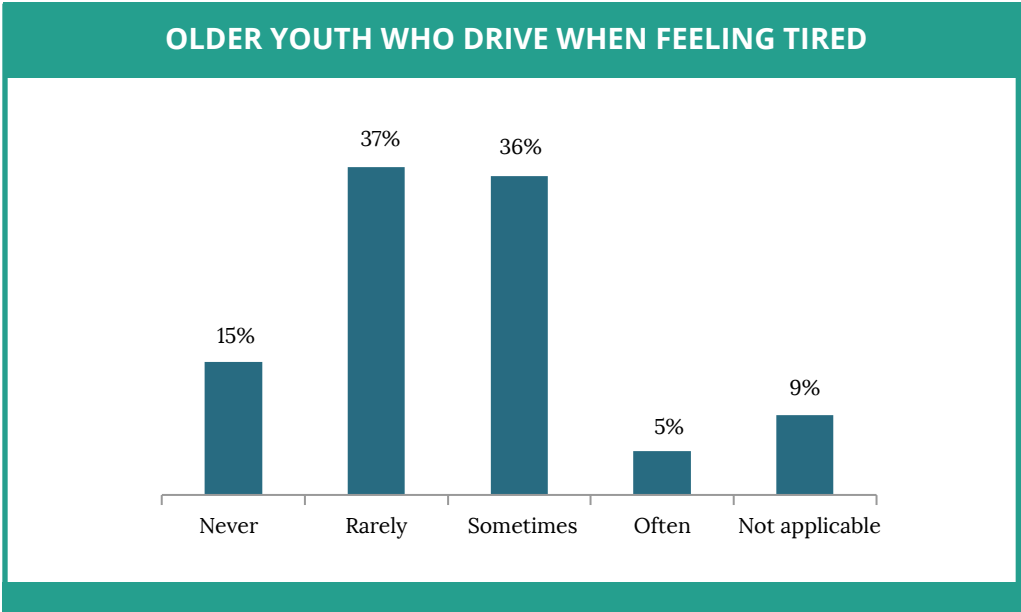
We also asked older youth who had driven in the past year how often they use their cell phone while driving (excluding hands-free). Nearly half said they never use their cell phone while driving, just over 1 in 4 said rarely, and a smaller number said they sometimes use their cell phone while driving. Only 3% said they use their cell phone often while driving.

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



26

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

27

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 youth about what they had eaten the day before they took the survey.

Most younger trans youth reported eating fruit or vegetables at least once the day before, but one third said that they only ate fruit or vegetables once or twice that day, and 14% 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 at least once a day (89%), but only one quarter said that

they ate fruit or vegetables one or two times per day. A greater proportion of older youth reported usually eating vegetables or green salad (85%) rather than fruit (69%).

Trans youth who reported eating fruit and vegetables tended to report better mental health. For example, both older and younger youth who reported a greater number of servings of fruit and vegetables per day reported feeling happy more often in the past month.

YOUNGER YOUTH WHO ATE OR DRANK AT LEAST ONE SERVING YESTERDAY

Fruit	58%
Vegetables or green salad	77%
Salty or sugary snacks	80%
Fast food	30%
Water	91%
Pop or soda	35%
Coffee	35%
Energy drinks	7%

28

BREAKFAST

Out of the younger youth attending school, 38% reported always eating breakfast in the past week while 29% reported never eating breakfast in the past week.

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 “often.”

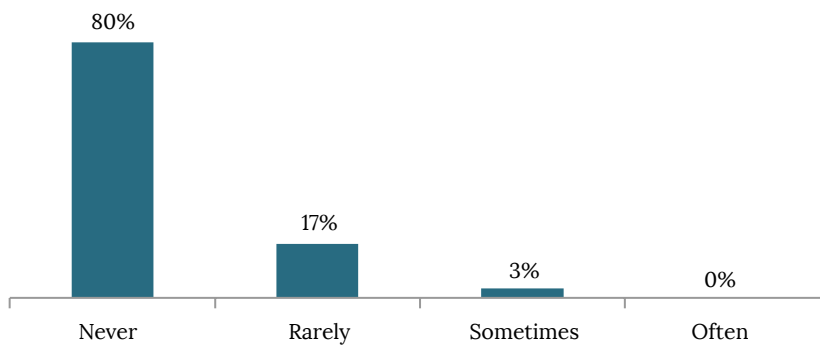


A significant percent of older trans youth reported not having access to food because of money in the past year: 38% reported ever going hungry, 26% reported losing weight, and 22% reported not eating for a whole day because they could not afford food.

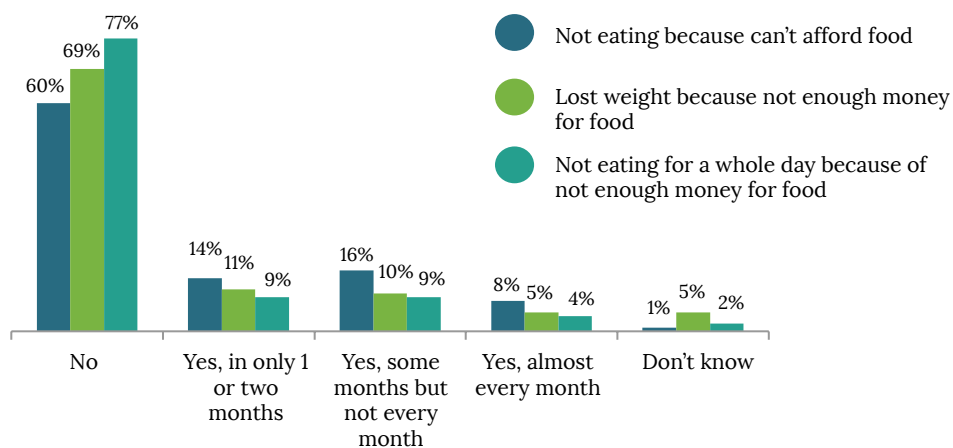
BODY WEIGHT AND BODY IMAGE

We asked younger and older trans youth slightly different questions about how they perceive their body weight. Almost half of the younger partici-

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



30

pants and just over one third of older participants thought of their body as overweight.

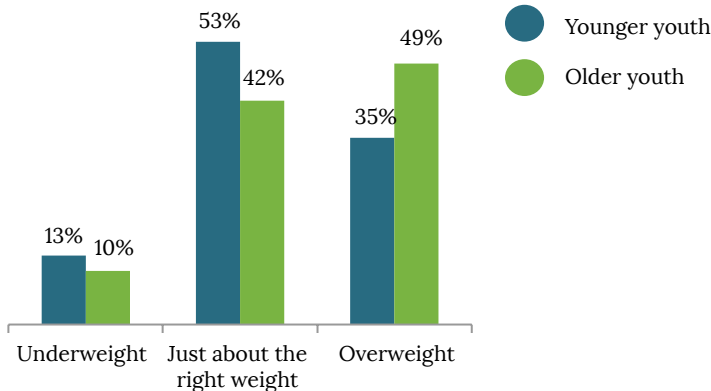
Most younger youth reported trying to either lose weight (40%) or keep from gaining weight (24%). A much smaller percentage (6%) of younger trans youth were trying to gain weight and the remaining 30% reported not doing anything about their weight. Almost half (49%) of older youth reported that they were not changing the way they eat due to concerns about their body weight, 44% reported that they were, and 7% responded that they did not know.

Just over half (55%) 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 (38%), smoking

cigarettes (14%), vomiting on purpose after eating (10%), using diet pills or speed (5%), or using laxatives (4%) for this purpose.

Younger youth were more likely than older youth to report fasting or skipping meals (48% vs. 33%), smoking cigarettes (19% vs. 11%), and vomiting after eating (18% vs. 6%) to lose or control their weight. Participants in the Prairie provinces were more likely to report smoking cigarettes (32%) and vomiting after eating (20%). The lowest percent of youth reported smoking to lose weight in Quebec (7%) and Ontario (9%) and vomiting after eating in Quebec (4%). Thirty-eight percent of youth also reported they had binge eaten in the past year.

HOW TRANS YOUTH THINK OF THEIR BODY



Health care access

31

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

Over 70% of youth reported having a regular family doctor. Ontario youth were most likely to have a family doctor (81%) while those in Quebec were least likely (55%). Over half of youth with a family doctor (53%) said their current family doctor knew about their trans identity. However, only 15% of youth with a family doctor felt “very comfortable” discussing their trans status and trans-specific health care needs.

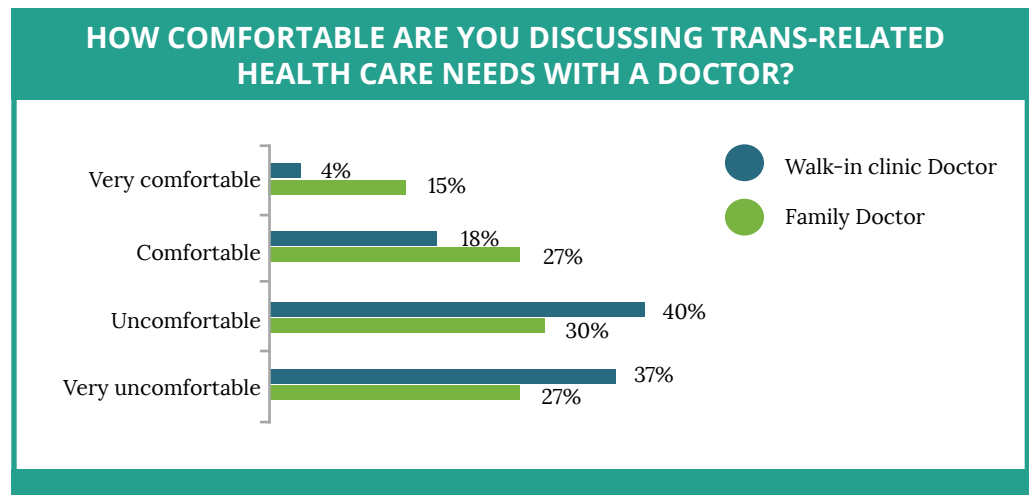
WALK-IN CLINICS

Just under half of youth (44%) used walk-in clinics as their main source of health care, with youth in Quebec and British Columbia most likely to rely on walk-in clinics. More than a third of youth were “very uncomfortable” discussing their trans status and trans-specific health care needs with doctors at a walk-in clinic.

