

Being Safe, Being Me in the Atlantic Provinces

Results of the Canadian
Trans youth Health Survey



THE UNIVERSITY OF BRITISH COLUMBIA

School of Nursing



BEING SAFE, BEING ME IN THE ATLANTIC PROVINCES

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Trans youth Health Survey

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

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Executive Summary

The Canadian Trans Youth Health Survey was a national online survey conducted by researchers from several Canadian universities and community organizations. This report specifically examines trans youth located in the Atlantic Provinces. The survey included 122 participants from the Atlantic Provinces and used 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 regional report is a first snapshot of the survey results.

KEY FINDINGS:

- While almost half of trans youth (47%) reported living in their felt gender at least part of the time, less than a third (31%) lived in their felt gender full time.
- Safety, violence exposure, and discrimination were major issues. For example, over half of participants reported discrimination because of their gender identity (54% of younger trans youth and 78% of older trans youth) and a similar number reported discrimination due to their physical appearance (46% of younger trans youth and 72% of older trans youth). 3 in 10 younger participants reported they had been physically threatened or injured in the past year (30%).
- Over half of younger participants (61%) reported they had experienced sexual harassment within the past year.
- Family relationships are important, and while trans youth generally reported feeling that their parents cared about them, 46% 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 their problems.
- Mental health issues were a key concern. Over half of trans youth reported self-harm in the past year (59%); a similar proportion of younger trans youth reported serious thoughts of suicide (60%); and 2 in 5 had attempted suicide (40%). Older trans youth were asked the same questions, but over their lifetime. About three quarters had considered committing suicide (77%) and just over half had tried taking their lives (52%).
- Many trans youth reported missing needed health care during the past year. Over one third of younger trans youth (37%) had missed needed help for physical health concerns and over half (57%) had missed needed help for emotional or mental health concerns. An overwhelming majority (94%) of older participants felt that they had missed needed health care (for both their physical and mental health).

- Half of trans youth with a family doctor said their current family doctor knew about their trans identity or experience (50%). However, only 31% of trans youth with a family doctor felt either 'comfortable' or 'very comfortable' discussing their trans status and trans-specific health care needs. Even fewer felt 'comfortable' or 'very comfortable' at walk-in clinics (10%).
- Poverty and hunger was also an issue for some trans youth: 1 in 4 younger trans youth reported going to bed hungry because there was not enough money for food at home (24%) and half of older trans youth reported going hungry in the past year because they could not afford food (50%).
- 1 in 10 younger trans youth reported they had run away from home in the past year (11%).

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 several 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 trans 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 governments to ensure policies and programs are supportive, not discriminatory.
- **Engage trans youth and their families in the solutions for change**
The 122 trans youth from the Atlantic Provinces 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 expression 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, gender-queer, 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 are not yet reflected in most 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 for trans youth. It is important to understand these health contexts in order to develop appropriate health 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 trans populations.



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

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

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

PURPOSE OF THE SURVEY

Our study is one of the first national trans youth health surveys in Canada to focus on trans youth and has 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; and
- Trying several different questions about gender identity, and asking trans youth for their opinions about each, so we gain insight on what might be better ways to ask about gender.

“This was one of the most well articulated surveys concerning this subject matter I’ve ever filled out. Thanks!”²

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

² All quotes in this report come from comments written by trans youth from the Atlantic Provinces.

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METHODS

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

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

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

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

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



Members of the Trans Youth Health Survey Research Team

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

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

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

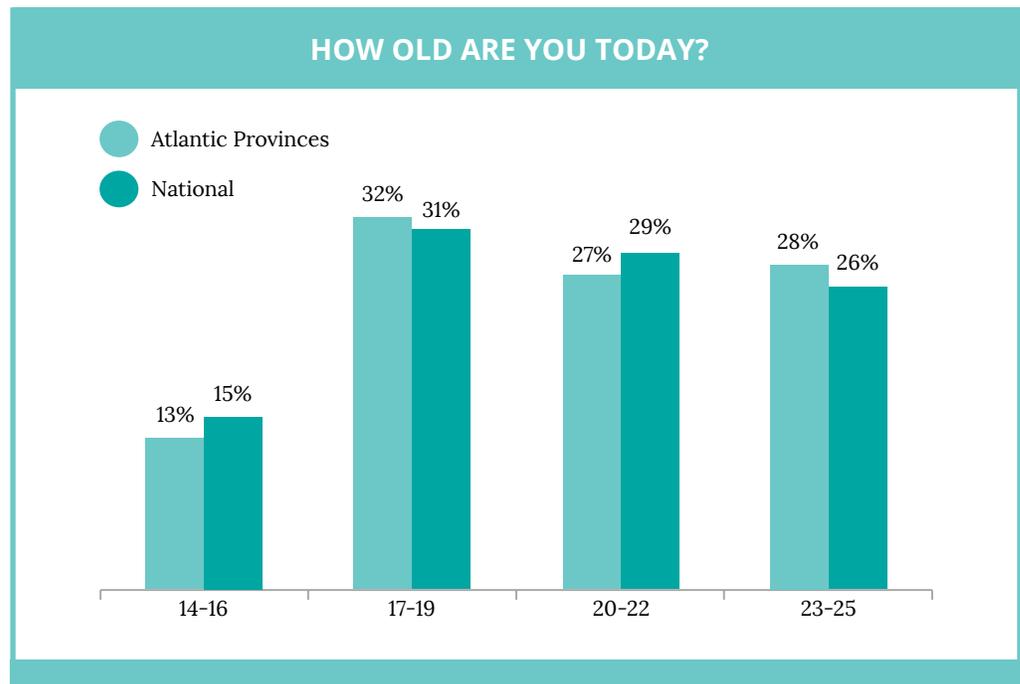
This report highlights the responses of both younger and older trans youth. Results have been rounded to the nearest whole percent. We tested comparisons between older and younger age groups for questions they both were asked. We also compared between provincial regions for all questions (with New Brunswick,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

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

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Who participated in the survey?

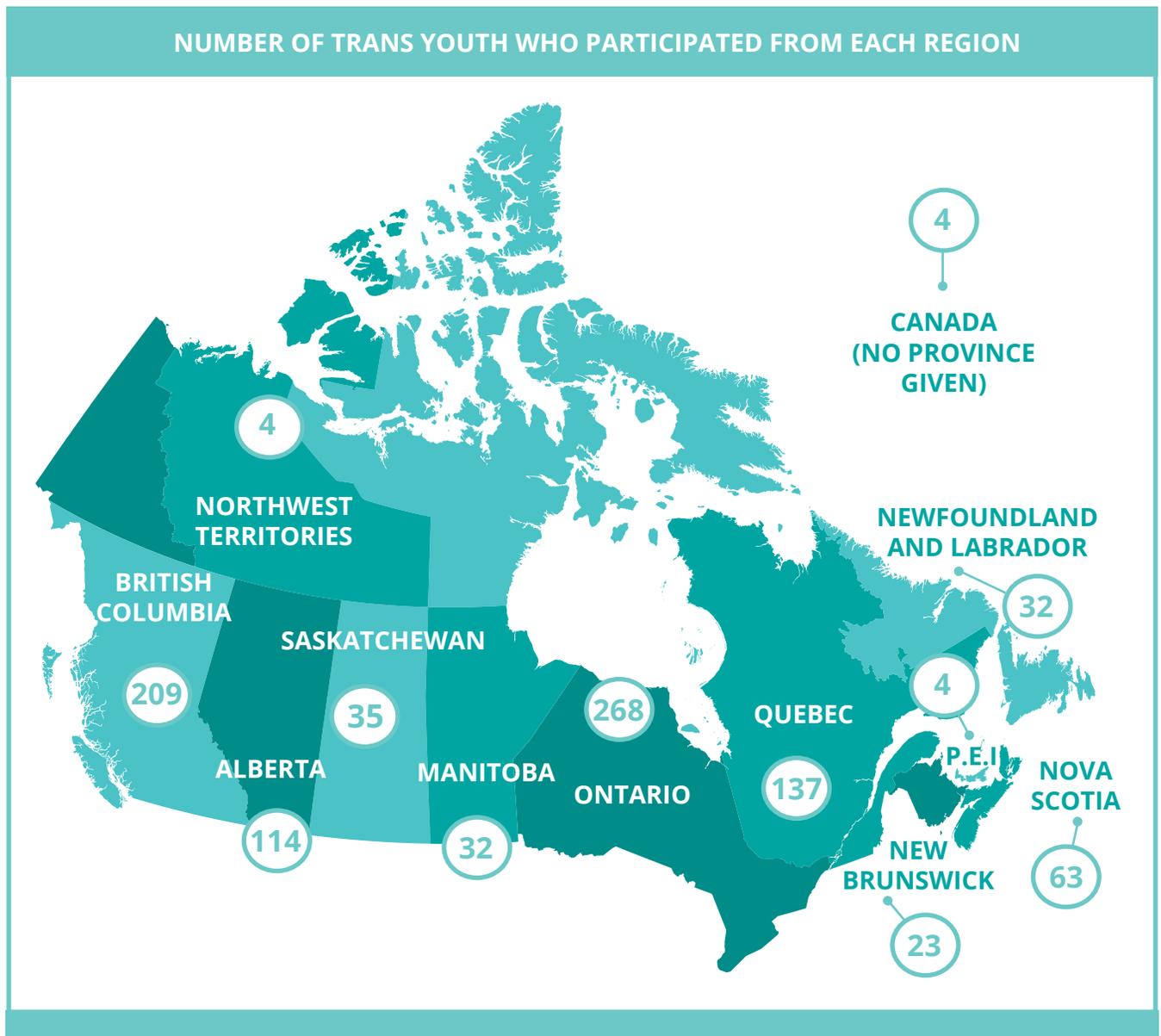
In total, 122 trans youth from the Atlantic Provinces completed part or all of the survey. The average age of participants in the Atlantic Provinces survey was 20 years old. Trans youth ages 16 or younger represented 13% of all participants.



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

GEOGRAPHICAL LOCATION

Trans youth participated in the survey from every province and territory in Canada except for the Yukon and Nunavut, although we had fewer than 10 trans youth participate from Northwest Territories and Prince Edward Island. Most participants lived in Ontario and British Columbia, and to a lesser extent in Québec and Alberta.



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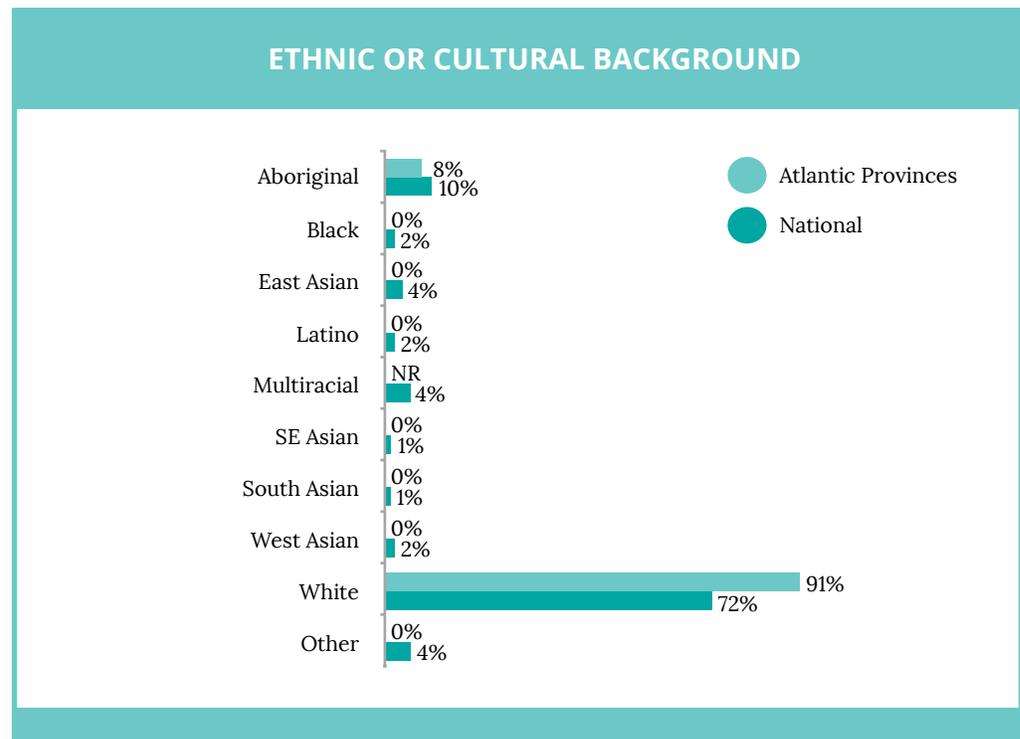
ETHNIC AND CULTURAL BACKGROUND

The majority (91%) of trans youth reported being white, statistically significantly above the national average.

Overall, less than ten percent of participants identified as Aboriginal, which included First Nations, Inuit, and Métis. No trans youth identified as East Asian, South Asian, Filipino, Central American or South American, West Asian or Arab, Southeast Asian, or other ethnic groups. Several trans youth checked more than one option.

NEW CANADIANS

Only 1% of trans youth were recent immigrants (had lived in Canada for less than two years). The majority (93%) of participants had lived in Canada for their whole lives.



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

LANGUAGE

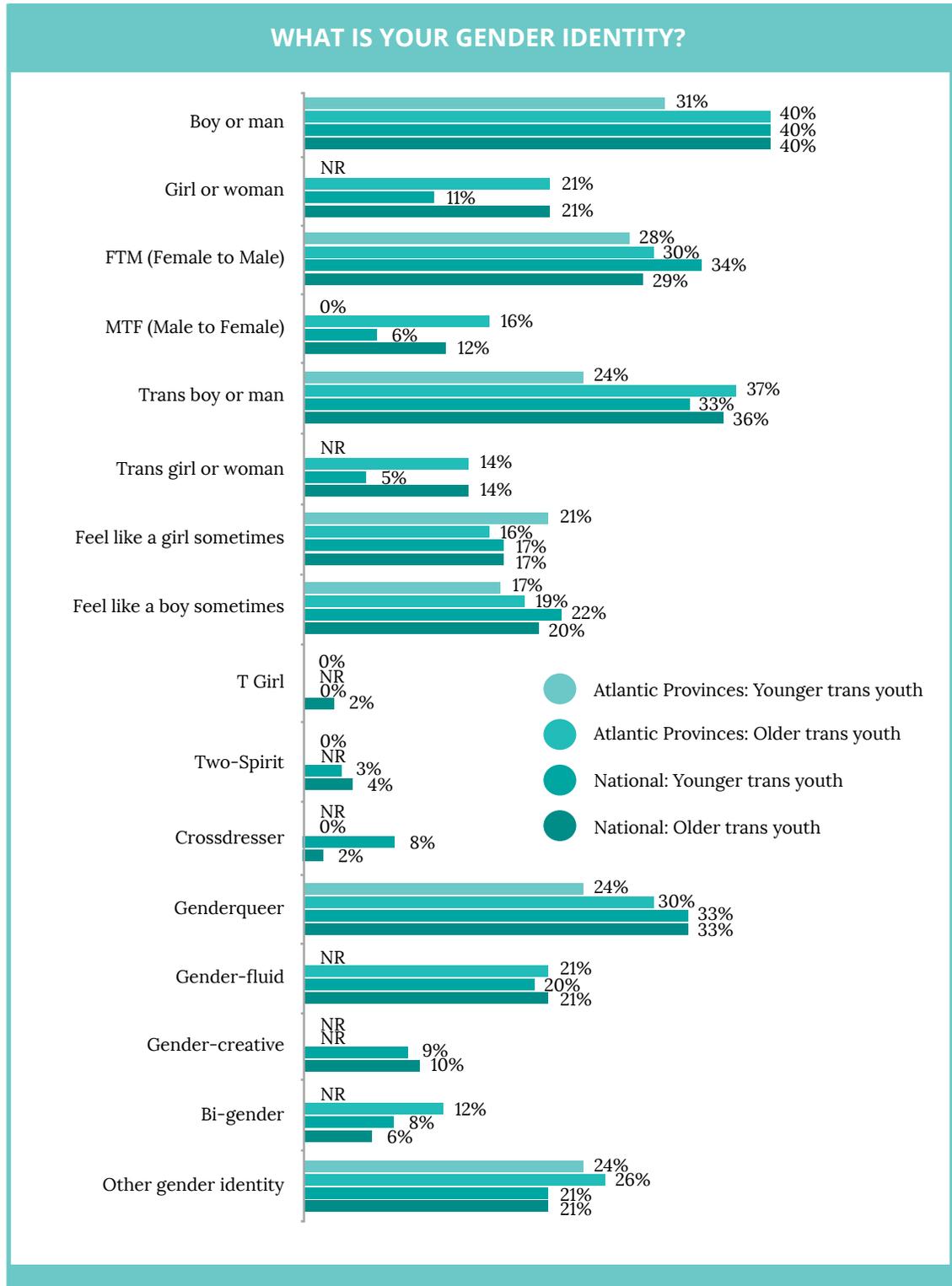
Language spoken at home is another way to identify the cultural diversity of the survey participants. Overall, most trans youth spoke only English at home (92%), statistically significantly higher than the national average. Two percent spoke only French at home across the country, and 7% of participants answered that they spoke both French and English at home. Trans youth in the Atlantic Provinces did not report speaking any languages other than English and French at home.