“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, BRITISH COLUMBIA

32



“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 17, BRITISH COLUMBIA



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.

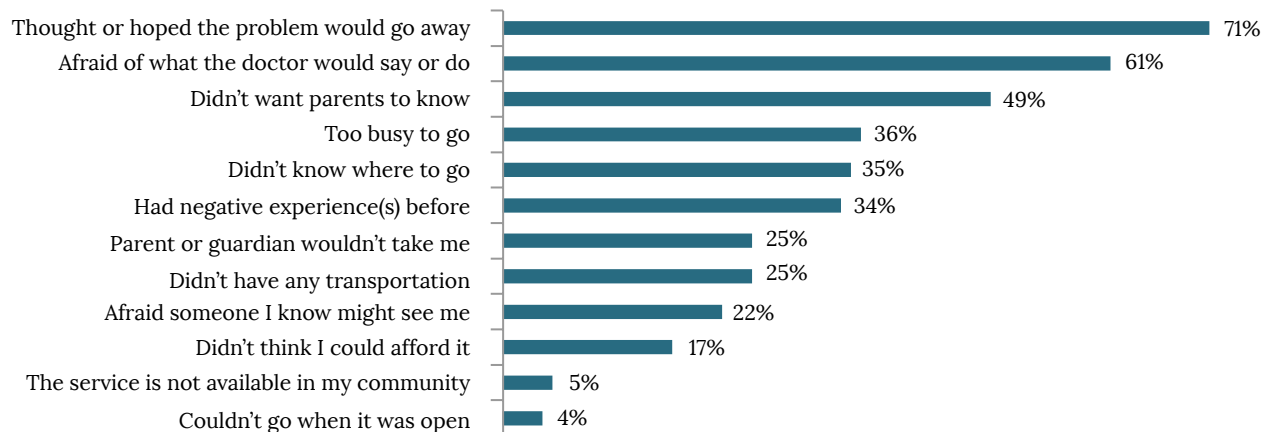
Nearly half of older youth (47%) and one third of younger youth (33%) had not received physical healthcare when they needed at some point during the last year.

We asked younger youth why they did not receive care. The reasons given most often 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.

Among younger youth, two thirds (68%) 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.

"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

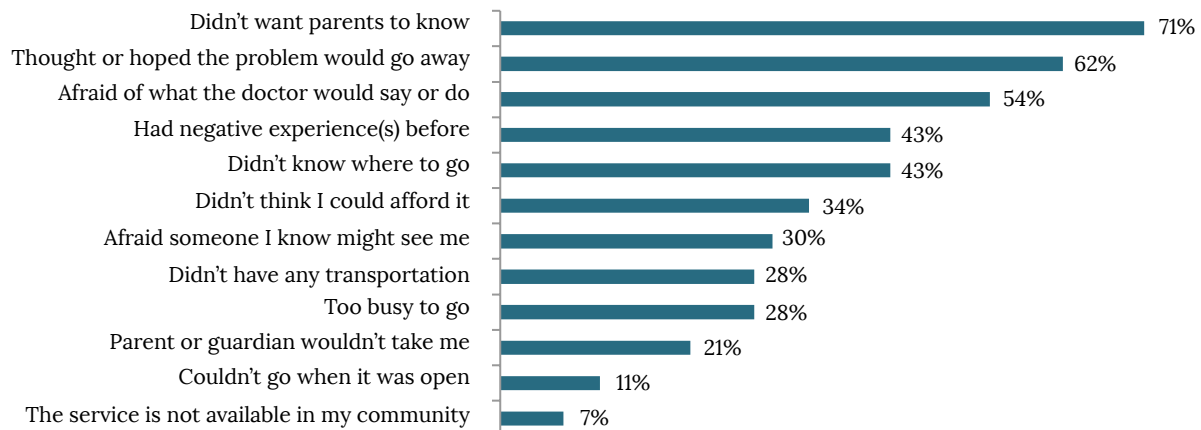
REASONS FOR NOT ACCESSING NEEDED MEDICAL HELP IN THE PAST YEAR (AMONG YOUNGER YOUTH WHO FELT THEY NEEDED SERVICES)



34

“I’ve never reached out for mental health care. I’m worried they’ll be more concerned about my gender identity and sexuality (which I am fairly confident in) than they will be about my actual problems.” - AGE 21, NEWFOUNDLAND AND LABRADOR

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



“I have had difficulty with doctors and psychologists having any idea about trans issues and treatment.” - AGE 19, ALBERTA

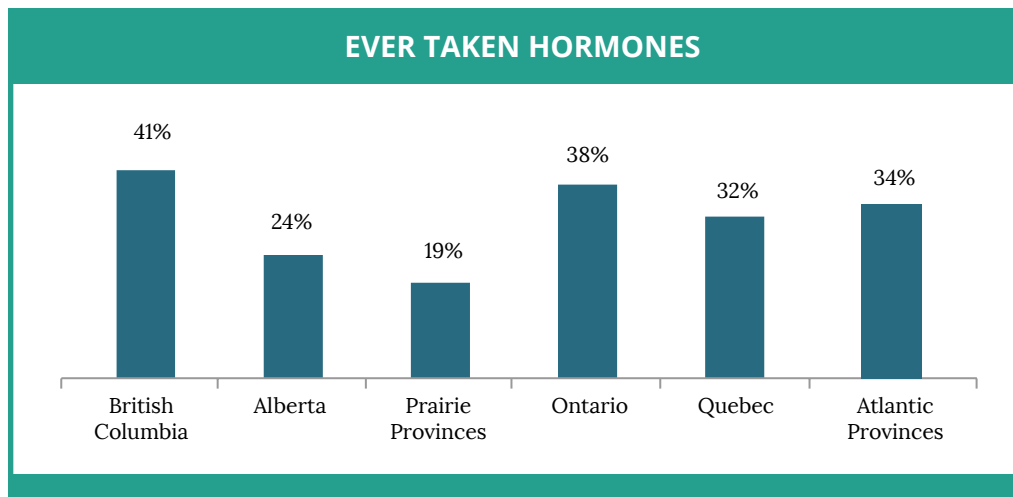
HORMONE THERAPY

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 all youth (34%) reported they had ever taken hormones for trans-related reasons at some point, including

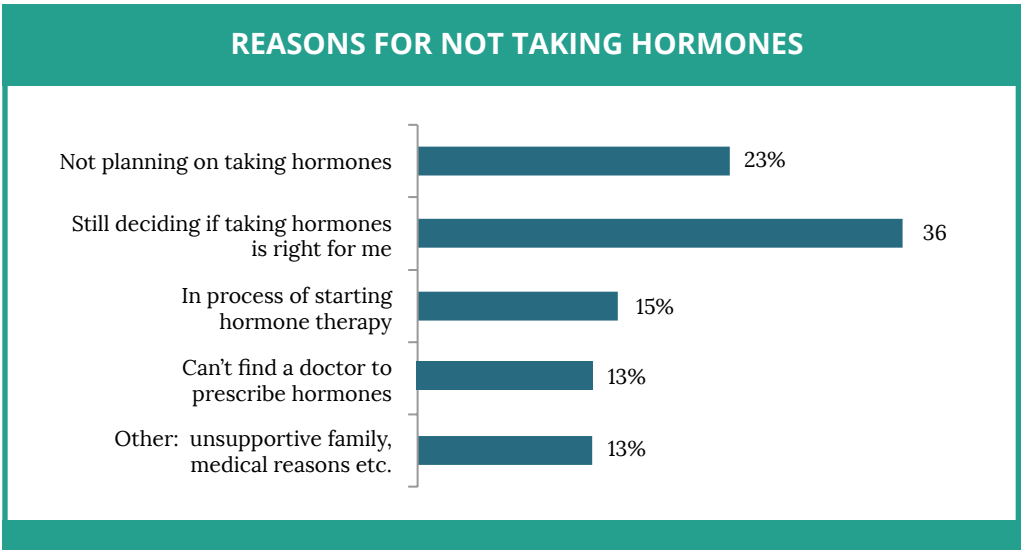
20% of younger youth and 42% of older youth. Youth in British Columbia were twice as likely (41%) as those in the Prairie Provinces (19%) to take hormones.

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



36

The most common reasons for not taking hormones were that youth were still deciding if hormones were right for them, and 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.

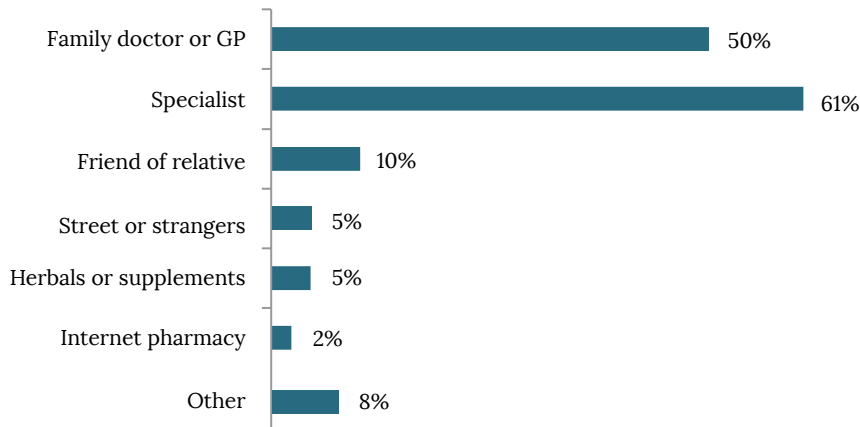


“One of the reasons people can’t get hormones are because the parents won’t let them. Parents are a big part in gender. ”

- AGE 15, ALBERTA



WHERE YOUTH GET HORMONES



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 (5%); herbals or supplements (5%); internet pharmacy (2%); or other means (8%).

“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, BRITISH COLUMBIA

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

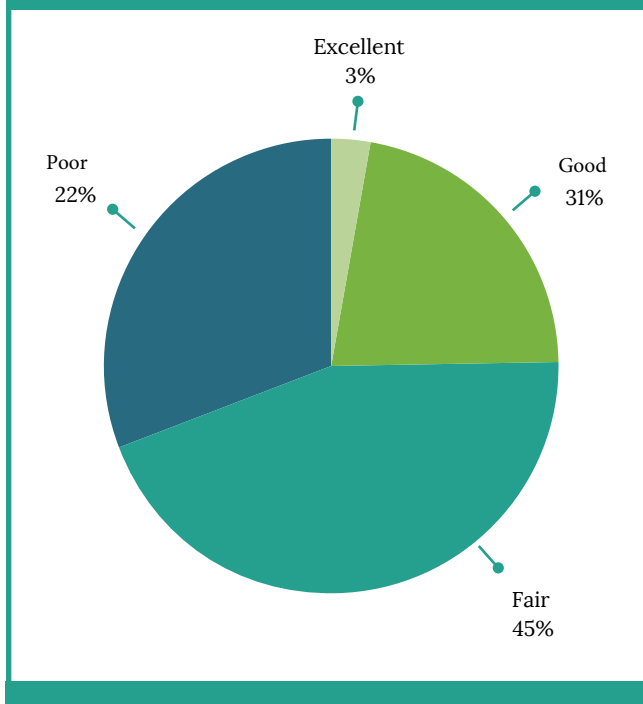
Fewer than half of trans youth rated their overall mental health as excellent or good.

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,” and “You take a positive attitude towards yourself.” On average, younger youth scored 4.0 out of 10 and older youth scored 5.7 out of 10.

Another question asked younger youth if they could think of something they were good at, and more than two-thirds said yes.

TRANS YOUTH SELF-REPORTED MENTAL HEALTH STATUS

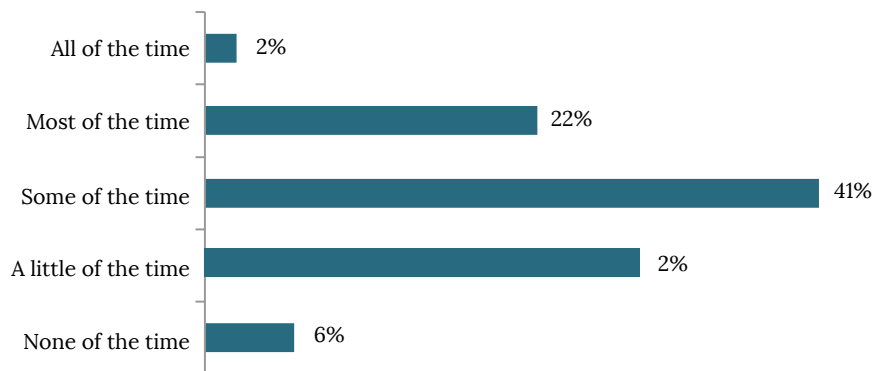


EMOTIONAL WELLBEING

Older youth also answered a series of questions about their happiness, life satisfaction, sense of belonging, and relationships. The average score was 4.7 out of 10 on this measure of emotional wellbeing.

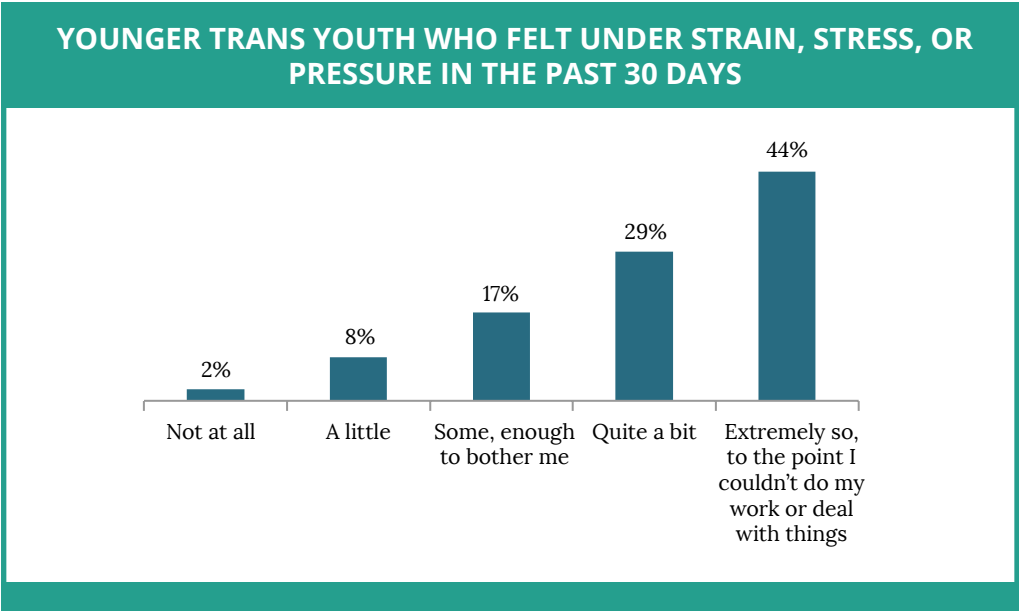
Younger youth reported on how often they had felt happy during the previous 30 days.

HOW OFTEN DID YOU FEEL HAPPY IN THE LAST 3 DAYS?

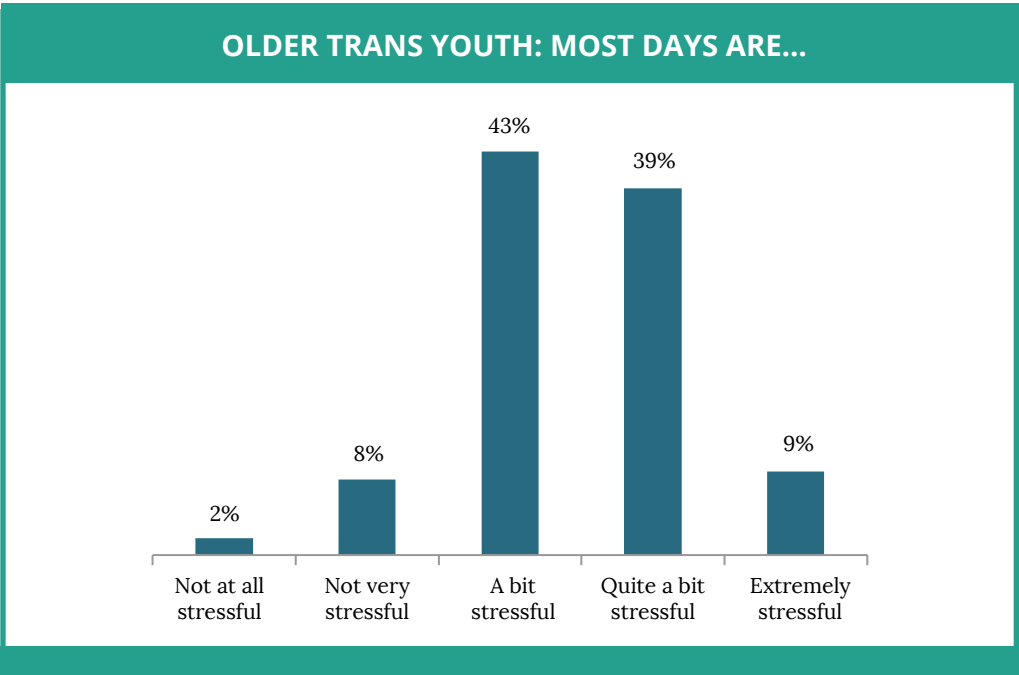


STRESS

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.



We asked older youth a slightly different question.



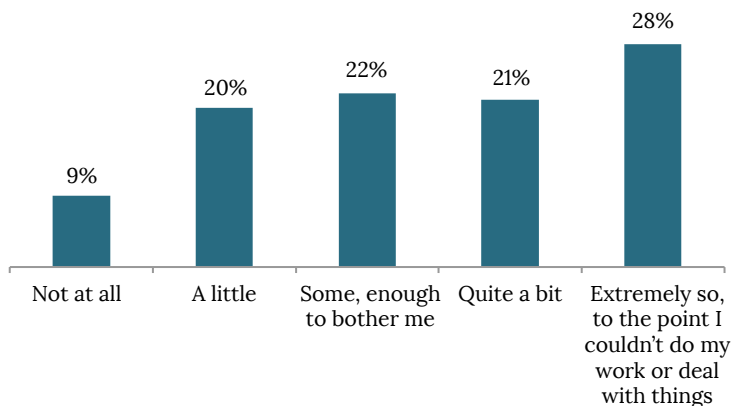
EMOTIONAL DISTRESS

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 for younger youth was 5.4.

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?” The majority of older youth had felt depressed for two weeks or more in a row (71%). When combined in the scales, the average depression score was 5.00 out of 10 and the average anxiety score was 4.61 out of 10. The overall score for anxiety and depression among older youth was 4.82 out of 10.