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. 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.



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

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?

	Atlantic Provinces	National
I am not transgender	5%	8%
I am transgender and identify as a boy or a man	37%	40%
I am transgender and identify as a girl or woman	11%	16%
I am transgender and identify in some other way	47%	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 37% identifying as boys or men, and 47% of the Atlantic Provinces trans youth reported identifying in “some other way,” and only about eleven percent of trans youth 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.

Another question asked participants: “Do you identify as trans*? (This includes transgender, transsexual, transitioned, genderqueer and some two-spirit people.)” Nearly 9 out of 10 trans youth answered yes (88%), but comments written about this question suggested some participants did not like “trans*” because it lumped together people with many different identities and experiences.

Over three quarters of trans youth in our survey were assigned female at birth (81%). This could be because trans female and transfeminine trans youth might be more marginalized in our society, and thus 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 (23% compared to 14% of younger participants).

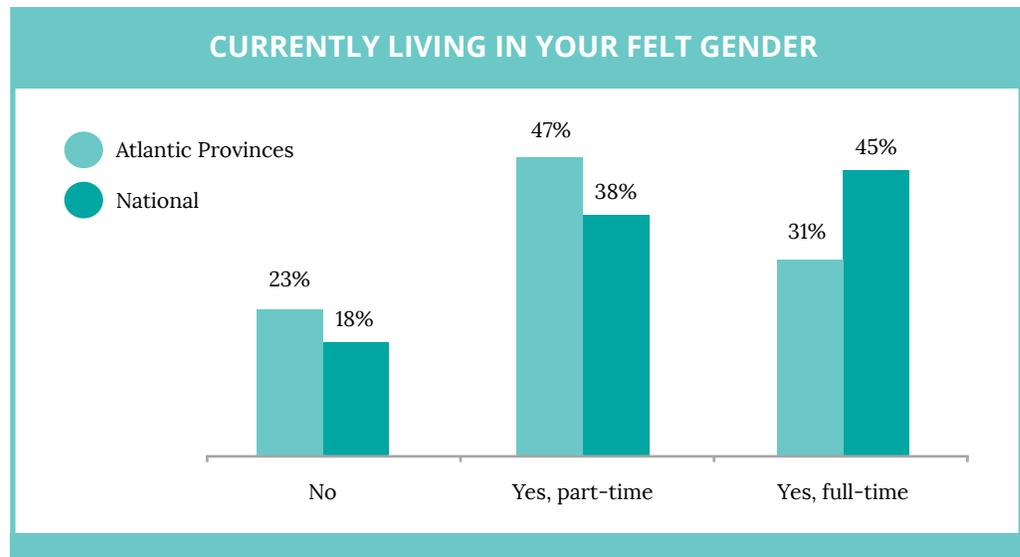
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“I’m non-binary/genderqueer. Most days I feel like there is no way for me to actually live in my “felt gender” in a way that other people can understand when they look at me.”

LIVING IN FELT GENDER

The majority of our participants (77%) 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 (23%). Younger trans youth were more likely to be living in their felt gender part-time, while older trans youth were more likely to be living in their felt gender full-time.

In the open-ended comments section for this question, trans youth pointed out the fact 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.



SEXUAL ORIENTATION

Sexual orientation questions from general health surveys can be difficult for trans youth to answer. Most of such questions make some connection between your gender and those of your sexual partners, but they usually do not include non-binary or trans options. One question asked how trans youth currently identify, and just offered labels without definitions. Most participants chose sexual orientation labels that were not defined by the gender of potential partners or one's own gender, such as queer, pansexual, and bisexual. Around 1 in 10 trans youth identified as straight or heterosexual, and about the same percentage identified as 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.

Younger trans youth were somewhat more likely to identify as pansexual, while older trans youth were more likely to identify as bisexual. Younger trans 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 third self-reported this identity (33%).

HOW DO YOU CURRENTLY IDENTIFY?		
	Atlantic Provinces	National
Bisexual	14%	17%
Gay	14%	13%
Lesbian	10%	12%
Asexual	9%	10%
Pansexual	40%	35%
Queer	52%	49%
Straight or heterosexual	11%	14%
Two-Spirit	NR	4%
Not sure or questioning	15%	11%
Other (please specify)	16%	17%

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



Home life

“I haven’t lived with my parents since I was 16, and for much of that time I’ve been unemployed, and occasionally homeless.”

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. Very few younger trans youth said they live alone, while none stated that they live with a foster parent(s).

Trans 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 just over 1 in 10 had run away one time (11%).

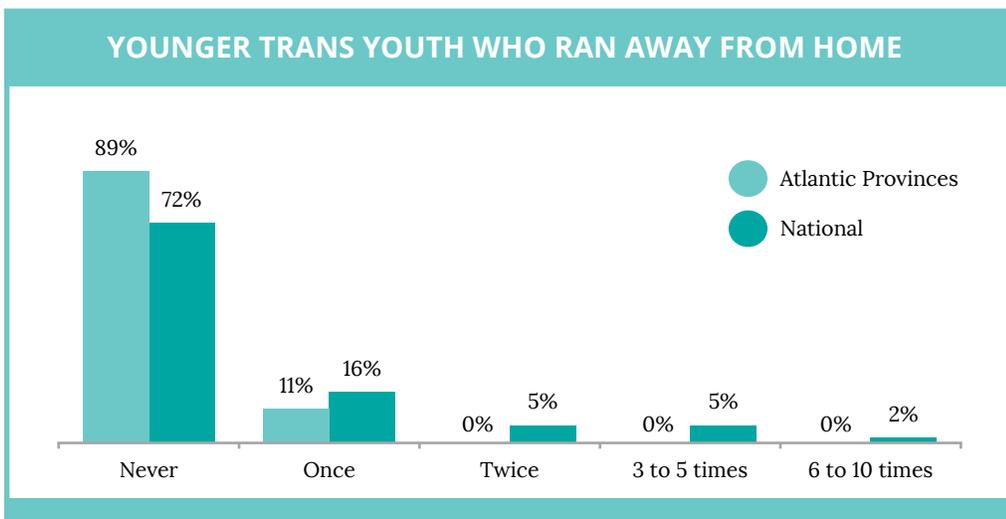
While it was most common for older trans youth to live with roommates, about one third lived with parents.

YOUNGER TRANS YOUTH LIVING SITUATION		
	Atlantic Provinces	National
Birth mother/stepmother/adoptive mother	71%	74%
Birth father/stepfather/adoptive father	66%	56%
Sibling(s)/stepsibling(s)	59%	60%
Grandparent(s)	NR	4%
Other adult(s) related to me	NR	3%
Foster parent(s)	0%	2%
Two mothers/two fathers	0%	2%
I live alone	NR	2%
My own child or children	0%	NR
Other	NR	9%

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

OLDER TRANS YOUTH LIVING SITUATION		
	Atlantic Provinces	National
Spouse	NR	4%
Common law partner	18%	16%
Parent	35%	39%
Child	NR	1%
Siblings	26%	26%
Foster parent	0%	NR
Foster child	0%	NR
Grandparent(s)	0%	3%
In-laws	0%	1%
Other relatives	NR	2%
Unrelated adults	11%	8%
Friend/Roommate	40%	35%

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



School and work

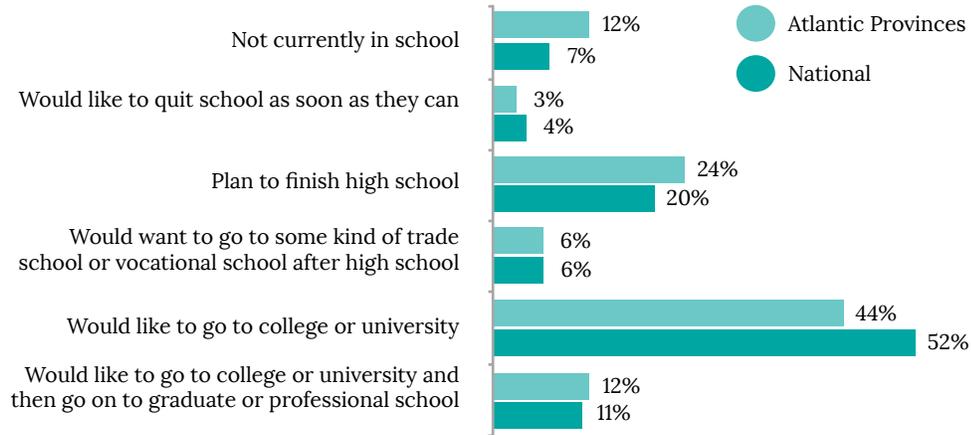
For many youth, school is a place where they spend a significant amount of time each week. Connection to school can be an important factor in youth development. Participants were asked how connected they felt to their school by indicating how much they agreed or disagreed with statements such as “I feel close to people at my school” or “I am happy to be at my school.” Trans youth in the Atlantic Provinces had the lowest levels of connection to their school compared with other provinces.

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. 12% said they were not currently in school, and 3% said they would like to quit school as soon as possible. Just under half said they would like to continue their education at a college or university. A few of them saw themselves going to a trade or vocational school, and twice as many expected to go to graduate or professional school.

YOUNGER TRANS 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

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



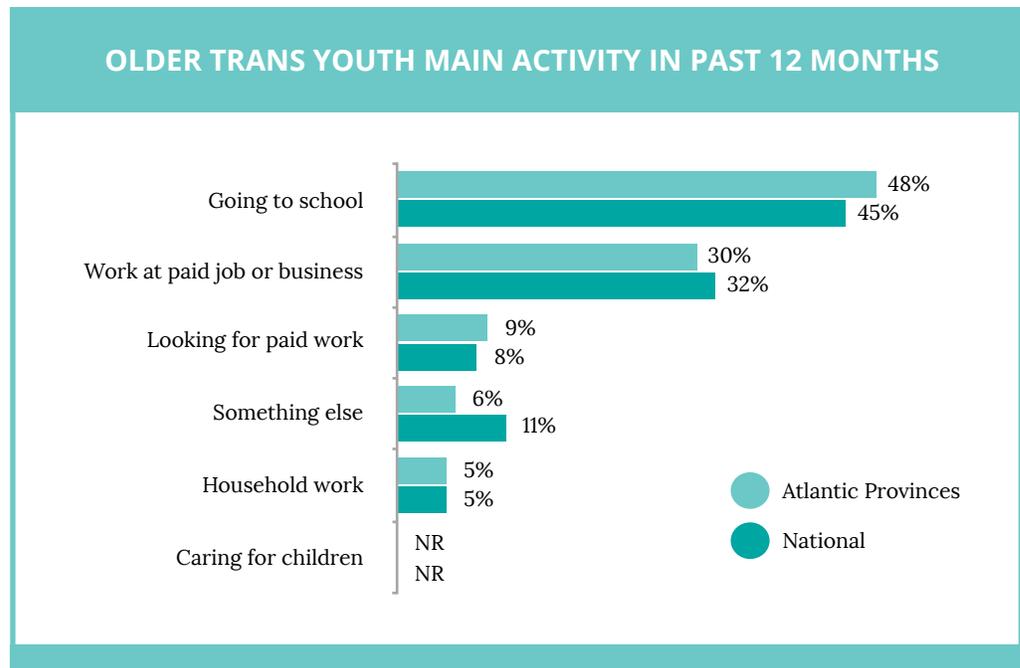
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WORK

We also asked younger trans youth how many hours a week they spent working for pay (outside the home). Most of them did not work for pay (68%). If they did work, they were most likely to work less than 6 to 10 hours per week (11%). Only 11% of younger participants worked more than 16 hours a week.

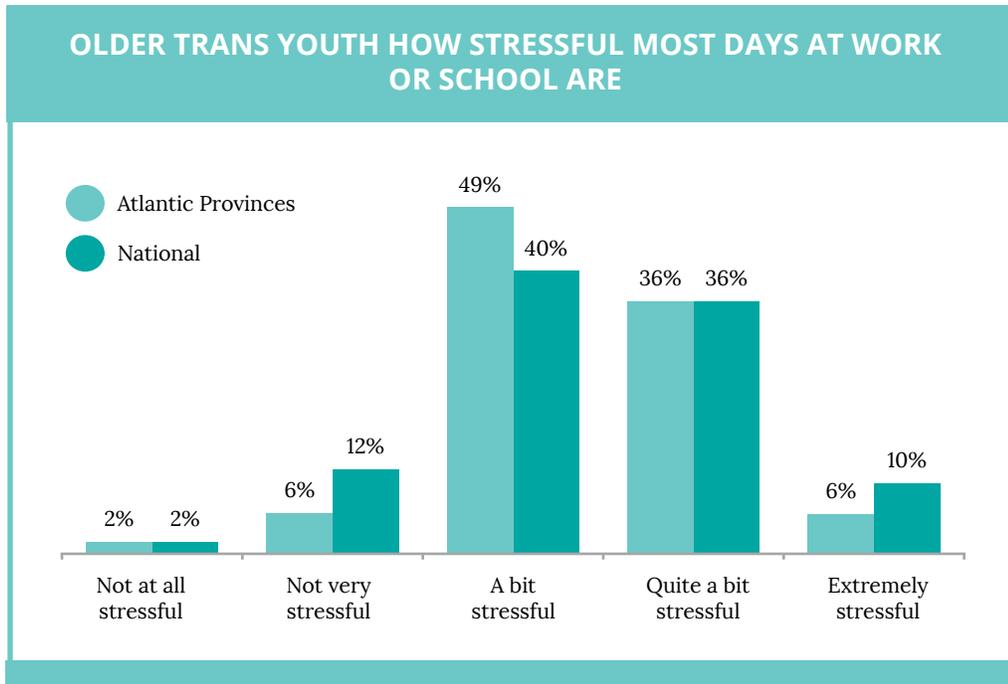
Older participants had a different question: they were asked to identify

their main activities. Older trans youth were most likely to be in school or to be working at a paid job or a business. In addition, some older trans youth said that they were looking for work and about 1 in 10 chose to write in an answer. Some examples of open-ended responses included finding their self, recreational drug-use, and a combination of work, studying and making art.



NR: Not releasable due to small number of responses.

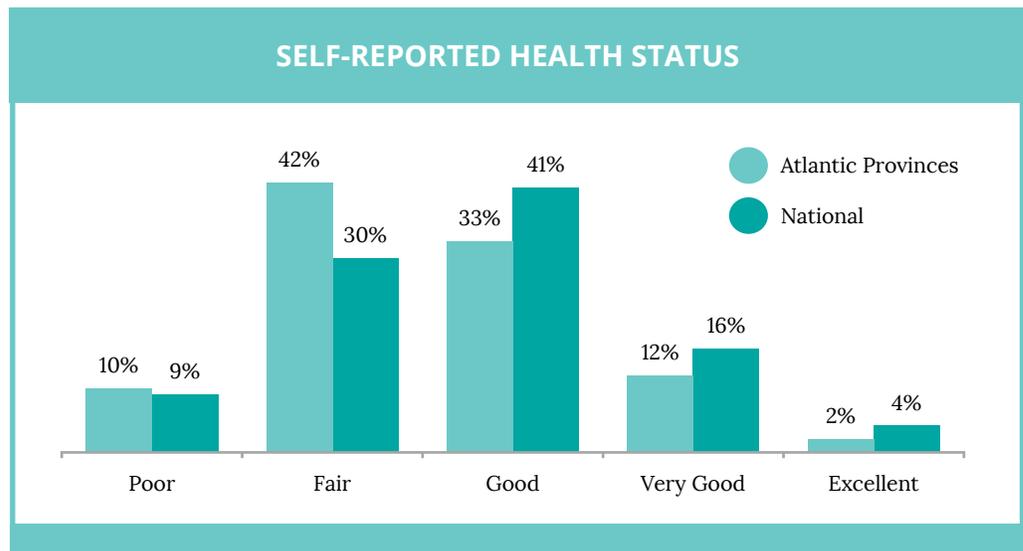
We also asked older trans youth to rate how stressful most days were at work or at school. Most respondents reported most of their days were “a bit” or “quite a bit” stressful. In contrast, only 8% of older trans youth reported that most days were “not at all” or “not very” stressful.



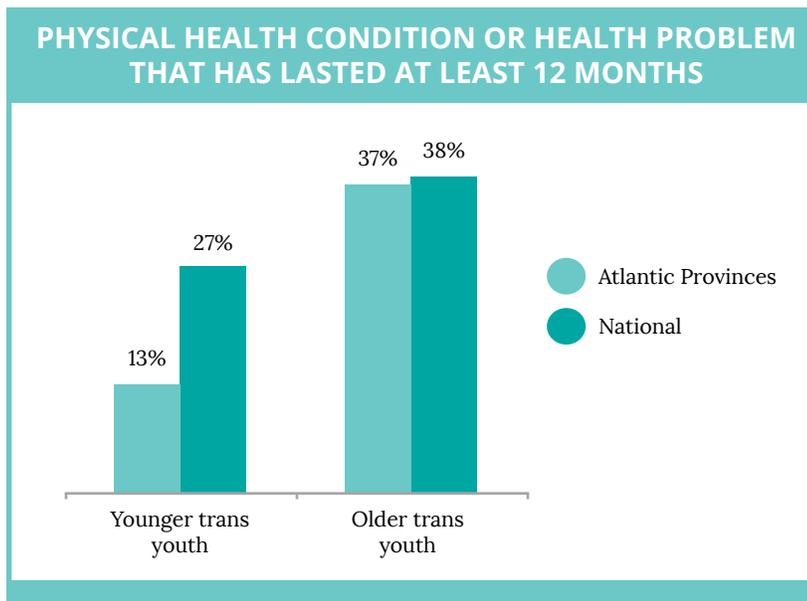
“It’s stressful. I don’t want to live in the city. I’d like to go back home, but I have no reason to believe that I could find work there any better than I can here, and it’s much harder to get on social assistance outside of the big cities.”

Physical health

We asked trans youth about their physical health, chronic health problems, and their sleep habits. Just over half said their health was poor or fair health (52%).



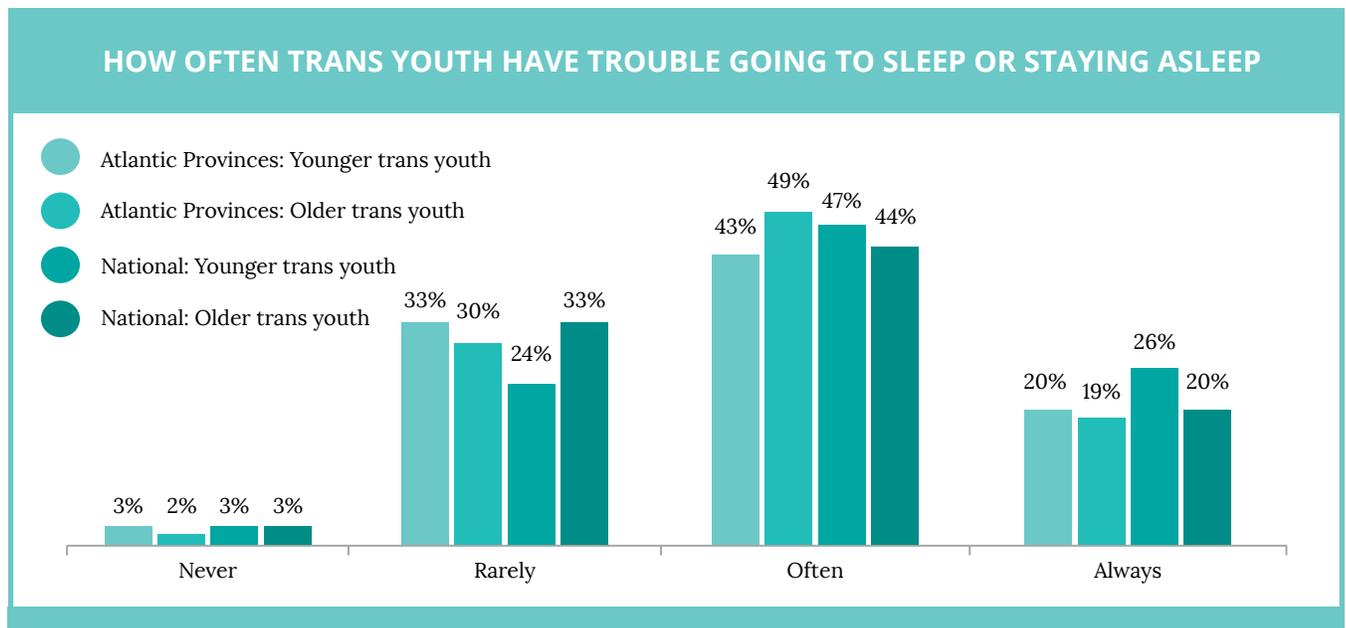
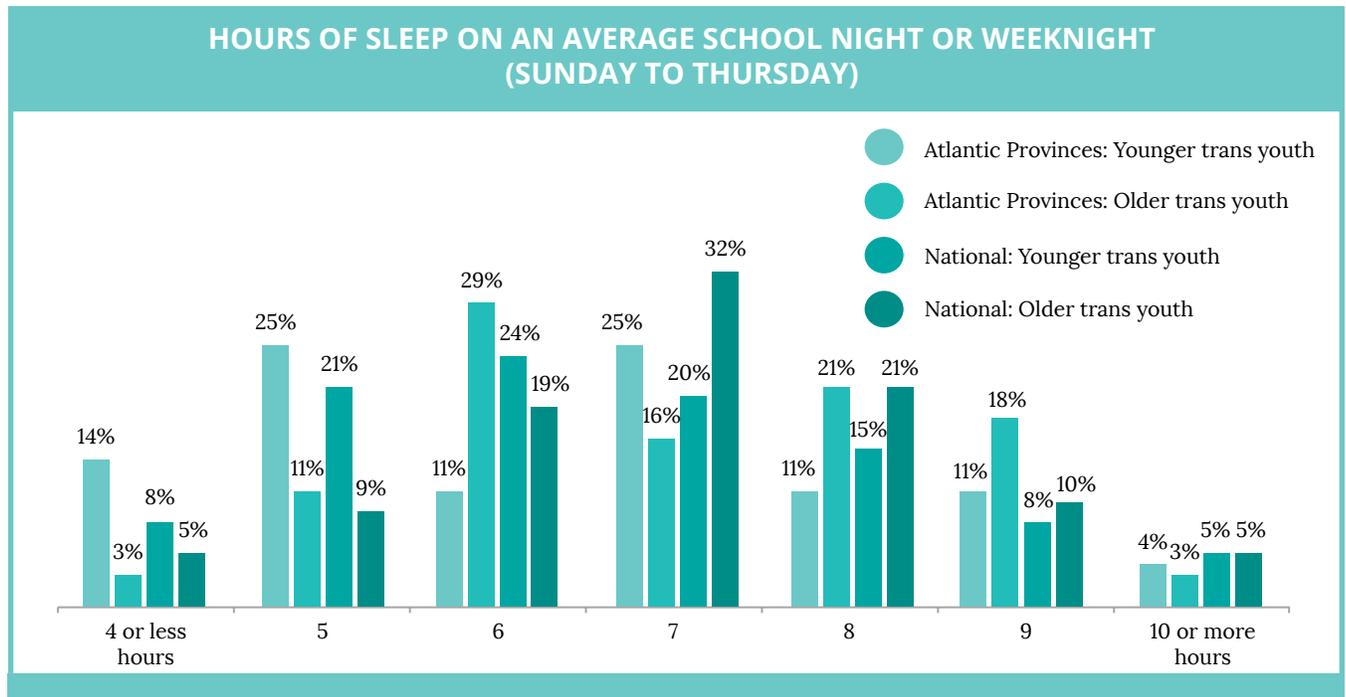
Older trans youth were more likely to have told us that they have a physical health problem that has lasted at least 12 months.



According to the National Sleep Foundation, adolescents need between 8.5 and 9.25 hours of sleep each night. We asked younger trans youth how much sleep they get on an average school night: 15% said they get 9 hours or more and 11% get 8 hours of sleep. A notable number of younger trans youth get 4 hours of sleep or less on an average school night. We asked older trans youth the same question, except on an average weeknight instead of average school night. On an average weeknight, 21% of older trans youth get 9 hours or more and 29% get 6 hours of sleep. A small number of older trans youth get 4 hours of sleep or less on an average weeknight.

On an average weekend night, 26% of younger trans youth and 42% of older trans youth 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.

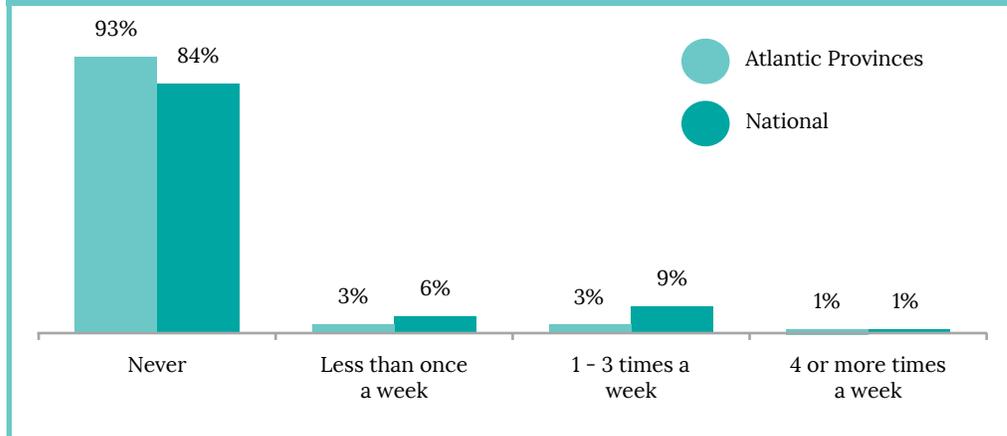


Physical activities

We asked younger participants how often in the last month they participated in activities before school, during lunchtime, or after school organized by their school. Almost two thirds of trans youth from the Atlantic Provinces (64%) said they never participated, 18% said they participated one or more times per week, and less than that (7%) said they participated less than once per week. We also asked all trans

youth how often in the last month they participated in physical activities organized outside of school with a coach. The vast majority said never, while a few reported that they participated one or more times per week (4%). There was less participation in physical activities organized outside of school with a coach in the Atlantic Provinces compared to the national average.

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



Injury prevention

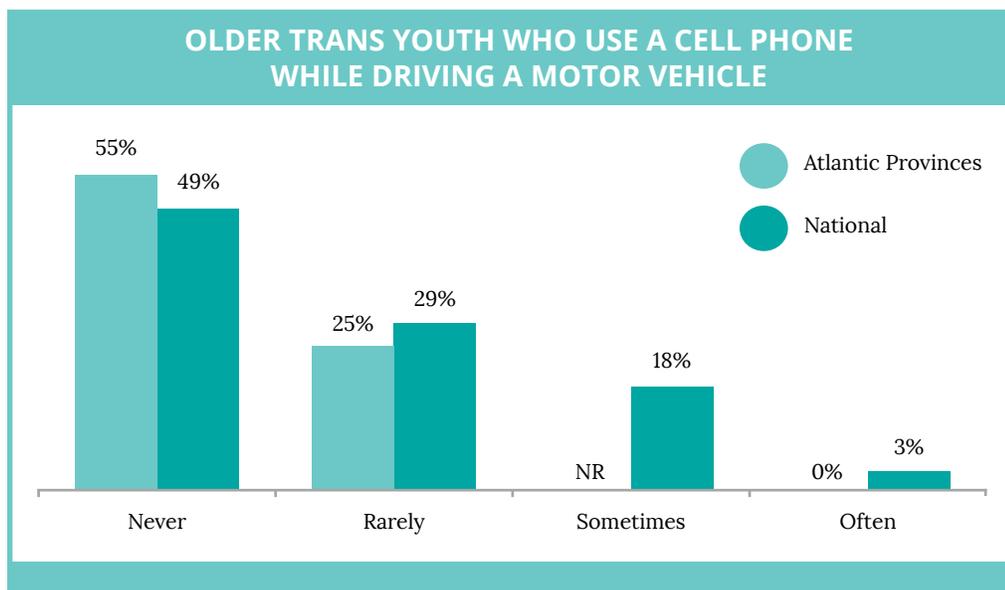
25

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 or not they wear a helmet while riding a bike. Nearly half of trans youth (44%) said they wear a bike helmet often or always, while a quarter said never or rarely (24%), and a third said they don't ride a bike at all (32%). The number of trans youth who said they don't ride a bike at all is statistically significantly more than the national average.

Drinking and driving is another important safety concern. None of the younger trans youth, out of those who said they have a driver's license, reported that they had ever driven a

vehicle within an hour of drinking 2 or more drinks of alcohol. Among older trans youth who had driven a car in the last year, 14% said they had driven a vehicle within an hour of drinking 2 or more drinks of alcohol. A slightly larger number of trans youth reported driving within an hour of using marijuana in the past 12 months.

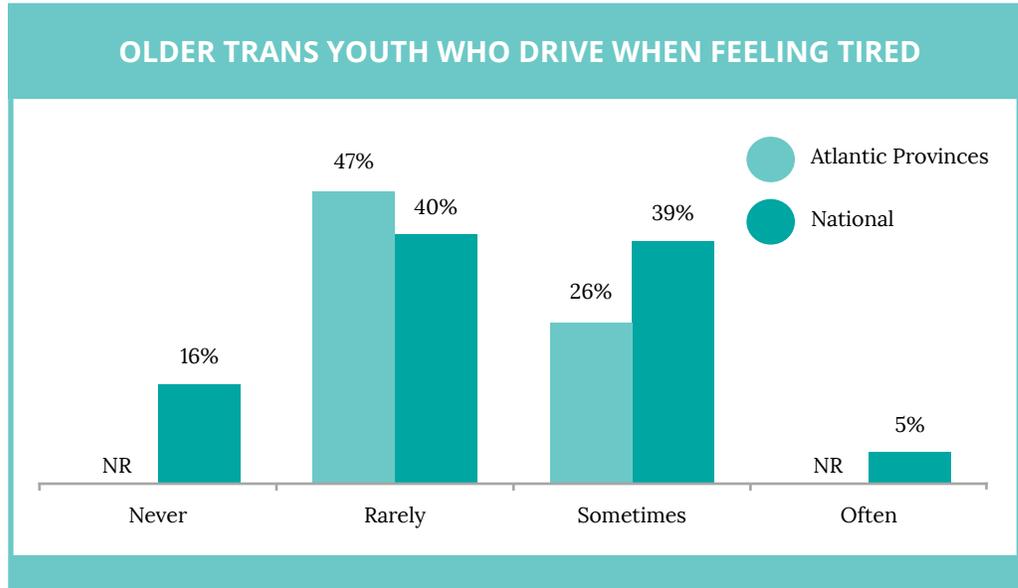
We also asked older trans youth who had driven in the past year how often they use their cell phone while driving (excluding hands-free). Over half said they never use their cell phone while driving, and a quarter said rarely.