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

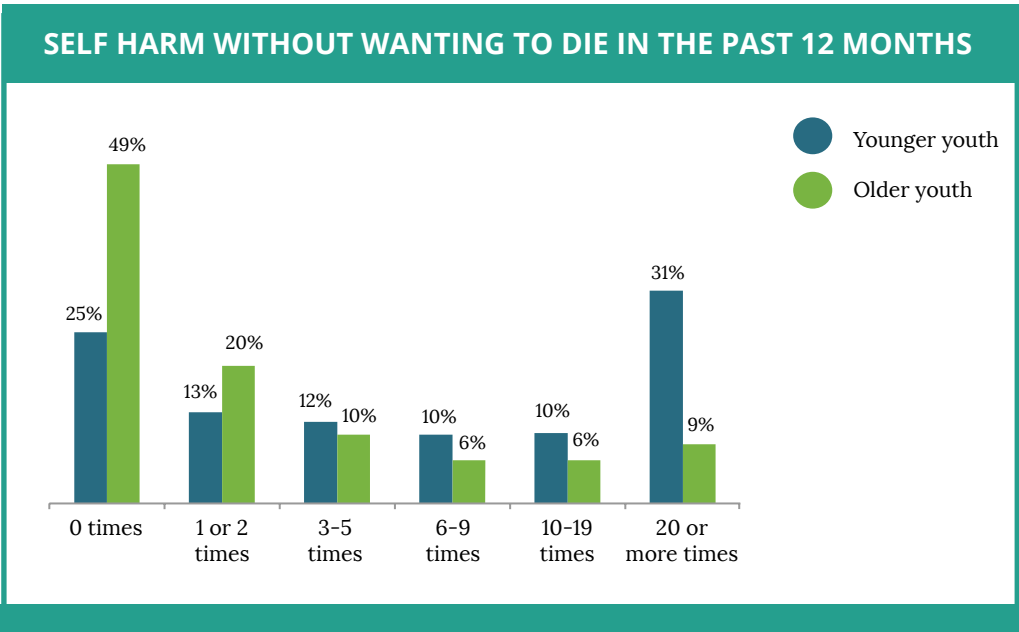


“The questions about suicide, depression, and addiction would have been answered very differently several years ago. I want to share that in being able to transition I have become a happier and more confident person. Being myself is what made me capable of living without alcohol, and repairing my relationships 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

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 (51%) than younger youth (75%) to have engaged in self-harm in the last 12 months.

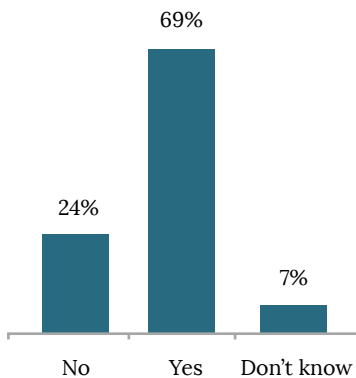


SUICIDE

Within the last 12 months, 65% of younger youth had seriously considered suicide, more than a third had attempted suicide at least once, and nearly 1 in 10 had attempted suicide 4 or more times.



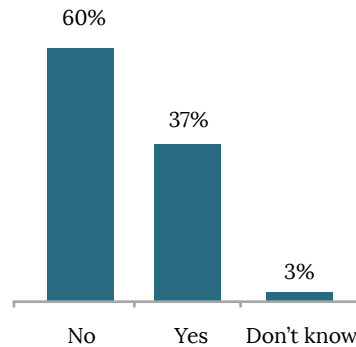
OLDER TRANS YOUTH WHO EVER SERIOUSLY CONSIDERED SUICIDE



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.

OLDER TRANS YOUTH WHO EVER ATTEMPTED SUICIDE



“Even though I still struggle with depression/anxiety/PTSD, since learning about gender and being able to figure out who I am and being out and open about it, there has been a drastic improvement in my life and how I interact with people and I am no longer suicidal.” - AGE 23, ALBERTA

Substance use

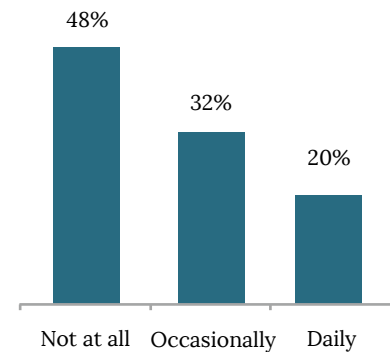
Substance use covers a range of legal and illegal drugs, including tobacco, alcohol, marijuana, and other substances.

TOBACCO

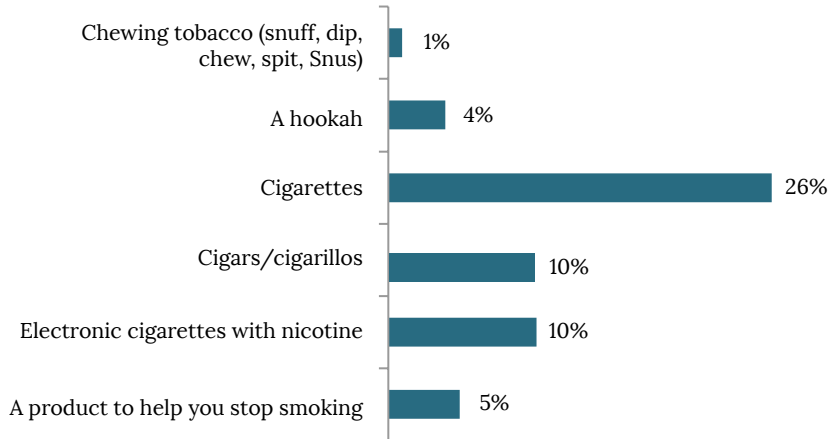
Almost half of the older youth (49%) reported smoking a whole cigarette at some point in their lives. Of these youth, nearly two-thirds had smoked a total of 100 or more cigarettes (about 4 packs) in their lifetime, and 1 in 5 were currently daily smokers. Of older youth who smoked, 39% had stopped smoking for at least 24 hours because they were trying to quit, one or more times during the last 12 months.

One-third of younger youth had ever tried tobacco. Of those who smoked, 32% were younger than 13 years old when they smoked for the first time. A quarter of younger youth had used cigarettes during the previous 30 days. Of younger youth who were currently smokers, half reported trying to quit at least once in the last 12 months.

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



YOUNGER TRANS YOUTH IN THE PAST 30 DAYS USED...

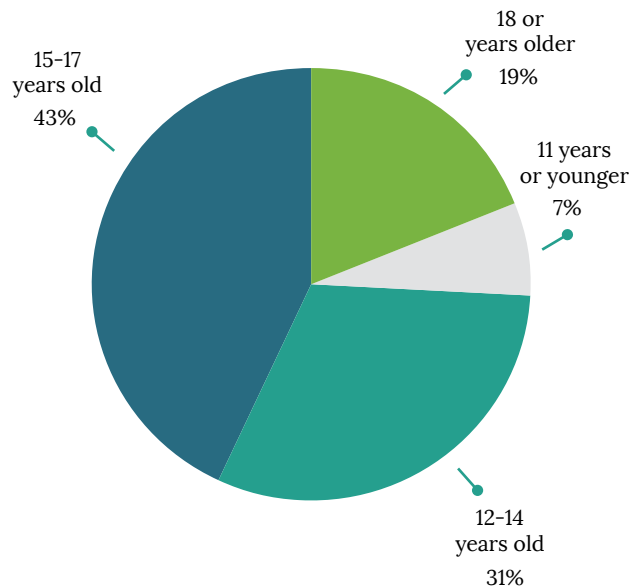


ALCOHOL

Just under half of younger youth (48%) said they drank alcohol at least once in the last 12 months, with 8% drinking at least once a week. One in five younger youth (20%) reported binge drinking at least once in the past month (having 5 or more drinks of alcohol on the same occasion).

Most older youth (78%) drank alcohol in the previous 12 months, and a quarter (27%) drank alcohol at least once a week. More than half (53%) of older youth had engaged in binge drinking within the last 12 months, with a quarter (25%) binge drinking at least once a month over the last year.

OLDER TRANS YOUTH AGE WHEN THEY FIRST DRANK ALCOHOL

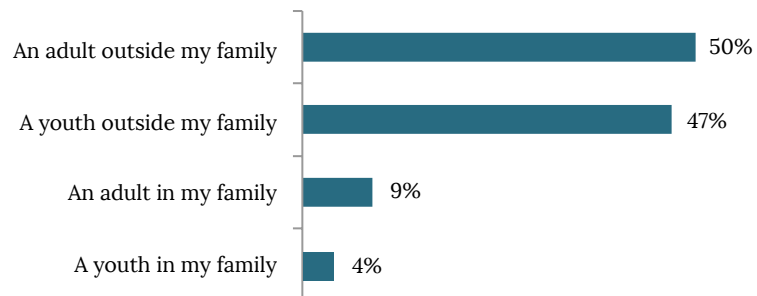


46

MARIJUANA

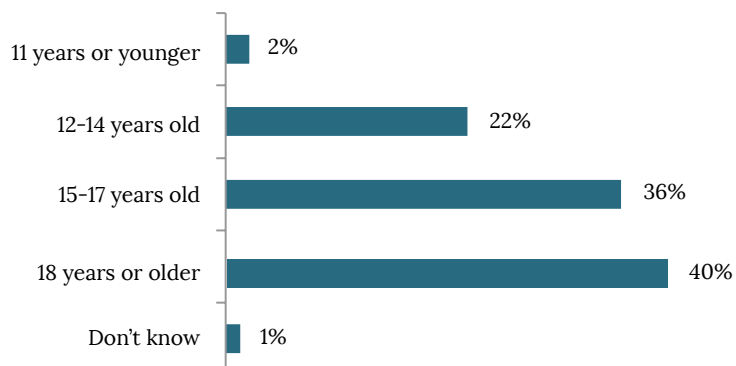
Nearly half of younger youth (46%) had used marijuana in their lifetime, with 36% using in last 12 months. Two thirds of older youth (69%) had ever tried marijuana, and 8% had used on a daily basis over the last 12 months. Overall, 16% of youth had used marijuana on the previous Saturday night, including 12% of younger youth and 18% of older youth.

MOST RECENT SOURCE OF MARIJUANA (AMONG YOUTH WHO USED MARIJUANA)



Note: Youth could choose more than one response.