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

26

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



NR: Not releasable due to small number of responses.

Nutrition, body weight, and body image

27

NUTRITION

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

Most younger trans youth reported eating fruits or vegetables at least once the day before, but almost half said that they only ate fruits or vegetables once or twice that day (45%), and 21% reported consuming no fruits or vegetables at all.

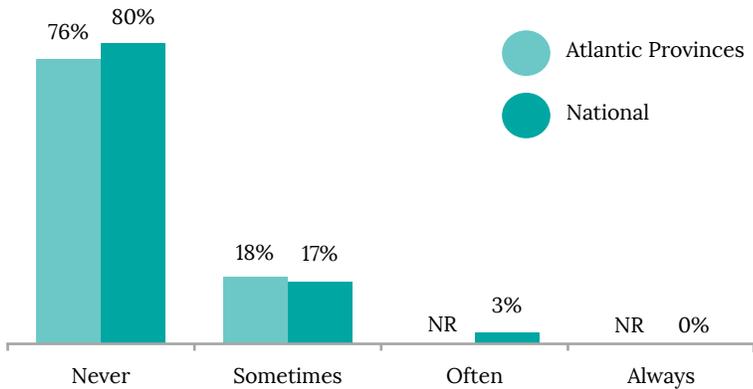
We asked older trans youth how often they usually have certain kinds of food and drink. Most reported usually eating fruit or vegetables at least twice a day (83%), but less than ten percent said that they ate fruit or vegetables eight times per day (8%). A greater proportion of older trans youth reported usually eating vegetables or green salad (92%) rather than fruit (71%).

YOUNGER TRANS YOUTH WHO ATE OR DRANK AT LEAST ONE SERVING YESTERDAY

	Atlantic Provinces	National
Fruit (not counting fruit juice)	50%	59%
Vegetables or green salad	72%	77%
Salty or sugary snacks (e.g. potato chips, granola bars, chocolate or cookies)	83%	80%
Fast food (e.g. hot dogs, hamburgers, pizza, chicken nuggets)	27%	30%
Water	80%	91%
Pop / soda (non diet), slurpees, slushies)	36%	35%
Energy drinks (Red Bull, etc.)	3%	7%
Coffee / lattes / iced coffee	23%	35%

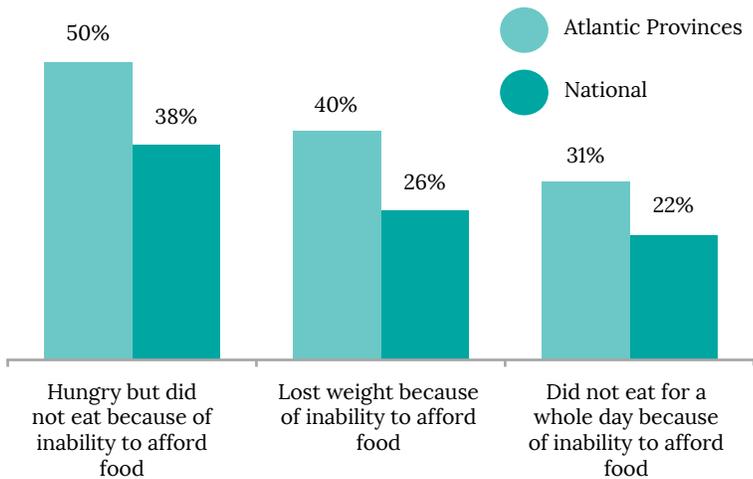
28

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



NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH WHO HAD PROBLEMS AFFORDING FOOD



BREAKFAST

Based on the younger trans youth attending school, 17% reported always eating breakfast in the past week, while 50% 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 trans youth were asked how often they go to bed hungry because there is not enough money for food at home. The majority never went to bed hungry because of financial reasons, but 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: 50% reported ever going hungry, 40% reported losing weight, and 31% reported not eating for a whole day because they could not afford food.

BODY WEIGHT AND BODY IMAGE

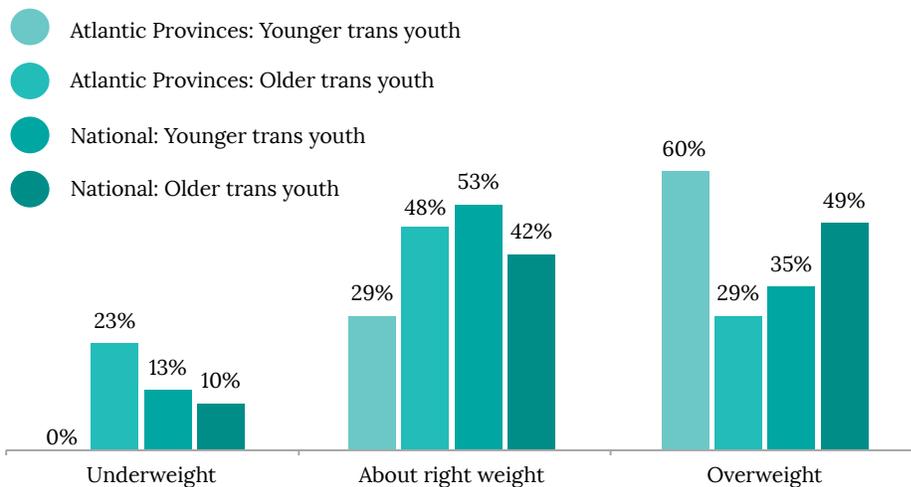
We asked younger and older trans youth slightly different questions about how they perceive their body weight. Over half of the younger participants and just under one third of older participants thought of their body as overweight.

Many younger trans youth reported trying to either lose weight (40%) or keep from gaining weight (24%), while 30% reported not doing anything about their weight. Half (49%) of older trans 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 under half (46%) of participants reported that they had exercised to lose weight or control their weight in the past year. More than a third reported fasting or skipping meals (36%), and smaller numbers reported smoking cigarettes (16%), vomiting on purpose after eating (12%), using diet pills or speed (5%), or using laxatives (5%) for this purpose.

Younger trans youth were more likely than older trans youth to report fasting or skipping meals (55% vs. 23%), smoking cigarettes (24% vs. 11%), and vomiting after eating (21% vs. 5%) to lose or control their weight.

HOW TRANS YOUTH THINK OF THEIR BODY



Health care access

Access to health care is especially important for trans youth, because many trans youth require specialized care for medical transition – and because they often face discrimination in health care settings.

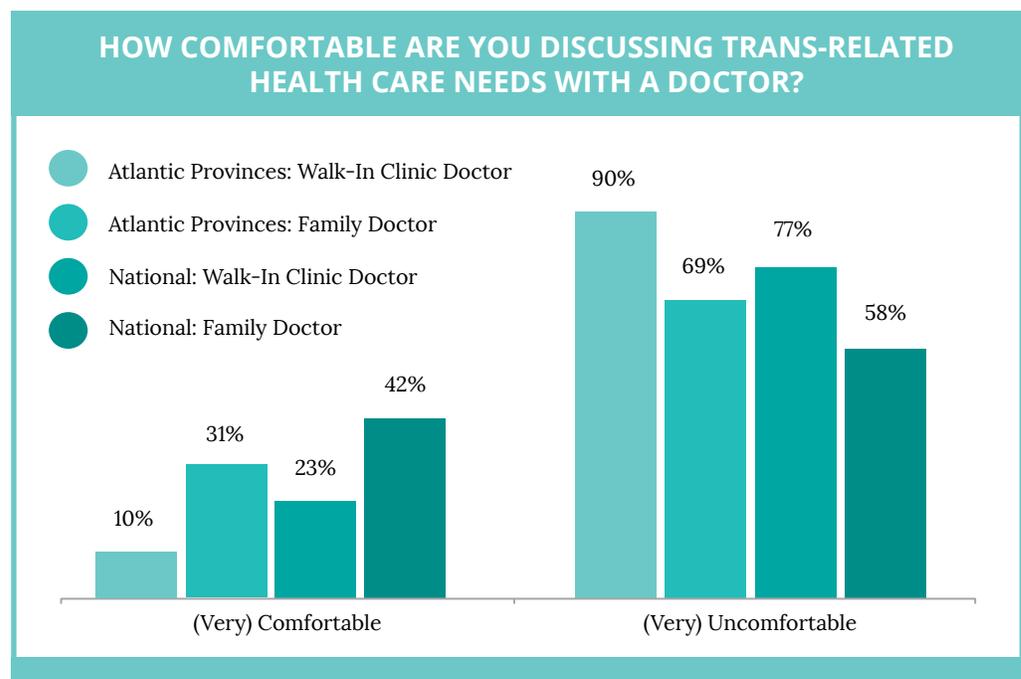
their trans status and trans-specific health care needs with their family doctor, which is just under half, and statistically significantly different than, the national percentage.

FAMILY DOCTORS

Nearly three quarters (73%) of trans youth reported having a regular family doctor. Half of trans youth with a family doctor said their current family doctor knew about their trans identity (50%). Only 6% of trans youth reported being ‘very comfortable’ discussing

WALK-IN CLINICS

Just over half of trans youth (51%) used walk-in clinics as their main source of health care. More than a third of trans youth were ‘very uncomfortable’ discussing their trans status and trans-specific health care needs with doctors at a walk-in clinic (33%). About 58% of trans youth were ‘uncomfortable’ discussing their status and trans-specific health needs with walk-in clinic doctors, which is much higher than the national percentage.





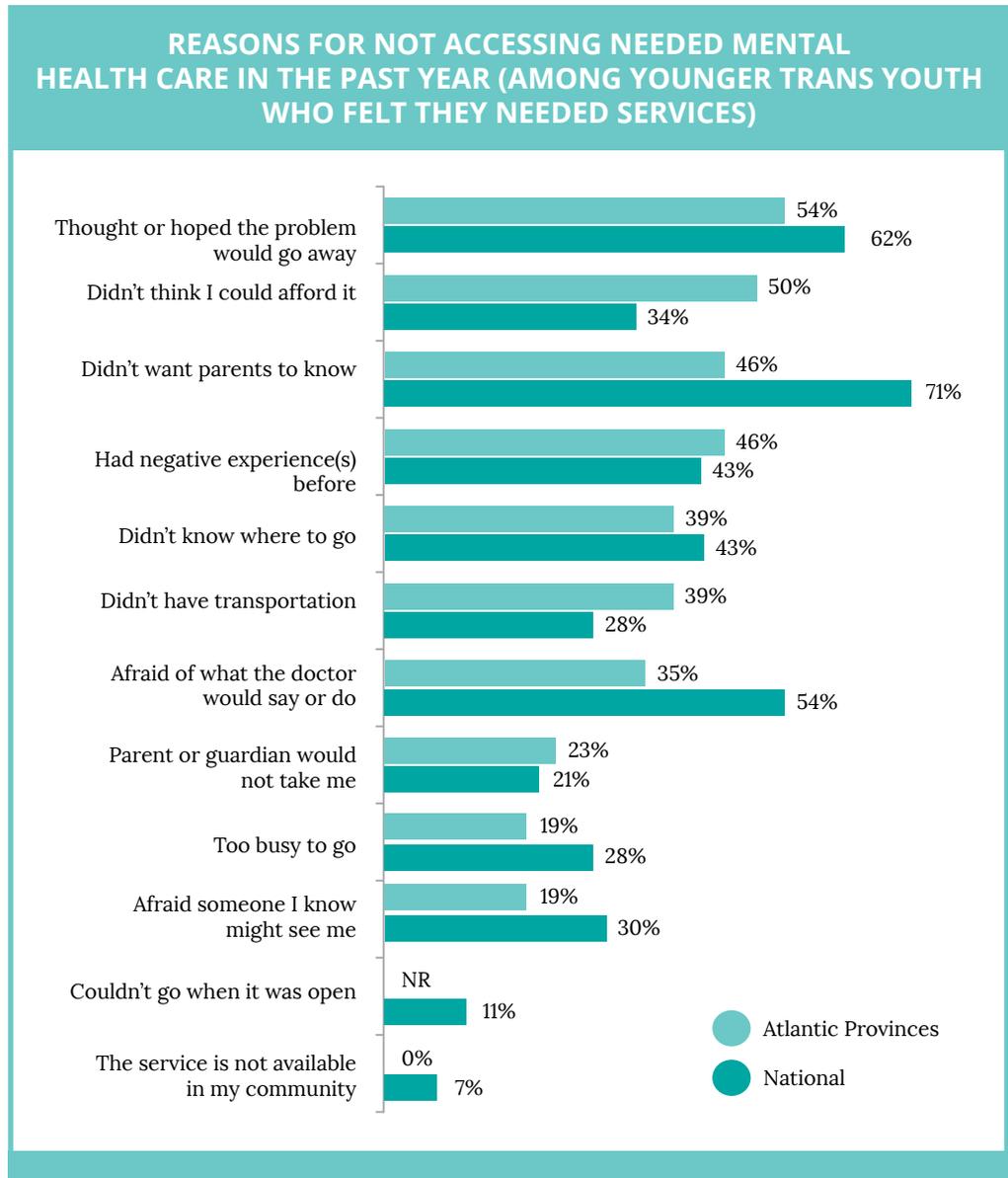
ACCESS TO CARE

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

Over a third of younger trans youth (37%) had not received physical health-care when they needed it at some point during the last year. Most older trans youth (94%) reported not receiving needed health care (either physical or mental) at some point during the year.

We asked younger trans youth why they did not receive care. The reason given most often was that they thought or hoped the problem would go away.

Among younger trans youth, more than half (57%) 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 trans 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, not knowing where to go, and not thinking they could afford it.



NR: Not releasable due to small number of responses.

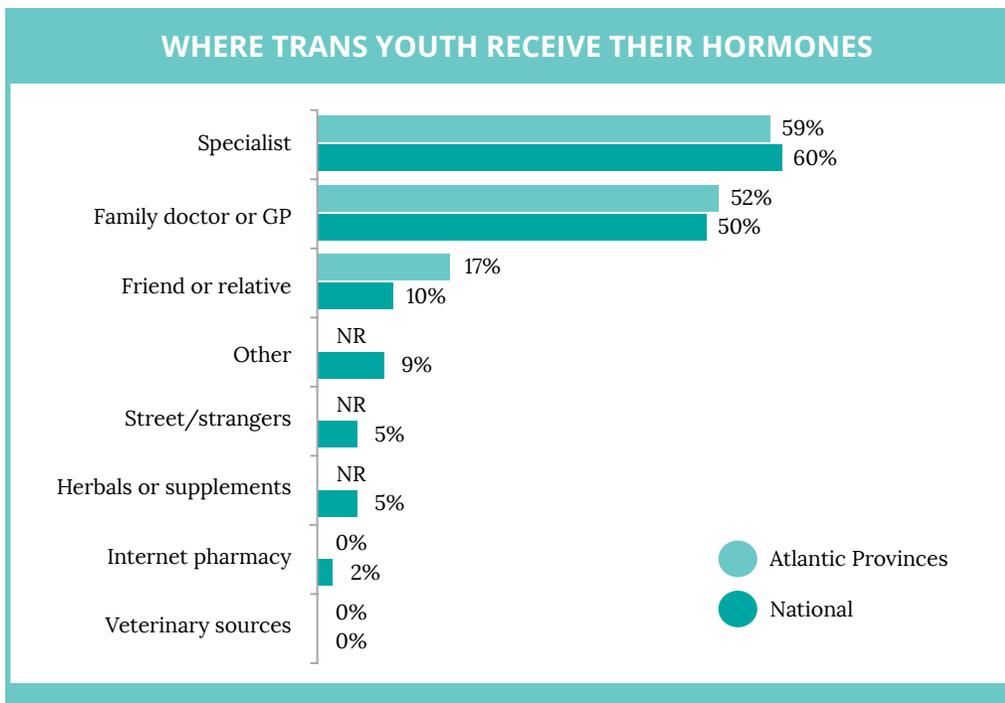
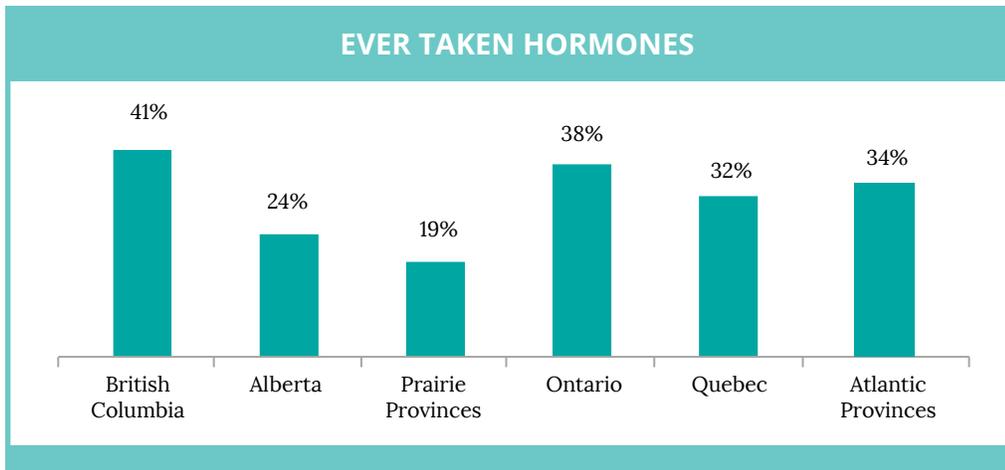
“[I]’ve never reached out for mental health care. I’m worried they’ll be more concerned about my gender identity and sexuality (which I am fairly confident in) than they will be about my actual problems.”

HORMONE THERAPY

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

Approximately one third of all trans youth (34%) reported they had ever taken hormones for trans-related reasons at some point, including 8% of younger trans youth and 51% of older trans youth.

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



NR: Not releasable due to small number of responses.

34

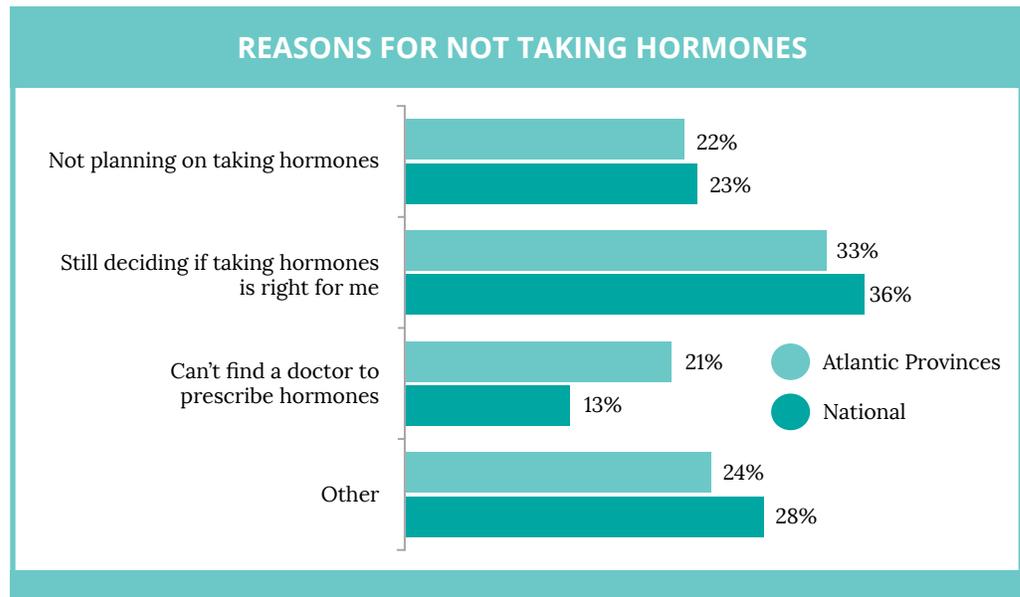
NON-PRESCRIBED HORMONE USE

Many trans youth seek hormone therapy as part of medical gender transition. Unsupervised use of hormones obtained from family, friends or strangers is linked to multiple health risks, including contaminated medications and unsafe injection practices. While most trans youth said they got hormones through a doctor’s prescription, many trans youth who had taken hormones reported getting these medications without a prescription at some point, whether through friends or relatives

(17%); herbals or supplements (10%); strangers or on the street (7%) or other means (7%).

REASONS FOR NOT TAKING HORMONES

The most common reasons for not taking hormones were that trans 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



“[T]he doctor who prescribes me hormones is incompetent. I get better answers from Google than them when I worry about something relating to hormones. [They’re] prescribing hormones to over 45 other trans people in my area because it’s ridiculously easy to get them from [them], [but they] don’t actually go over anything with you.”

Mental health

35

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

SELF-REPORTED MENTAL HEALTH

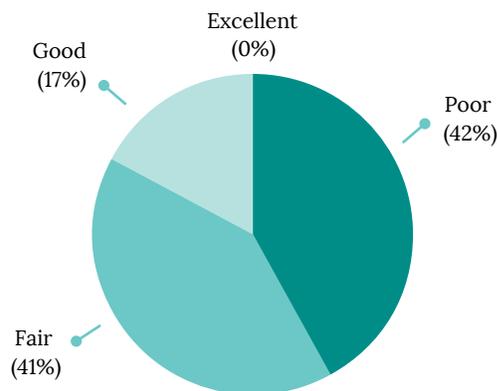
Trans youth rated their overall mental health as excellent or good.

SELF-ESTEEM

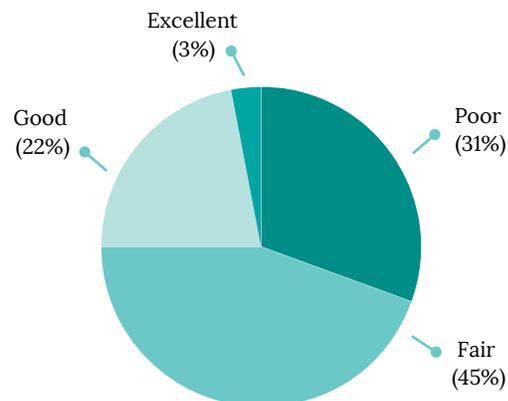
There were several related questions that measured self-esteem. The self-esteem scale included slightly different questions for older and younger trans youth such as, “I usually feel good about myself,” “I am able to do things as well as most other people,” and “You take a positive attitude towards yourself.” On average, younger trans youth scored 2.4 out of 10 and older trans youth scored 4.4 out of 10.

Another question asked younger trans youth if they could think of something they were good at, and just over two-thirds said yes (69%).

ATLANTIC PROVINCES: SELF-REPORTED HEALTH MENTAL HEALTH STATUS

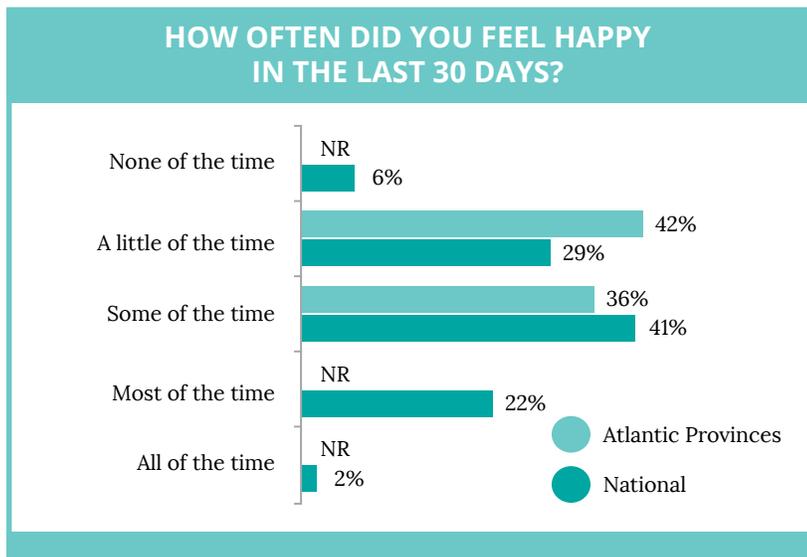


NATIONAL: SELF-REPORTED HEALTH MENTAL HEALTH STATUS

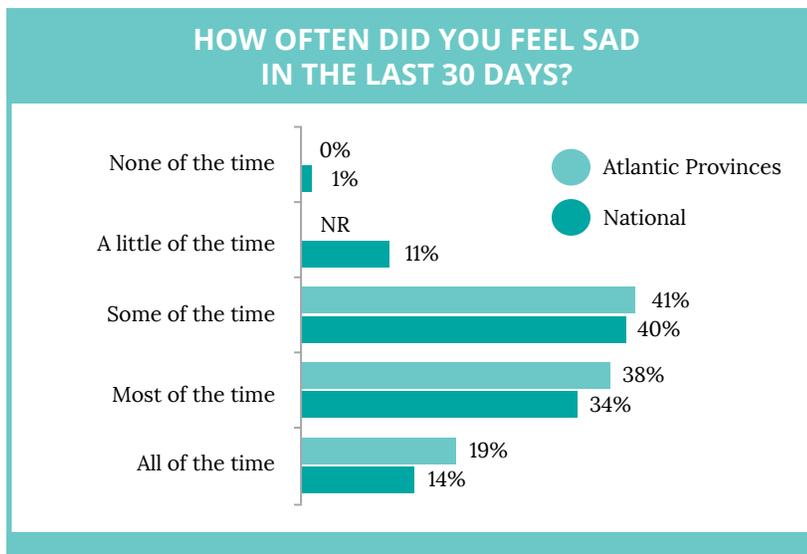


36

“I don’t enjoy going outside because everyone stares at me as if I were some sort of freak show. I used to think that I passed as a woman, but now (possibly due to the absence of support), all I see in the mirror is a foul bastardization of a woman.”



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

EMOTIONAL WELLBEING

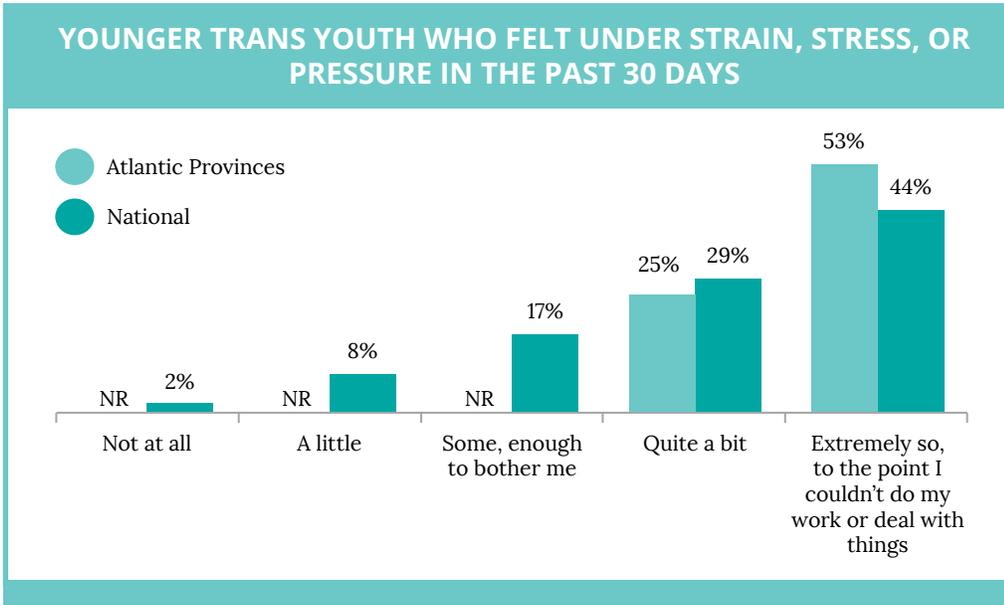
Older trans youth also answered a series of questions about their happiness, life satisfaction, sense of belonging, and relationships.

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

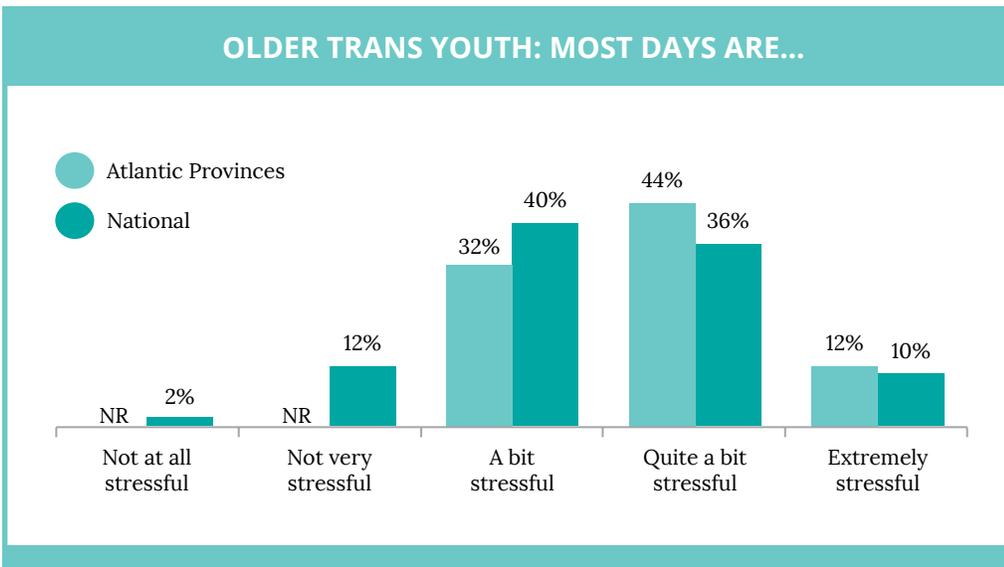
STRESS

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

We asked older trans youth a slightly different question: “Thinking about the amount of stress in your life, would you say that most days are...?”



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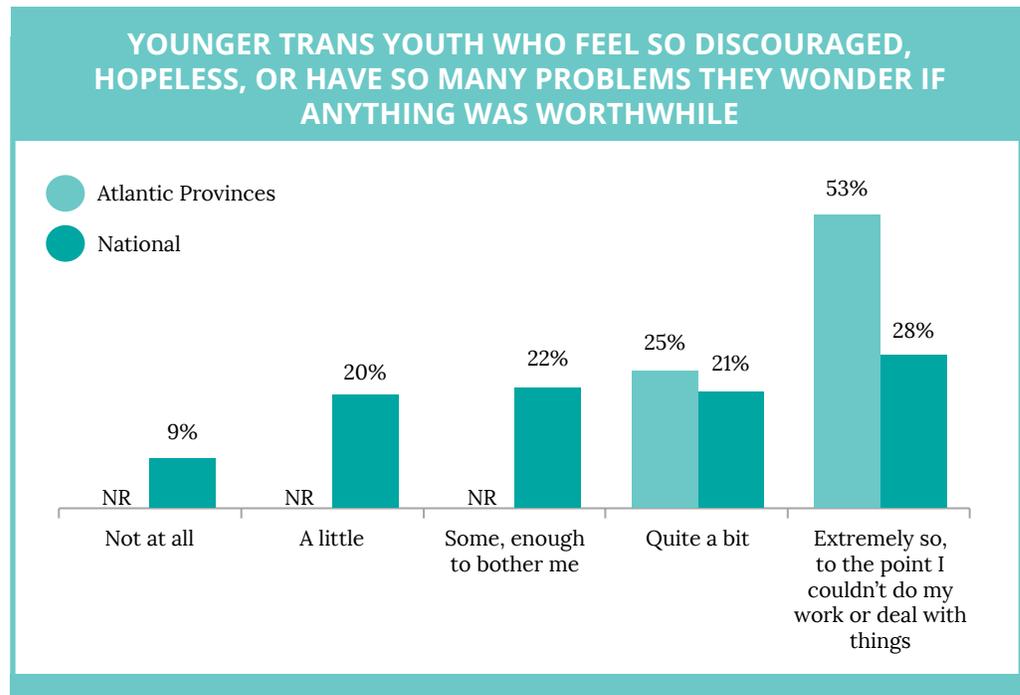


NR: Not releasable due to small number of responses.