OLDER TRANS YOUTH'S AGE WHEN THEY FIRST TRIED MARIJUANA



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 two most common substances younger youth had ever tried were prescription pills without a doctor's consent (17%) and ecstasy/MDMA (14%).

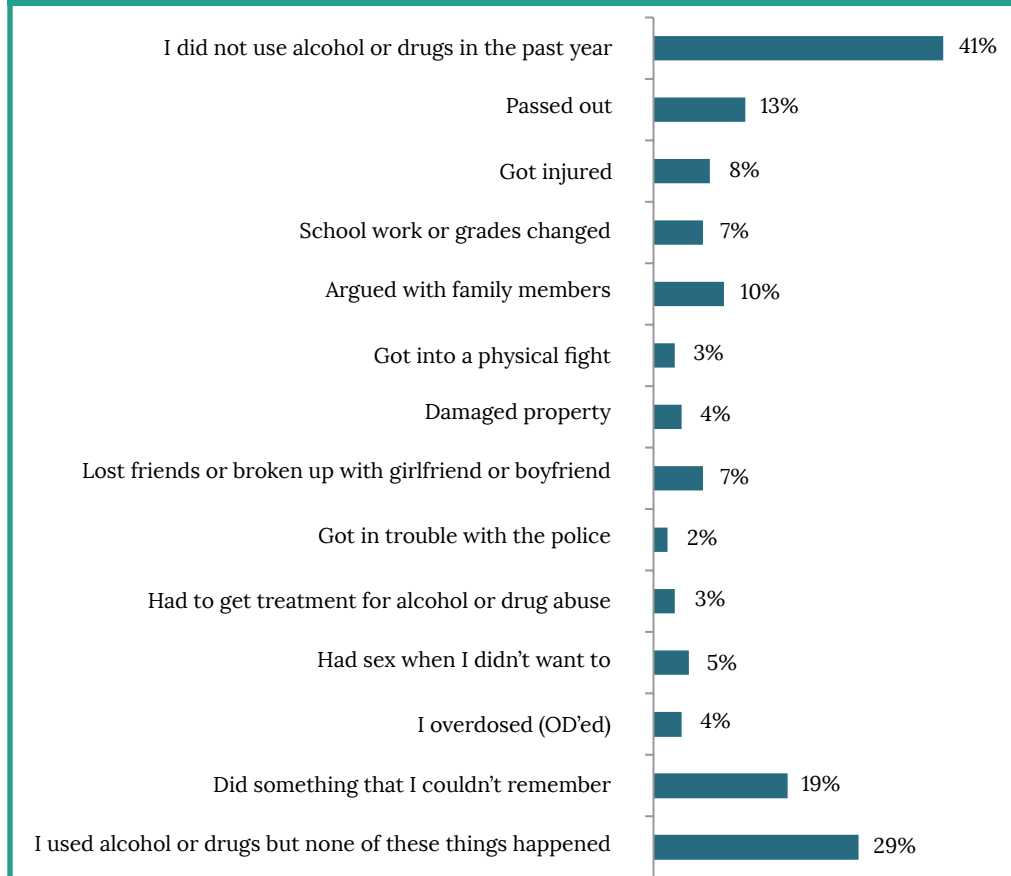
YOUNGER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS			
	0 times	1 or 2 times	3 or more times
Prescription pills without doctor's consent (e.g. OxyContin, Ritalin)	83%	7%	10%
Cocaine (coke, crack)	93%	6%	1%
Hallucinogens (LSD, acid, PCP, dust, mescaline, salvia)	89%	6%	5%
Ecstasy/MDMA	86%	6%	8%
Mushrooms (shrooms, magic mushrooms)	90%	6%	4%
Inhalants (glue, gas, nitrous oxide, whippits, aerosols)	89%	6%	6%

OLDER YOUTH NUMBER OF TIMES USED THE FOLLOWING DRUGS IN THE PAST 12 MONTHS			
	0 times	1 or 2 times	3 or more times
Speed (amphetamines)	94%	3%	3%
Cocaine or crack	92%	5%	3%
Hallucinogens PSP, or LSD (acid)	88%	9%	4%
Ecstasy (MDMA) or other similar drugs	86%	8%	6%
Glue, gasoline, or other solvents	99%	1%	>1%
Heroin	99%	1%	>1%

48

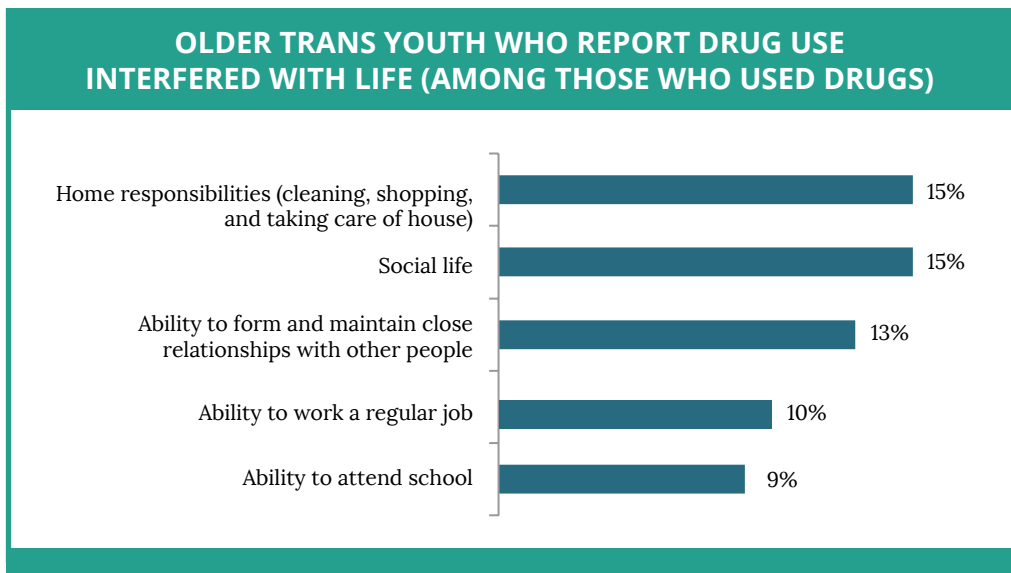
Older youth were also most likely to have used ecstasy/MDMA or hallucinogens in the previous 12 months (older youth were not asked about use of prescription pills without a doctor's consent).

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



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 family arguments.

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.

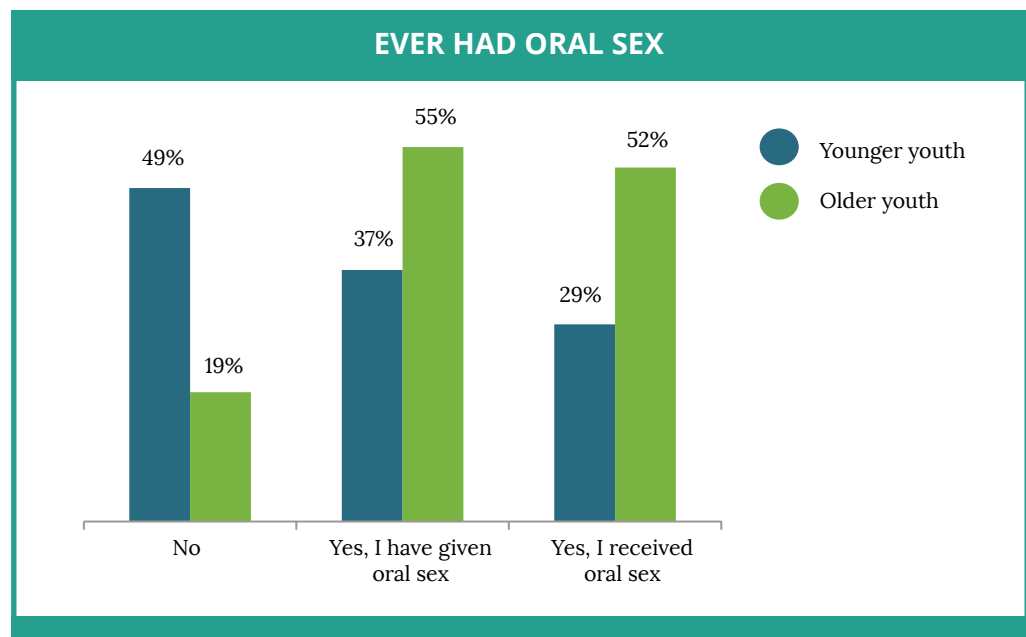


Sexual health

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

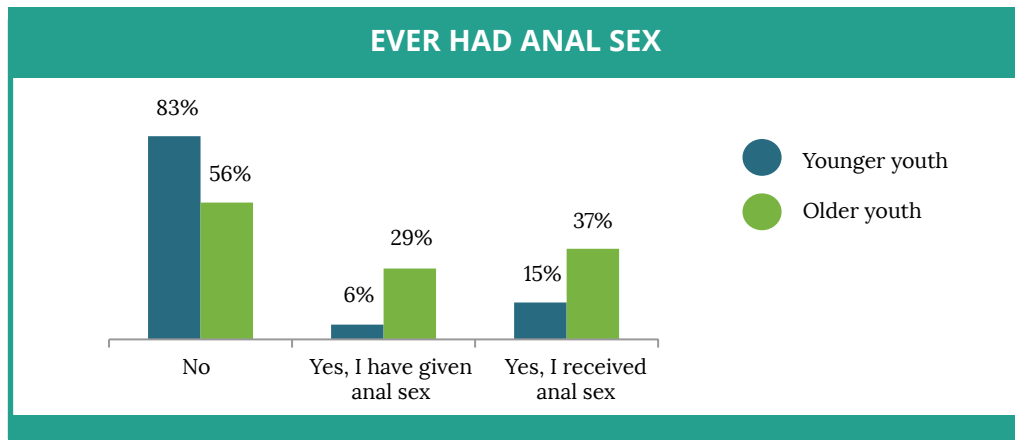
Most participants reported they had oral sex. About half said they had given oral sex, and slightly less than that said they had received oral sex, with 42% reporting having both given and received oral sex. Older youth were more likely to have had oral sex than younger respondents (81% vs. 51%). Among those who had ever had oral sex, most of them also reported oral sex in the past year.