“I feel my mental state is deteriorating at an alarming rate. I’m always stressed and depressed because I wasn’t born correctly.”

EMOTIONAL DISTRESS

Younger trans youth responded to several questions about how they had felt in the last 30 days. They reported how stressed, sad, worried and discouraged they felt. On a scale of 0 – 10 (low to high), the average emotional distress score for younger trans youth was 6.8.

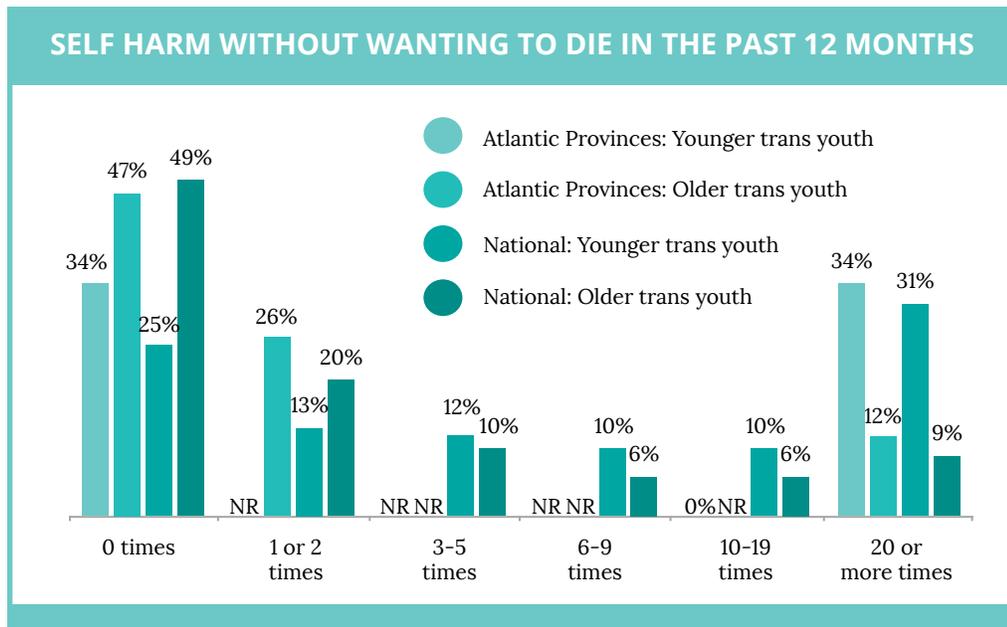


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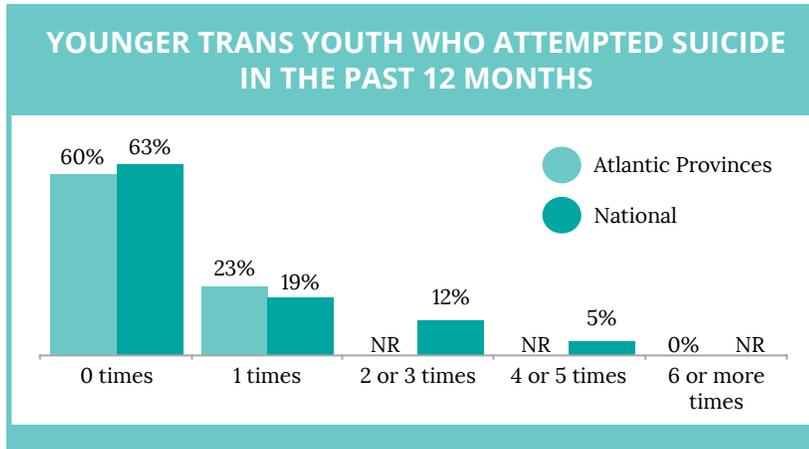
SELF-HARM

More than half of the trans youth reported they had hurt themselves on purpose without wanting to die in the last 12 months (59%). Older trans youth were less likely (53%) than younger trans youth (66%) to have engaged in self-harm in the last 12 months.

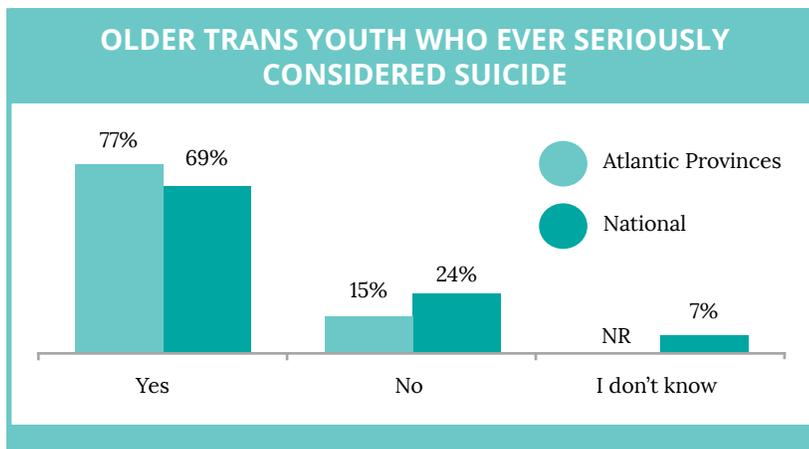


Percentages may not add up to 100% due to rounding.
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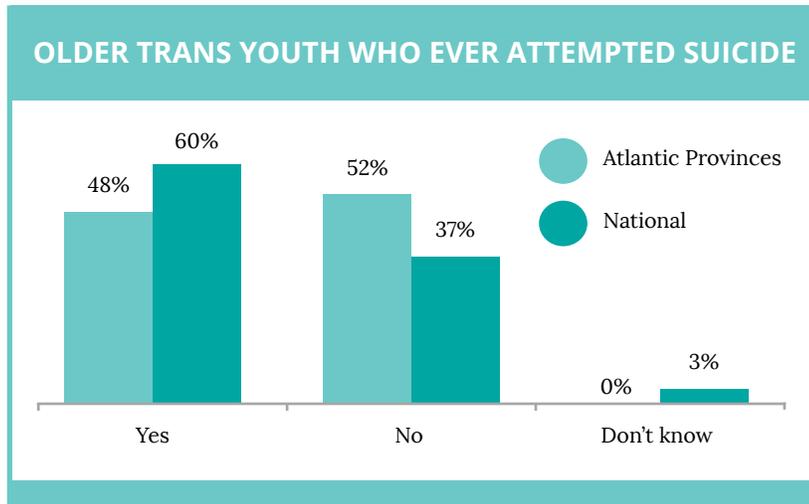
40



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.



SUICIDE

Within the last 12 months, 60% of younger trans youth had seriously considered suicide, and more than a third had attempted suicide at least once (40%).

More than three-quarters of older trans youth had seriously considered suicide at some point during their lives (77%), and half of them had made at least one suicide attempt (52%).

Among trans youth who had attempted suicide within the last 12 months, 19% of trans youth had required medical treatment by a doctor or nurse.

Substance use

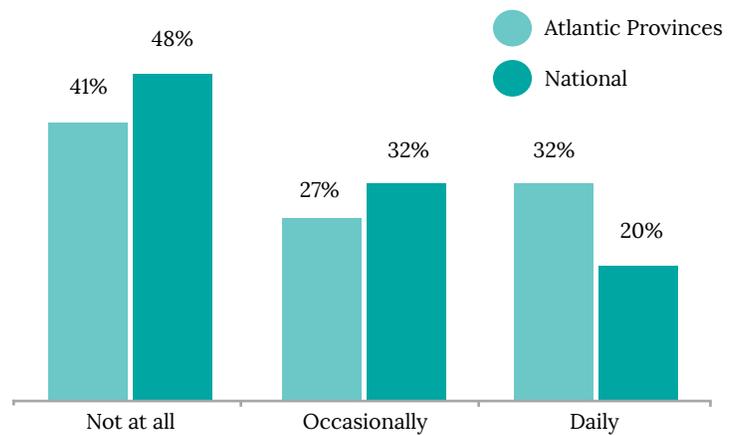
Substance use covers a range of legal and illegal drugs, including tobacco, alcohol, marijuana, and other substances.

TOBACCO

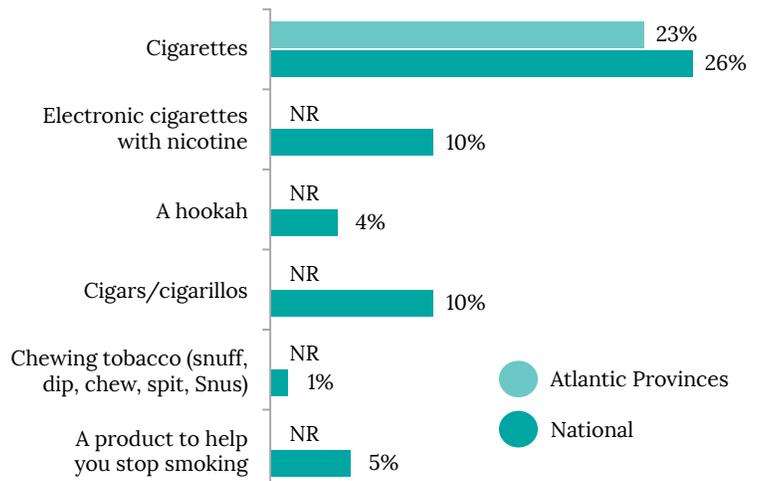
More than half of the older trans youth (55%) reported smoking a whole cigarette at some point in their lives. Of these trans youth, more than three quarters had smoked a total of 100 or more cigarettes (about 4 packs) in their lifetime (78%), and a third were currently daily smokers (32%). Of older trans youth who smoked, 58% had stopped smoking for at least 24 hours because they were trying to quit, one or more times during the last 12 months.

Just under two-thirds of younger trans youth had ever tried tobacco (61%). About a quarter of younger trans youth had used cigarettes during the previous 30 days (23%). Just over half of younger trans youth reported that they had not smoked cigarettes within the past 30 days (51%), which is statistically significantly higher than the national percentage. Of younger trans youth who were currently smokers, 38% reported trying to quit at least once in the last 12 months.

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



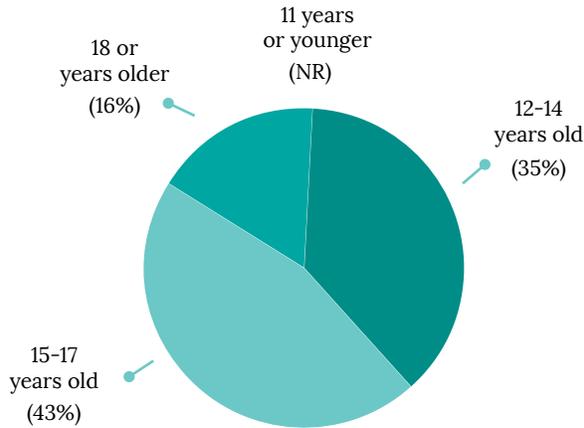
YOUNGER TRANS YOUTH IN THE PAST 30 DAYS USED...



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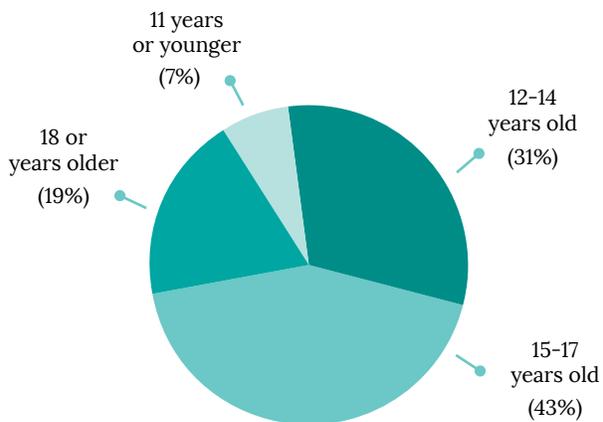
42

ATLANTIC PROVINCES: AGE WHEN OLDER TRANS YOUTH FIRST DRANK ALCOHOL



NR: Not releasable due to small number of responses.

NATIONAL: AGE WHEN OLDER TRANS YOUTH FIRST DRANK ALCOHOL



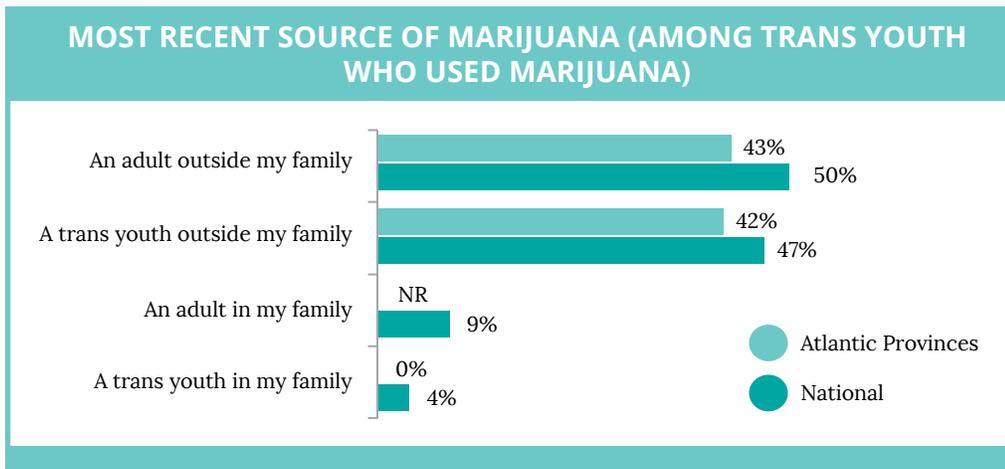
ALCOHOL

Just over two thirds of younger trans youth (68%) said they drank alcohol at least once in the last 12 months, with 16% drinking at least once a week. Of the younger trans youth who reported drinking in the last month, over half (55%) reported binge drinking at least once in the past month (having 5 or more drinks of alcohol on the same occasion).

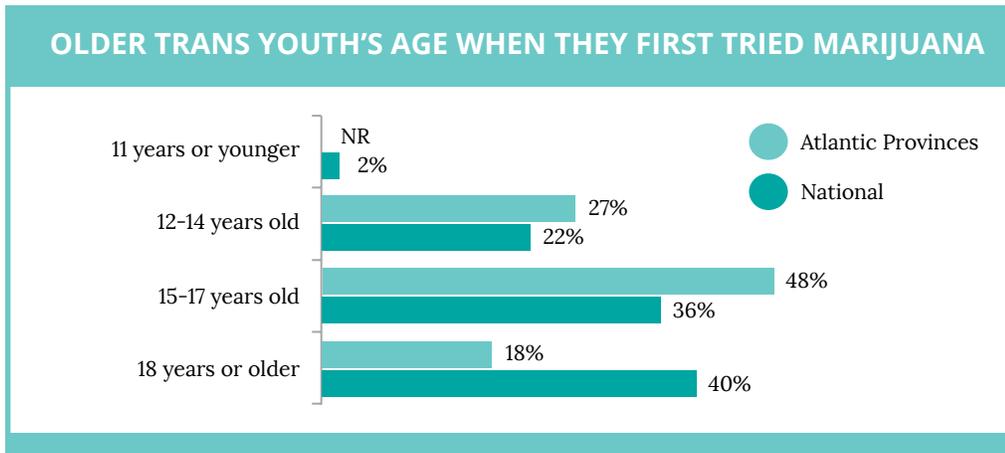
Most older trans youth drank alcohol in the previous 12 months (81%), and just under a third drank alcohol at least once a week (30%). Most of the older trans youth had engaged in binge drinking within the last 12 months (80%), with slightly over half binge drinking at least once a month over the last year (54%).

MARIJUANA

Nearly half of younger trans youth (41%) had used marijuana in their lifetime, with 38% using in the last 12 months. Two thirds of older trans youth (65%) had ever tried marijuana, and 19% had used on a daily basis over the last 12 months. Overall, 34% of trans youth had used marijuana on the previous Saturday night, including 56% of younger trans youth and 26% of older trans youth.



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

44

OTHER SUBSTANCES

We asked about lifetime use of other types of drugs for younger trans youth, and use in the past 12 months for older trans youth. The most common substance younger trans youth had ever tried were prescription pills without a doctor’s consent (17%).

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

NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH NUMBER OF TIMES USED THE FOLLOWING DRUGS IN THE PAST 12 MONTHS		
	Atlantic Provinces	National
Speed (amphetamines)	22%	16%
Cocaine or crack	13%	13%
Hallucinogens, PCP, or LSD (acid)	28%	22%
Ecstasy (MDMA) or other similar drugs	28%	24%
Glue, gasoline, or other solvents	NR	7%
Heroin	NR	5%

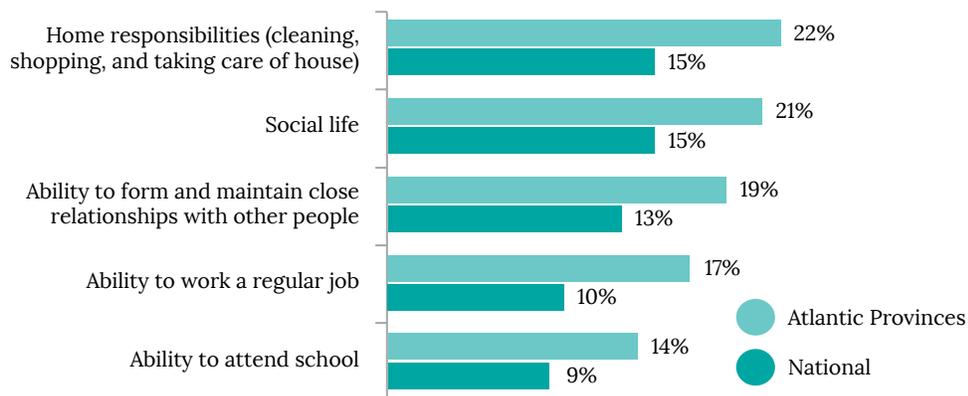
NR: Not releasable due to small number of responses.

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

We also asked younger trans youth about negative consequences of their drinking or drug use during the last 12 months. Many trans youth reported they had used alcohol or drugs and did not have any of these outcomes, but the most common negative outcomes were being told they did something they couldn't remember (27%), passing out (13%), and family arguments (13%).

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

OLDER TRANS YOUTH WHO REPORT DRUG USE INTERFERED WITH LIFE (AMONG THOSE WHO USED DRUGS)

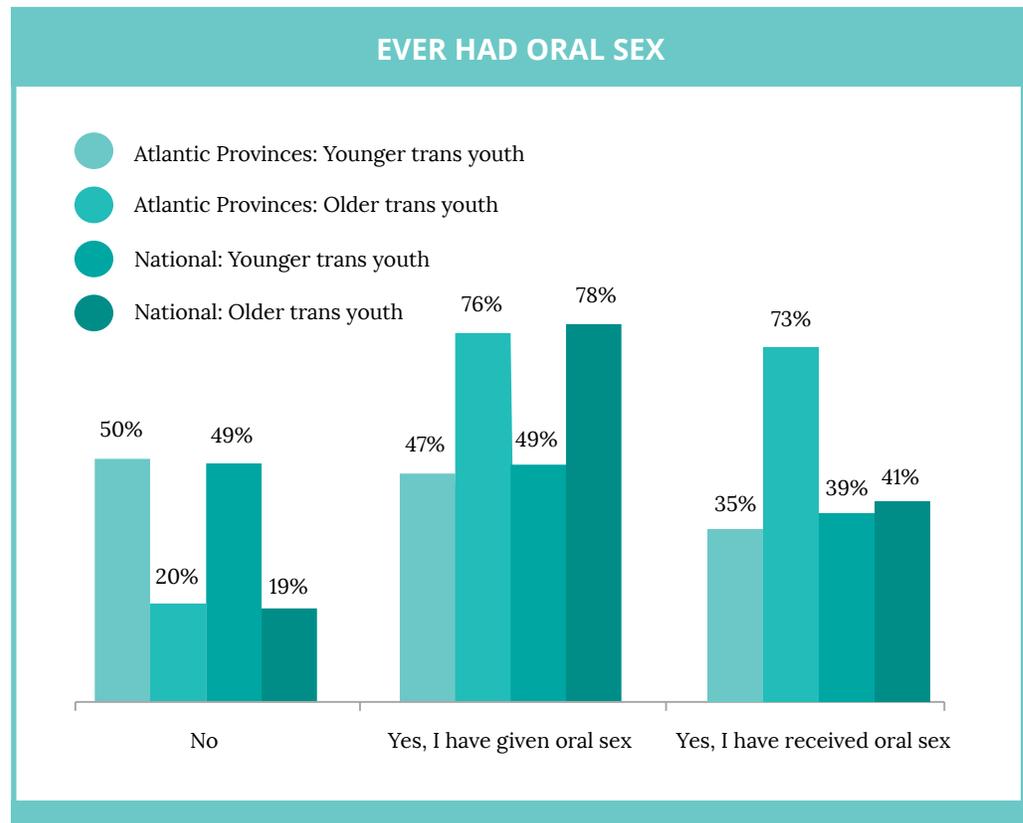


Sexual health

Sexual health is an important area of overall health for most young trans 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 having had oral sex. About two thirds said they had given oral sex (63%), and slightly less than that said they had received oral sex, with 67% reporting having both given and received oral sex (57%). Older trans youth were more likely to have given or received oral sex compared to younger respondents. Among those who had ever had oral sex, most of them also reported oral sex in the past year (83%).



Note: Trans youth could choose more than one response.

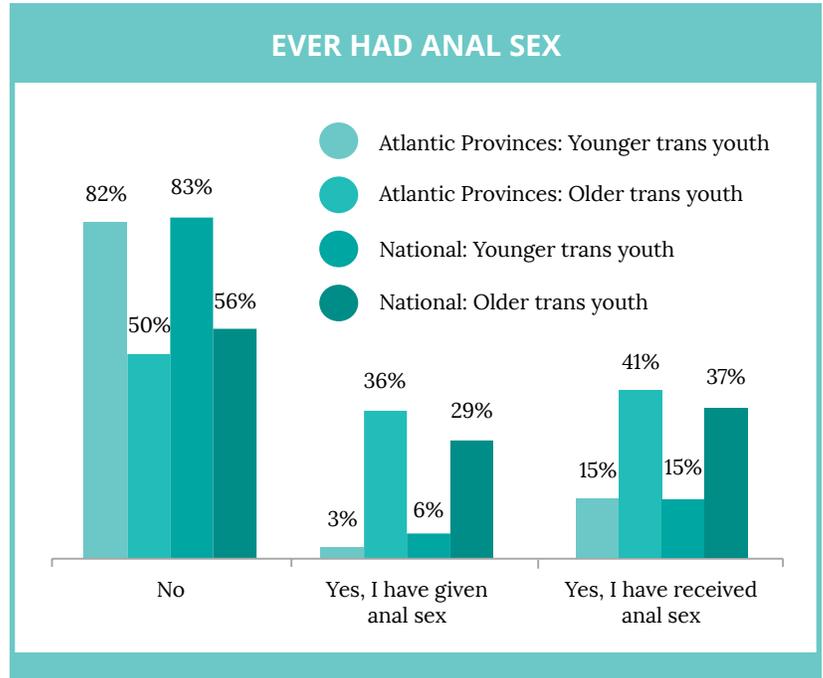
ANAL SEX

Around a third of participants reported having had anal sex (36%). Again, older trans youth were more likely to report ever having anal sex than younger participants, both in having given and received anal sex.

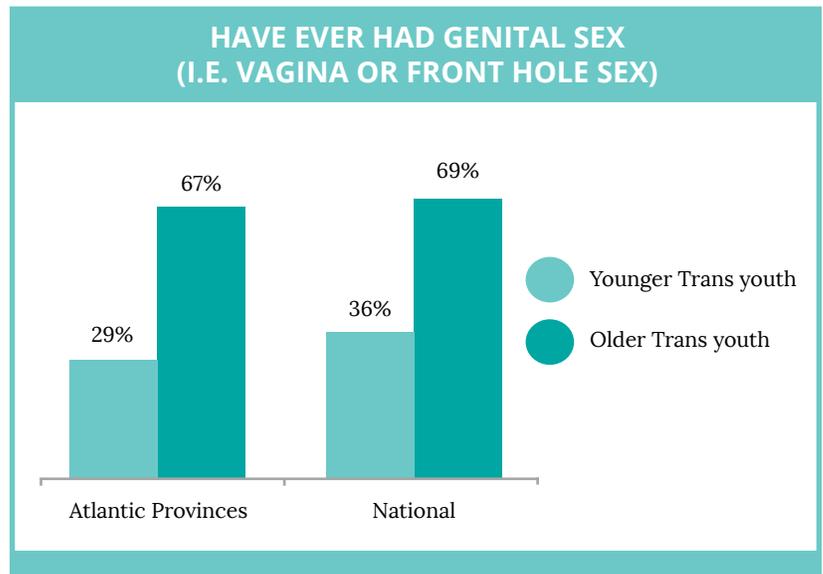
GENITAL SEX

The survey also asked about penile-vaginal sex, but with trans and gender diverse trans 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.

Half of participants reported they had genital sex (51%). Older trans youth were significantly more likely to report genital sex than younger trans youth (67% versus 29%). In the past 12 months, 60% of younger trans youth had been the receptive partner in genital sex, and 40% said they had been the insertive partner. In the past 12 months, 57% of older trans youth had been the receptive partner in genital sex, and 56% said they had been the insertive partner.



Note: Trans youth could choose more than one option.



AGE AT FIRST SEX

We also asked trans 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 44% of younger trans youth who had ever had sex, the average age of their first sexual relationship was just under 15 years old. Among older trans youth who had ever had sex, the average age was a bit older, at 16 years. This is expected, because older trans youth include a number of trans youth who would first have had sex at age 19 or older.

ALCOHOL OR DRUG USE DURING LAST SEXUAL RELATIONSHIP

Among those trans youth who had ever had sex, just under a quarter reported they had used alcohol or drugs the last time they had sex (24%). There were no significant differences between older and younger trans youth, or across the different regions.

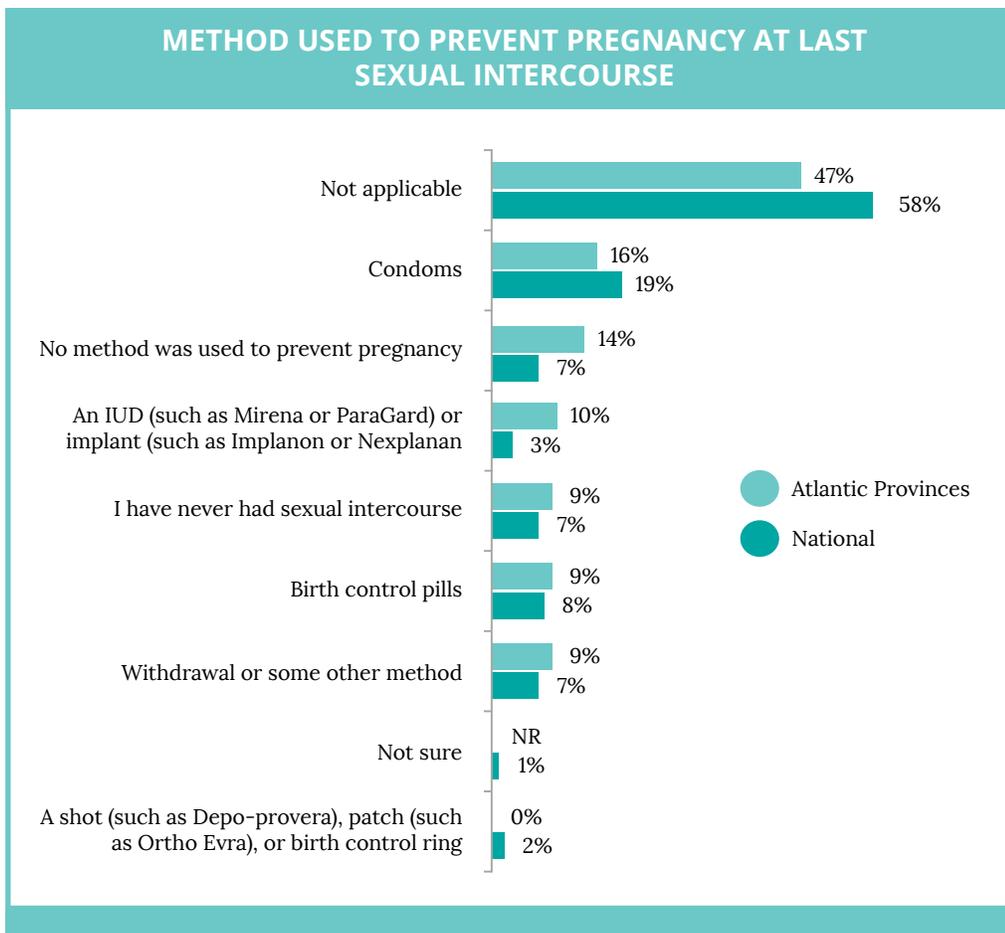


CONTRACEPTIVE USE DURING LAST SEXUAL RELATIONSHIP

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

tion). Notably, almost half of the trans youth nationwide who reported using IUDs were from the Atlantic Provinces.

Younger trans youth reported not using any contraceptive method much more frequently than older trans youth (31% versus 7%), whereas both younger and older trans youth reported using the withdrawal method in similar frequencies (6% versus 10%).



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

50

PREGNANCY INVOLVEMENT

Among those trans youth who have ever had sex, 8% reported ever being pregnant or causing a pregnancy, 5% once, and 3% two or more times. The trans youth who reported having been involved in a pregnancy were all from the older age category.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

The survey also asked whether trans youth had ever been told by a doctor or nurse that they had a sexually transmitted infection, with several examples of types of STIs. Although self-report is not as reliable as actual test results, as people can have an STI without having symptoms, several adolescent health surveys ask this question. No younger trans youth reported that they had been told by a doctor or nurse they had an STI, while 9% of older trans youth said they had been told they had an STI.

TRADING SEX FOR MONEY OR OTHER THINGS

In Canadian and international law, a trans youth under age 18 who trades sexual activities for money or other things like shelter is considered to be sexually exploited. We asked both younger and older trans youth if they had ever traded sexual activity for money, food, shelter, drugs, or alcohol. 12% of trans youth reported ever trading sex; no younger trans youth reported trading sex while 21% of older trans youth reported the same.



Safety, discrimination, and violence

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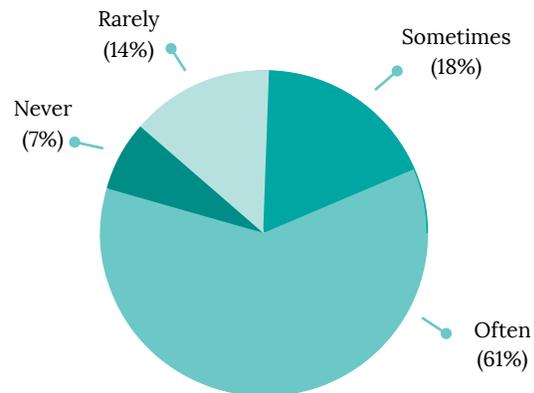
Violence exposure is a key determinant of health, and experiences of safety, discrimination, and violence can profoundly influence the health of all people. This survey asked trans youth a number of questions about perceptions of safety in different places, and experiences of discrimination and violence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

SAFETY AND VIOLENCE AT HOME

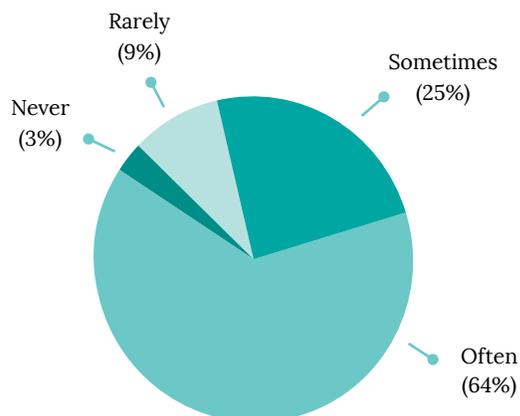
Most questions about family safety and violence were directed toward younger trans participants. There was one question about how often trans youth felt safe in their home. The majority felt safe at home often (61%), with 18% feeling safe sometimes, 14% feeling safe rarely, and 7% never feeling safe inside their homes.