Note: Youth could choose more than one response.

ANAL SEX

One out of three participants reported having anal sex. There were significant provincial differences, with youth in British Columbia least likely to report experiencing anal sex (only 24%), and those in Ontario most likely (40%). Again, older youth were more likely to report ever having anal sex than younger participants, both in having given and received anal sex.

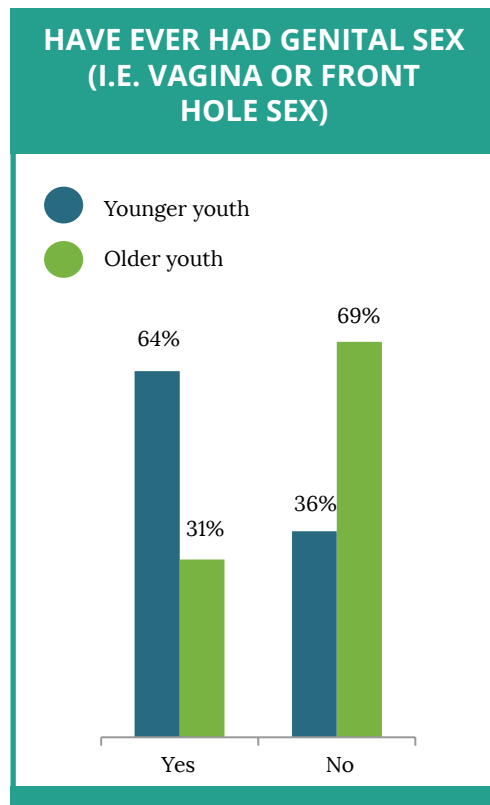


Note: Youth could choose more than one response.

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.

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, 41% of older youth had been the receptive partner in genital sex, and 51% said they had been the insertive partner.



52

AGE AT FIRST SEX

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 the 36% of 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 16.5 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 SEX

Among those who had ever had sex, just over 1 in 5 reported they had used alcohol or drugs the last time they had sex (22%). There were no differences between older and younger youth, or across the different regions.



CONTRACEPTIVE USE AT LAST SEX

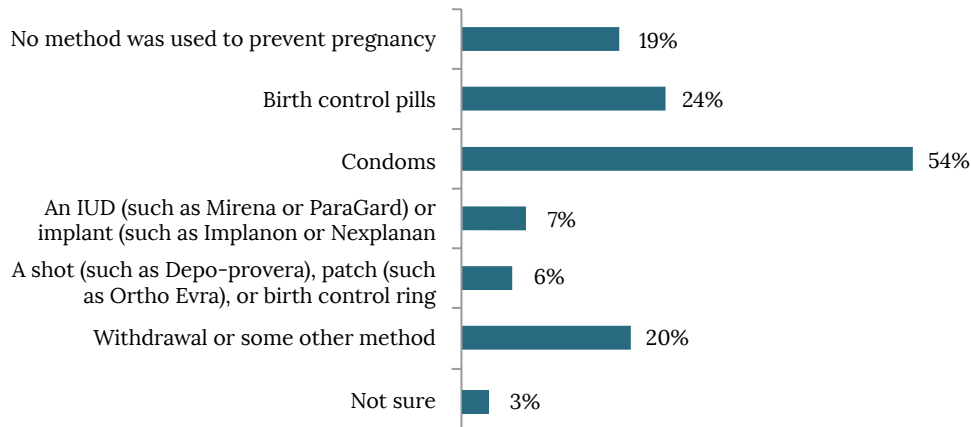
Although not all sexual behaviour carries a risk of pregnancy, even when trans youth are taking puberty blockers or hormones, if they have genital sex they may be able to become pregnant or get someone pregnant. We asked youth what contraceptive methods they used, if any, the last time they had sexual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

Most youth chose “not applicable” (58%), but among those who reported one or more methods, nearly three-fourths reported using effective methods, such as condoms, birth control pills, or an intra-uterine device

(IUD) (73%), while less than a fourth (24%) reported using withdrawal or no method. Condoms were the most common method reported, followed by birth control pills. Less effective methods, either withdrawal or no method, were somewhat less common. A small number of youth reported an IUD or birth control shots.

Younger youth were twice as likely as older youth to report no method was used the last time they had sex, and just likely to report withdrawal, while a greater percentage of older youth than younger youth said they used the effective methods of contraceptives.

METHOD USED TO PREVENT PREGNANCY AT LAST SEXUAL INTERCOURSE



Note: Youth could choose more than one response.

PREGNANCY INVOLVEMENT

Among those who have ever had sex, 5% reported ever being pregnant or causing a pregnancy, 4% once, and 1% two or more times. Just under 1% of youth were not sure if they had ever been pregnant or caused a pregnancy. Older youth were twice as likely as younger participants to report being pregnant or causing a pregnancy.

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 an STI (1%), while 6% 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. Ten percent of youth reported ever trading sex; older youth were twice as likely to report trading sex than younger participants (12% vs. 6%).



Safety, discrimination, and violence

55

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 on-line.

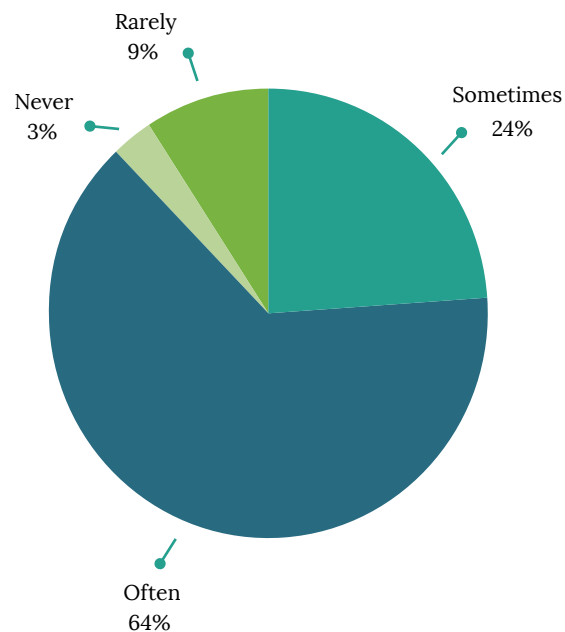
SAFETY AND VIOLENCE AT HOME

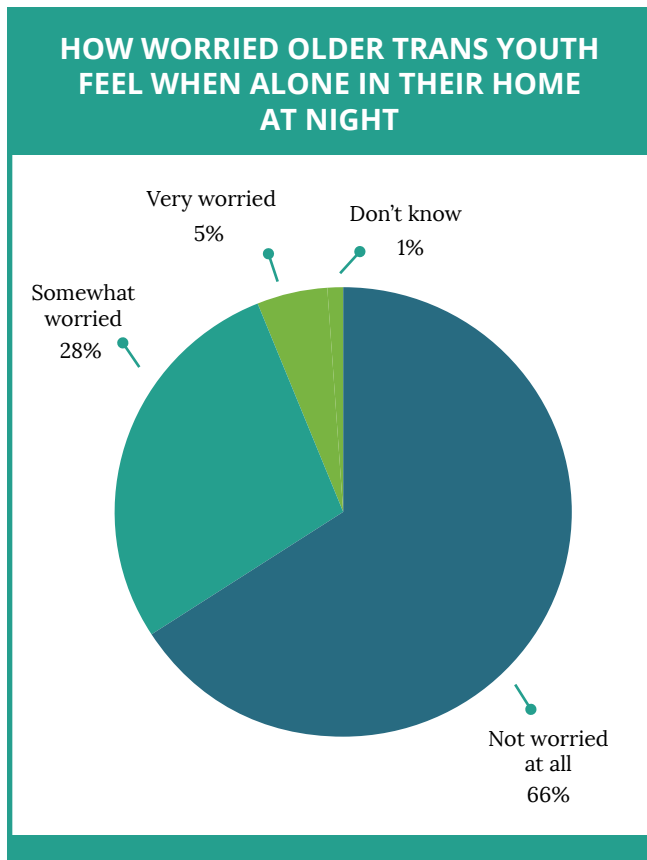
Most questions about family safety and violence were directed toward younger participants. There was one question about how often youth felt safe in their home. The majority felt safe at home

often (64%), with 24% feeling safe sometimes, and 9% feeling safe rarely, and 3% never.

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.

HOW OFTEN YOUNGER TRANS YOUTH
FEEL SAFE INSIDE THEIR HOME





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, 15% of younger participants said they had been physically abused, and 13% had witnessed family violence. There were no regional differences in family violence or physical abuse.

ROMANTIC RELATIONSHIP / DATING VIOLENCE

Most youth reported having been in a romantic or dating relationship (88% of older youth, 69% of younger 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. Older youth were more likely to report relationship violence than younger ones (28% vs. 24%), 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.

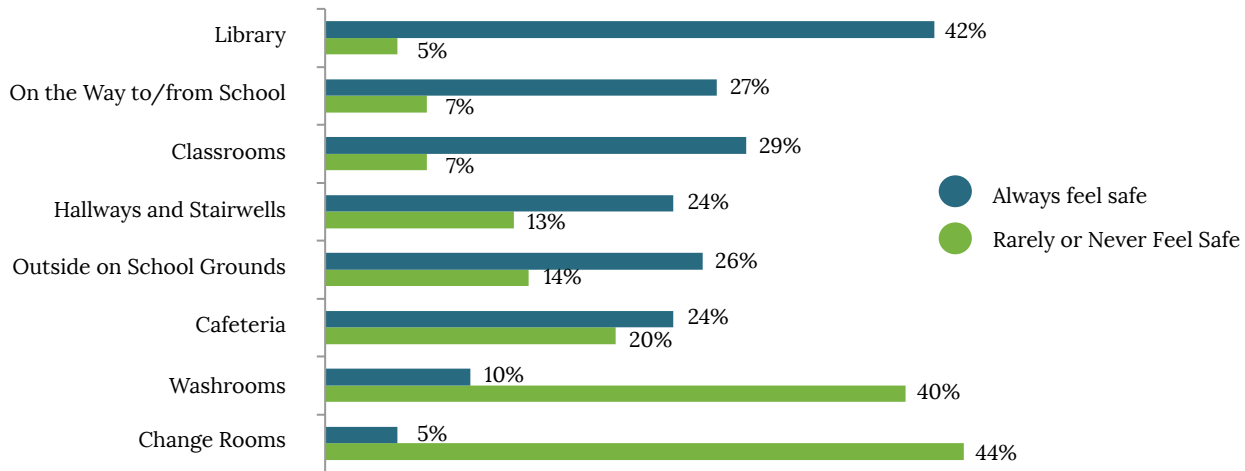
Among younger youth, we asked a series of questions about how safe they felt in different parts of the school or on the grounds outside of school. These questions together can form a scale of perceived safety overall, and each question provides useful information about where most students feel

safest or least safe. On average, trans students felt safe overall 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 6.5. Students felt least safe in washrooms and changing rooms, and the most safe in classrooms and the library.

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 (45%), while more than half had been bullied once or more (55%). Just under 1 in 4 (24%) reported being bullied 1 to 3 times, and 13% had been bullied 12 or more times in the past year.



FEELING SAFE IN SCHOOL LOCATIONS



We also asked them separately about different types of bullying at school. More than 1 in 3 younger participants reported they had been physically threatened or injured in the past year (36%), and 9% had been threatened or injured with a weapon. Almost 2 in 3 reported being taunted or ridiculed (64%).

We also asked about bias-based harassment, or whether someone had said something bad about various characteristics. 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.

Some young people who feel unsafe may carry weapons to school. Among younger participants who had attended school in the past 30 days, 3% reported always carrying a weapon to school and an additional 9% reported sometimes carrying a weapon to school. Older participants were asked a slightly different question, and 22% said they routinely carried something to protect themselves or alert another person.

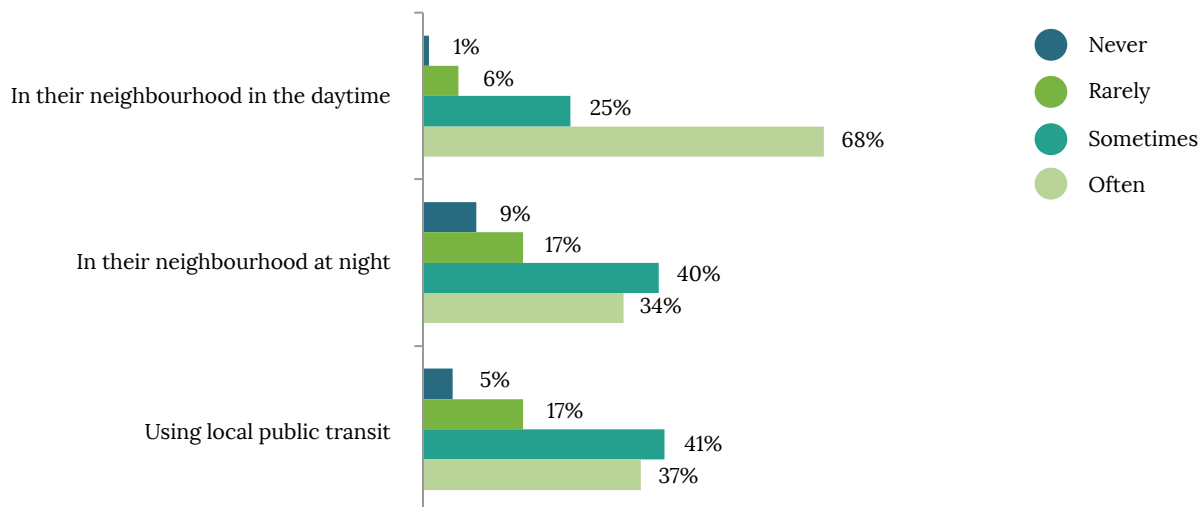
SAFETY AND VIOLENCE IN THE COMMUNITY

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. Similarly, they were slightly less likely to feel safe on public transit (among those who used public transit), with most saying they felt safe often or sometimes, some saying they rarely feel safe and a few saying they never feel safe on public transit.

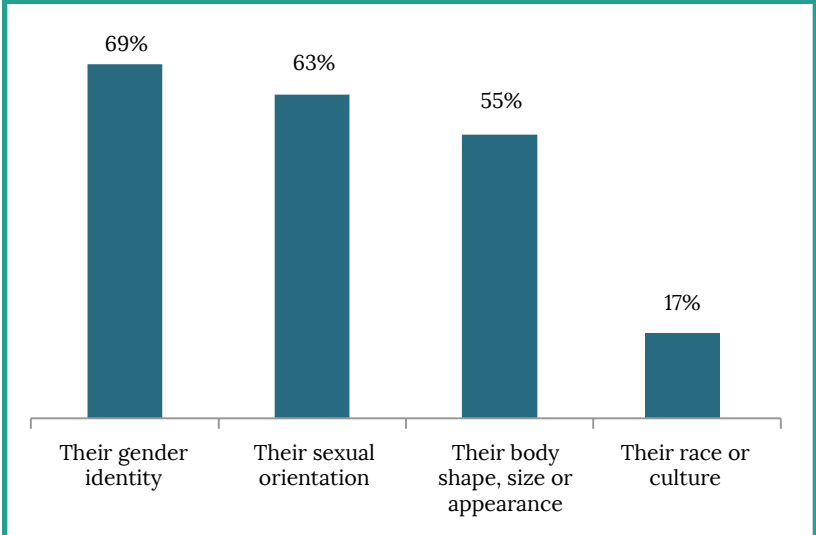
Older participants were asked how often they walked alone in their area after dark: 21% said almost never, but 28% said nearly every day. When asked, 38% said that if they felt safer from crime, they would walk alone after dark more often, 33% said they still would not, and 30% said they didn't know if they would. Among those who used public transit, 11% said they felt very worried while waiting alone for public transit after dark, another 45% said they felt somewhat worried, 40% were not at all worried, and 5% didn't know.

HOW OFTEN YOUNGER TRANS YOUTH FEEL SAFE IN THESE LOCATIONS

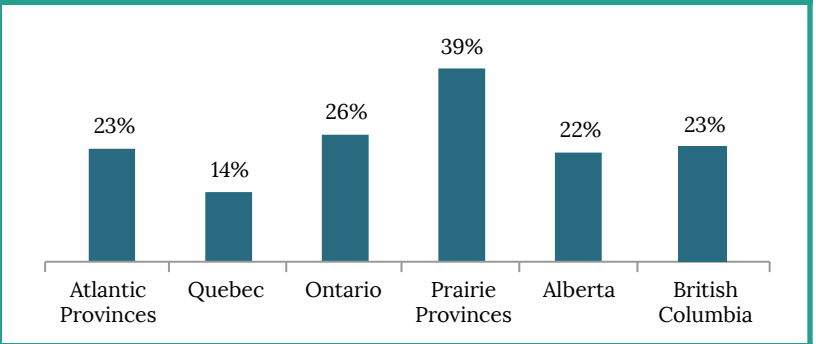


*Among those who used public transit

YOUNGER TRANS YOUTH WHO REPORTED PEOPLE SAID SOMETHING BAD ABOUT:



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



SEXUAL VIOLENCE

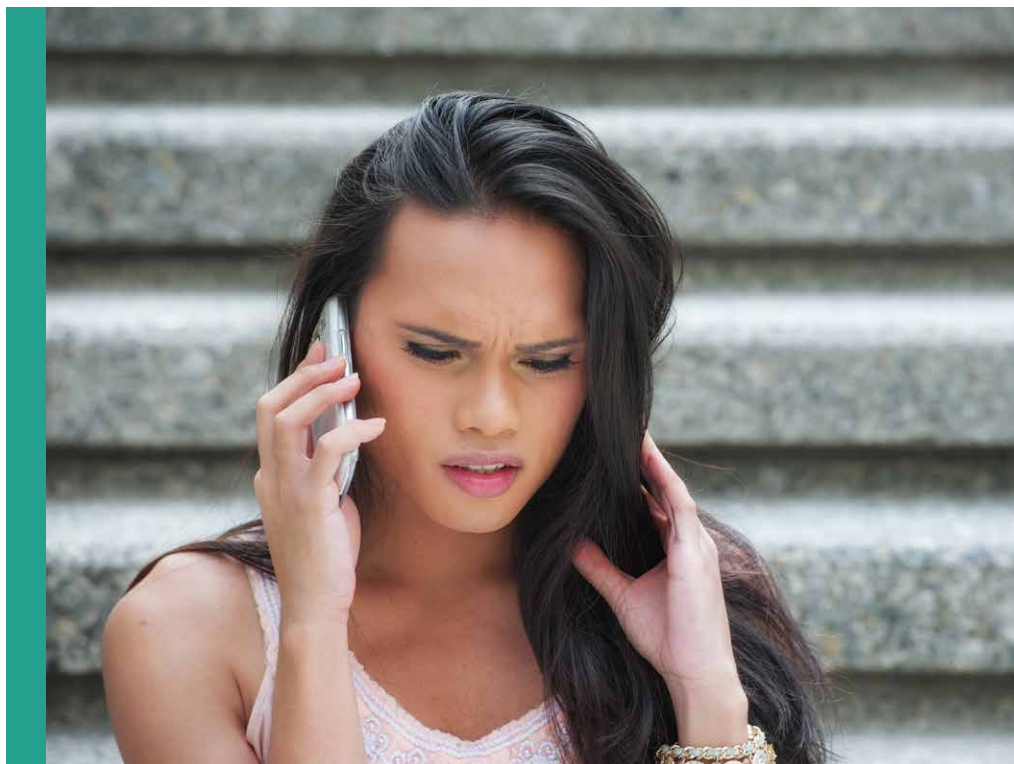
The survey for younger participants included questions about sexual harassment in the past 12 months. The majority of youth (70%) said they had experienced unwanted sexual comments, jokes or gestures directed at them. Physical sexual harassment was less common, but 37% of younger participants said another 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. Although this percentage did not differ between younger and older youth, there were regional differences: Quebec youth reported the lowest rate of forced sex (14%) while the Prairie Provinces reported the highest rate (39%).

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 1 in 3 (35%) 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. As well, 1 in 3 (33%) said they had been bullied or picked on through the Internet in the past year. There were no regional differences in experiences of cyberbullying among younger youth.

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 under half (44%) reported they had received threatening or aggressive emails or instant messages. As well, 40% had been the target of hateful comments on the web, in email or instant messages, and 5% reported someone else had sent out threatening emails using their identity. Another 30% reported being cyberbullied in ways other than those already mentioned. There were regional differences in cyberbullying experiences among older youth: youth in the Atlantic provinces were most likely to report receiving threatening emails or instant messages (63%) while youth from Quebec were least likely (19%).



DISCRIMINATION

We asked both younger and older 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 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...		
	Younger Trans Youth	Older Trans Youth
Your sex	46%	63%
Your ethnicity or culture	13%	15%
Your race or colour	10%	13%
Your physical appearance (other than skin colour)	43%	60%
Your religion	10%	10%
Your sexual orientation	47%	59%
Your age	51%	49%
A disability	18%	25%
Your language	7%	12%
Your gender identity	60%	70%
For some other reason	33%	34%

Supportive relationships

63

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.

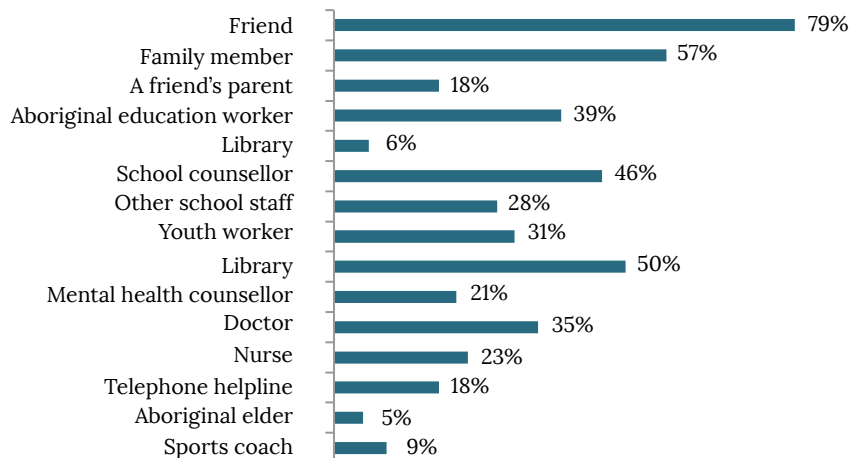
One third of younger youth (33%) had no adult that they could talk to if they were having a serious problem. Another third had an adult in their family that they could go to for support, and almost half (47%) had an adult outside their family they could go to for support. Younger youth with supportive 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. Additionally, those with a supportive adult in the

family were about four times less likely to have self-harmed in the past 12 months.

"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, BRITISH COLUMBIA

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.

WHO YOUNGER YOUTH ASKED FOR HELP



Among those who asked for help from people, the people they found most helpful were friends (84%), youth workers (67%), nurses (67%), teachers (62%), and doctors (59%). Family members, school counsellors and mental health counsellors were all found to be helpful by 57% of younger youth.

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.

OLDER YOUTH: SUPPORTS THAT ARE AVAILABLE WHEN NEEDED ALL OR MOST OF THE TIME	
Someone to help you if you were confined to a bed	50%
Someone to give you advice about a crisis	57%
Someone to take you to the doctor	53%
Someone who shows you love and affection	68%
Someone to have a good time with	61%
Someone to confide in or talk to about yourself or your problems	61%
Someone who hugs you	54%
Someone to prepare your meals if you were unable to do it yourself	50%
Someone to help with daily chores if you were sick	49%
Someone who understands your problems	42%

PERCENTAGE WHO YOUNGER YOUTH REPORTED WERE HELPFUL	
Friend	84%
Family member	56%
A friend's parent	50%
Teacher	62%
Aboriginal education worker	17%
School counsellor	57%
Other school staff	50%
Youth worker	68%
Mental health counsellor	68%
Social worker	43%
Doctor	60%
Nurse	65%
Telephone helpline	44%
Aboriginal elder	20%
Sports coach	56%

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 or 3 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, but most felt they did not have someone to understand their problems.

PARENT CONNECTEDNESS

Parent relationships are key for the wellbeing 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 6.6.

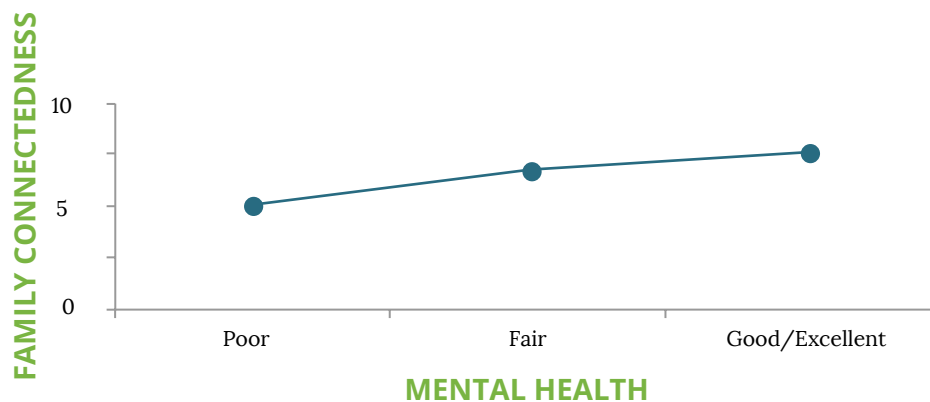
FAMILY CONNECTEDNESS OF YOUNGER YOUTH

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 5.4 out of 10 on average. Younger youth who scored higher on family connectedness were much more likely to report good or excellent overall mental health.

“My close family (parents) does not support me as a queer person but that has not stopped me from still being happy about myself, especially when one moves out of the house.”

- AGE 18, ALBERTA

YOUNGER YOUTH OVERALL MENTAL HEALTH AND FAMILY CONNECTEDNESS



“I live far away from family, but if I visit them, I de-transition for the visit for safety reasons.” - AGE 25, ONTARIO

YOUNGER YOUTH WHO CHOSE “NOT AT ALL” OR “A LITTLE” IN ANSWER TO QUESTIONS ABOUT HOW MUCH FAMILY:

Cares about your feelings	47%
Understands you	70%
Has fun together	51%
Respects your privacy	44%
Pays attention to you	35%



“Everyone in my family has been supportive of me.” - AGE 24, BRITISH COLUMBIA

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, 6 out of 10 youth had asked their parents to use a different name and pronoun, while just under 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.

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

	Do not plan on doing	Plan to do	Have done
My parent(s)	24%	16%	60%
My siblings	22%	22%	57%
My spouse or partner	13%	6%	80%
My child(ren)	55%	26%	20%
My extended family	39%	25%	36%
My roommates	25%	13%	62%
My trans friends	6%	8%	86%
My non-trans friends	8%	14%	78%
People online	9%	6%	85%
My church/temple/mosque	68%	13%	19%
My cultural community	48%	15%	94%
My co-workers	33%	21%	37%
My employer	34%	19%	47%
My supervisor/boss	35%	17%	48%
My teachers	25%	21%	55%
My school staff	30%	20%	50%
My classmates	24%	24%	52%

68

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 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.

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. Participants living in their felt gender only part-time were less likely to report "very good" or "excellent" physical health (15%) than those living in their felt gender full-time (24%). Those living in their felt gender full-time were also more likely to report their mental health was "good" or "excellent" (29%) than those not living in their felt gender or living in their felt gender part-time (20%).

SENSE OF BELONGING

We asked older trans youth how they would describe their sense of belonging in their local community, on a 0-10 scale from "very weak" to "very strong." Participants scored an average of 3.6 on that scale, indicating a low sense of belonging overall. Trans youth of colour reported a slightly higher sense of belonging to their local community.

"There are still many challenges to be faced and overcome, but feeling confident in being out and generally having people be receptive to my explanations of gender (and lots of folks respecting my request for neutral pronouns even if it is a challenge), and being able to inspire others to feel safe in being out, has had a very positive impact on my life."

- AGE 23, ALBERTA

Conclusions and Recommendations

69

This survey, one of the first of its kind in Canada, provides an important picture of the health and well-being of trans youth. 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.

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 improvements 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

Families are a key source of support for young people, yet many trans youth faced 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 families, and to help trans youth feel safe at home.

Safer schools

Schools need to become safer and more welcoming for trans youth, even before youth 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:

- Adopting explicit gender-inclusive school policies
- 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

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. 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. Beyond individual providers and clinics, the health care system also needs changes in policies that create barriers to accessing age appropriate and supportive care for trans youth.

Work to reduce disparities between provinces

In some areas of health, the provincial differences were striking. Trans youth in every province should have equitable access to safe schools, high quality health care, and supportive networks for them, their families, and



their peers. This requires commitment from a variety of government agencies to work to eliminate the cross-provincial disparities in access to care, and ensure policies and programs are supportive, not discriminatory.

Engage trans youth and their families in the solutions for change

The 923 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 analyses from the rich information provided by the trans youth who participated across Canada. 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.