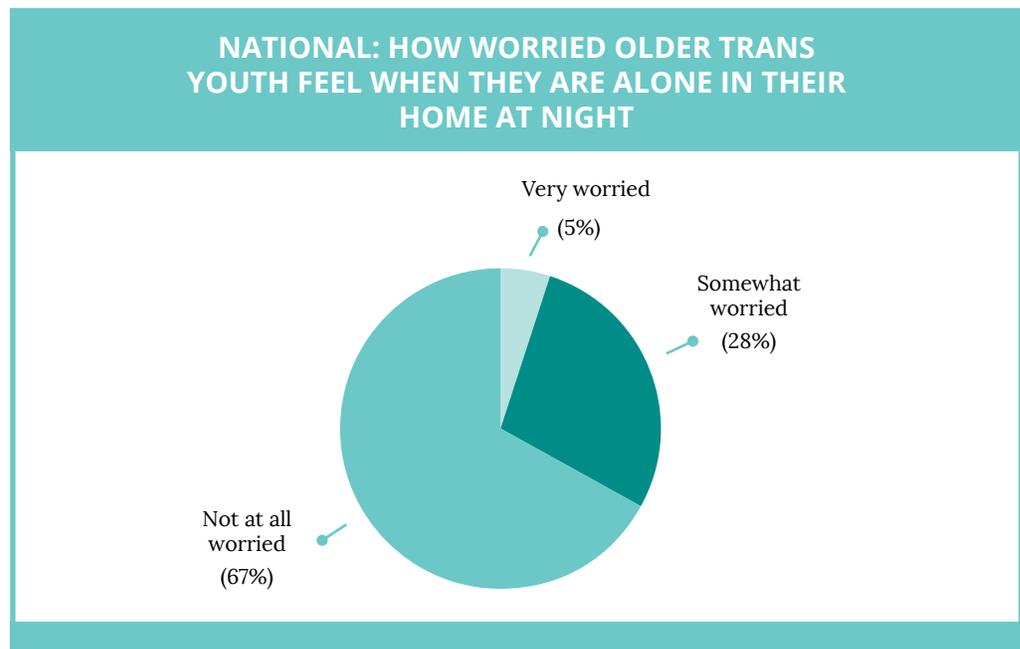
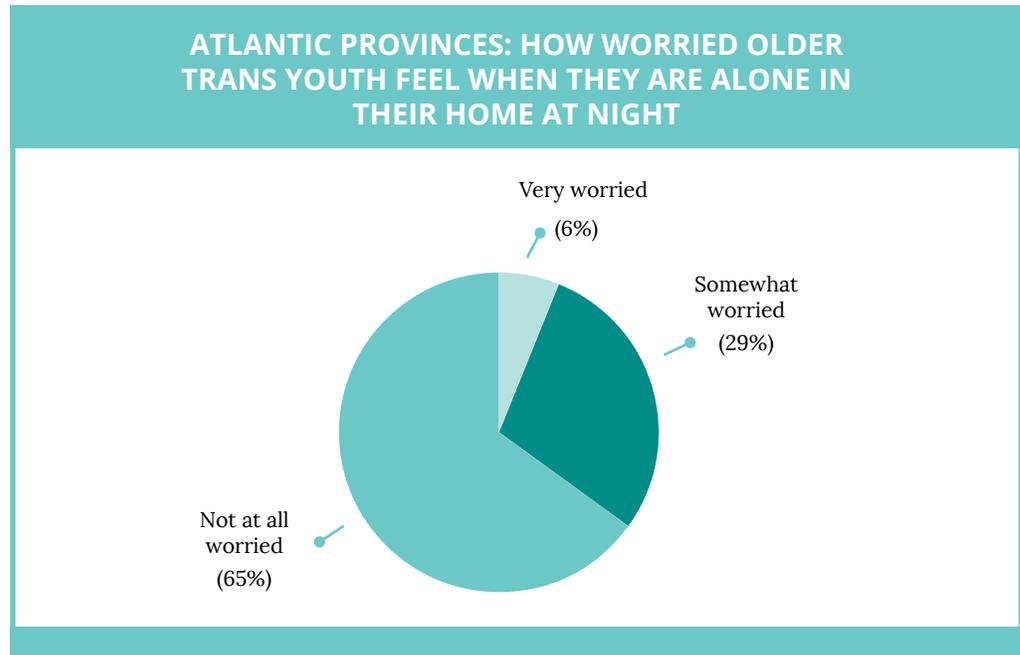
Older trans youth had a slightly different question about how worried they feel when alone in their home in the evening or at night. The majority felt not at all worried (65%), while around a third felt somewhat worried (29%), and a small group felt very worried (6%).

ATLANTIC PROVINCES: HOW OFTEN YOUNGER TRANS YOUTH FEEL SAFE INSIDE THEIR HOME



NATIONAL: 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, 11% of younger trans participants said they had been physically abused by someone in their family, and 14% had witnessed family violence. There were no significant regional differences in family violence or physical abuse.

ROMANTIC RELATIONSHIP / DATING VIOLENCE

Among those trans youth who reported ever having had a romantic or dating relationship, 36% 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.

SAFETY AND VIOLENCE AT SCHOOL

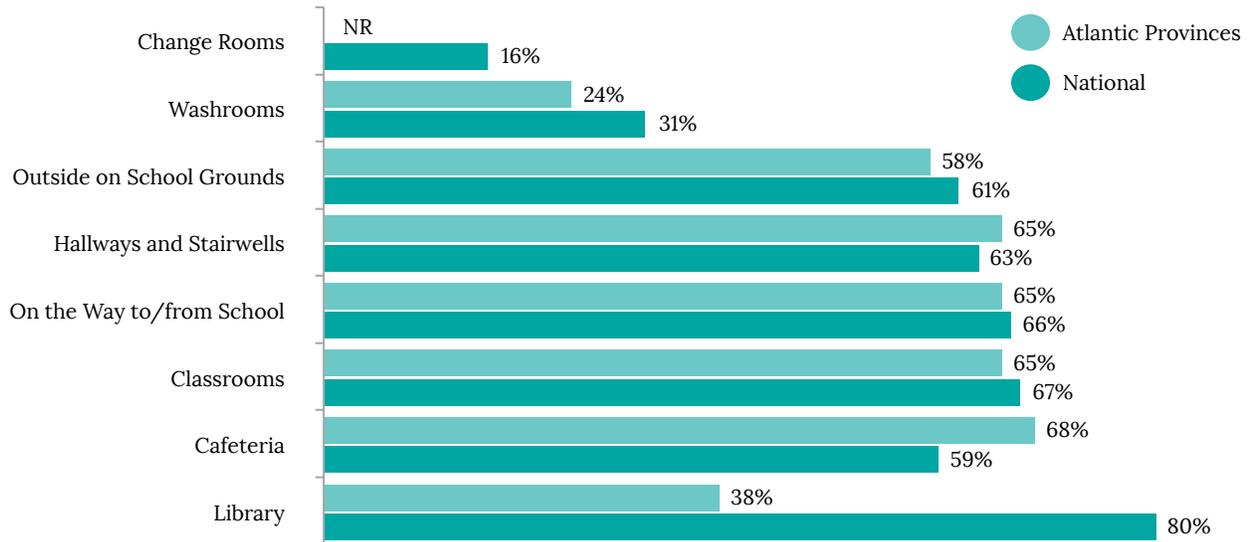
It is difficult for anyone to learn when they do not feel safe at school. We asked a number of different questions about experiences of safety, bullying, or violence at school.

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



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YOUNGER TRANS YOUTH FEELING USUALLY OR ALWAYS SAFE IN SCHOOL LOCATIONS



NR: Not releasable due to small number of responses.

We also asked younger trans participants how many times they had been bullied at school in the past year, defined as being repeatedly teased, threatened, kicked, hit or excluded. More than half had been bullied once or more (59%). A third reported being bullied 1 to 3 times (33%), and 11% had been bullied 10 or more times in the past year.

We also asked them separately about different types of bullying at school. Just under a third of younger participants reported they had been physically threatened or injured in the past year (30%), whereas a fifth had been threatened or injured with a weapon (19%). Almost half reported being taunted or ridiculed (48%).

We also asked about bias-based harassment, or whether someone had said something bad about various characteristics. Trans youth were most likely to report people had said something bad about their gender identity, followed by sexual orientation, body shape or appearance, and less commonly about their race or culture (largely owing to the fact that the majority of the sample was white).

Some young people who feel unsafe may carry weapons to school. Among younger trans participants who had attended school, one trans youth reported sometimes carrying a weapon to school in the past 30 days. Older trans participants were asked a slightly different question, and nine trans youth (or 23%) said they routinely carried something to protect themselves or alert another person.

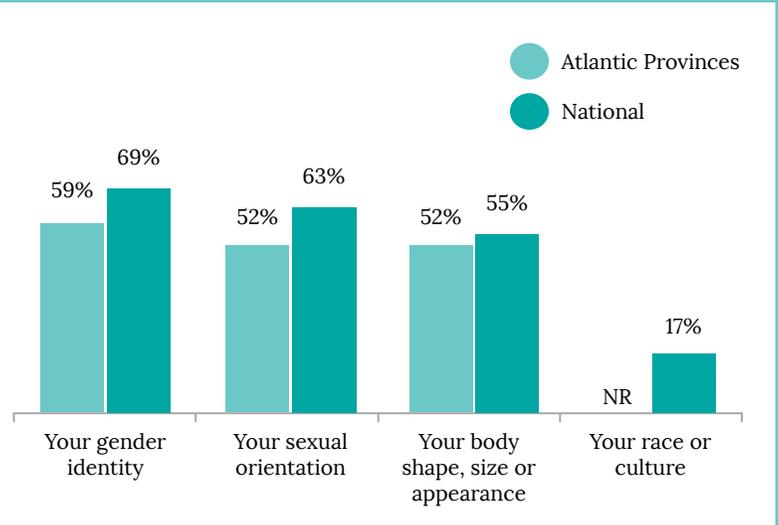
SAFETY AND VIOLENCE IN THE COMMUNITY

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

Among younger trans 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 felt safe and a few saying they never felt safe on public transit.

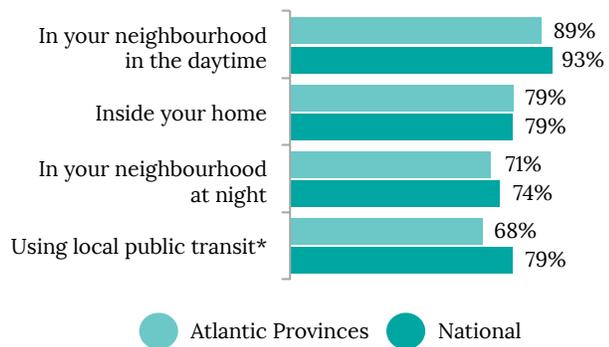
Older trans participants were asked how often they walked alone in their area after dark: 23% said almost never, but 13% said nearly every day or daily. When asked, 45% said that if they felt safer from crime, they would walk alone after dark more often, while 26% said they didn't know if they would. Among those who used public transit, 72% said they felt somewhat worried or very worried while waiting alone for public transit after dark.

YOUNGER TRANS YOUTH WHO REPORTED PEOPLE SAID SOMETHING BAD ABOUT:



NR: Not releasable due to small number of responses.

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



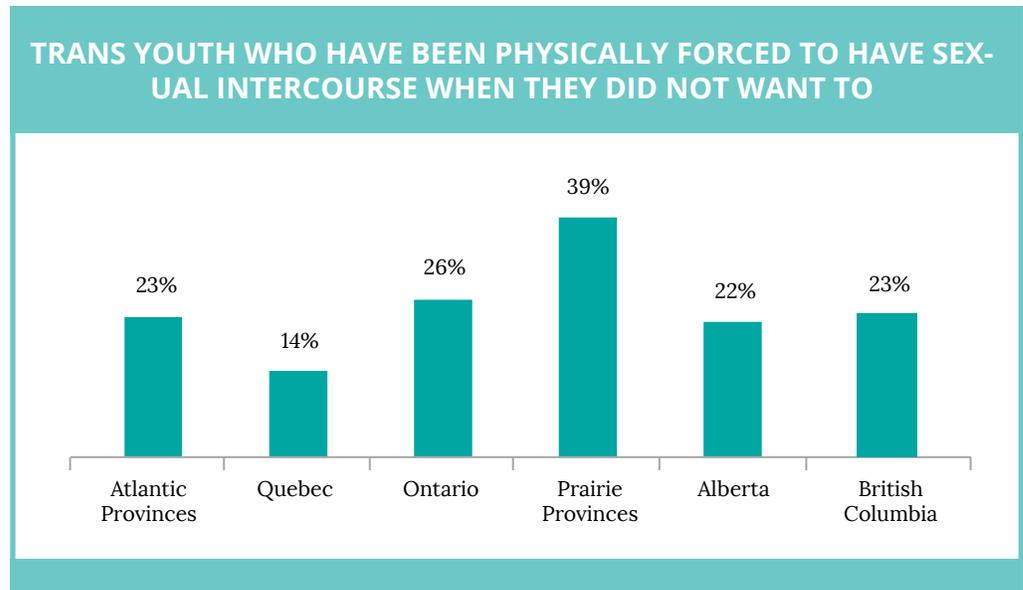
*Among those who used public transit

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SEXUAL VIOLENCE

The survey for younger trans participants included questions about sexual harassment in the past 12 months. Many younger trans youth said they had experienced unwanted sexual comments, jokes or gestures directed at them (61%). Physical sexual harassment was less common, but 29% of younger trans 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 one quarter of participants (23%) reported being physically forced to have sexual intercourse when they did not want to.



CYBER SAFETY AND CYBERBULLYING

Bullying and violence do not only 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 trans participants, in the past year about a third of respondents had been asked for personal information over the Internet, such as names, addresses, and phone numbers (30%), and 19% said someone had made them feel unsafe when they were in contact with them on the Internet. Moreover, 30% 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 trans youth.

Among older trans youth, the questions were slightly different, and were about ever experiencing the different forms of cyberbullying, rather than only during the past year. Around two thirds reported that they had received threatening or aggressive emails or instant messages (65%). Additionally, 54% had been the target of hateful comments on the web, in email or instant messages, and 6% reported someone else had sent out threatening emails using their identity. Another 46% reported being cyberbullied in ways other than those already mentioned. There were regional differences in cyberbullying experiences among older trans youth: trans youth in the Atlantic provinces were most likely to report receiving threatening emails or instant messages (63%) while trans youth from Quebec were least likely (19%).



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DISCRIMINATION

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

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

YOUNGER TRANS YOUTH: IN THE PAST YEAR, HAVE YOU EXPERIENCED DISCRIMINATION OR BEEN TREATED UNFAIRLY BY OTHERS IN CANADA BECAUSE OF...		
	Atlantic Provinces	National
Your sex	46%	46%
Your ethnicity or culture	4%	13%
Your race or colour	4%	10%
Your physical appearance (other than skin colour)	46%	43%
Your religion	12%	10%
Your sexual orientation	39%	47%
Your age	31%	51%
A disability	8%	18%
Your language	4%	7%
Your gender identity	54%	60%
For some other reason	23%	33%

OLDER TRANS YOUTH: IN THE PAST 5 YEARS, HAVE YOU EXPERIENCED DISCRIMINATION OR BEEN TREATED UNFAIRLY BY OTHERS IN CANADA BECAUSE OF...

	Atlantic Provinces	National
Your sex	58%	63%
Your ethnicity or culture	5%	15%
Your race or colour	5%	13%
Your physical appearance (other than skin colour)	72%	60%
Your religion	5%	10%
Your sexual orientation	66%	59%
Your age	53%	49%
A disability	18%	25%
Your language	13%	12%
Your gender identity	78%	70%
For some other reason	42%	34%

Supportive relationships

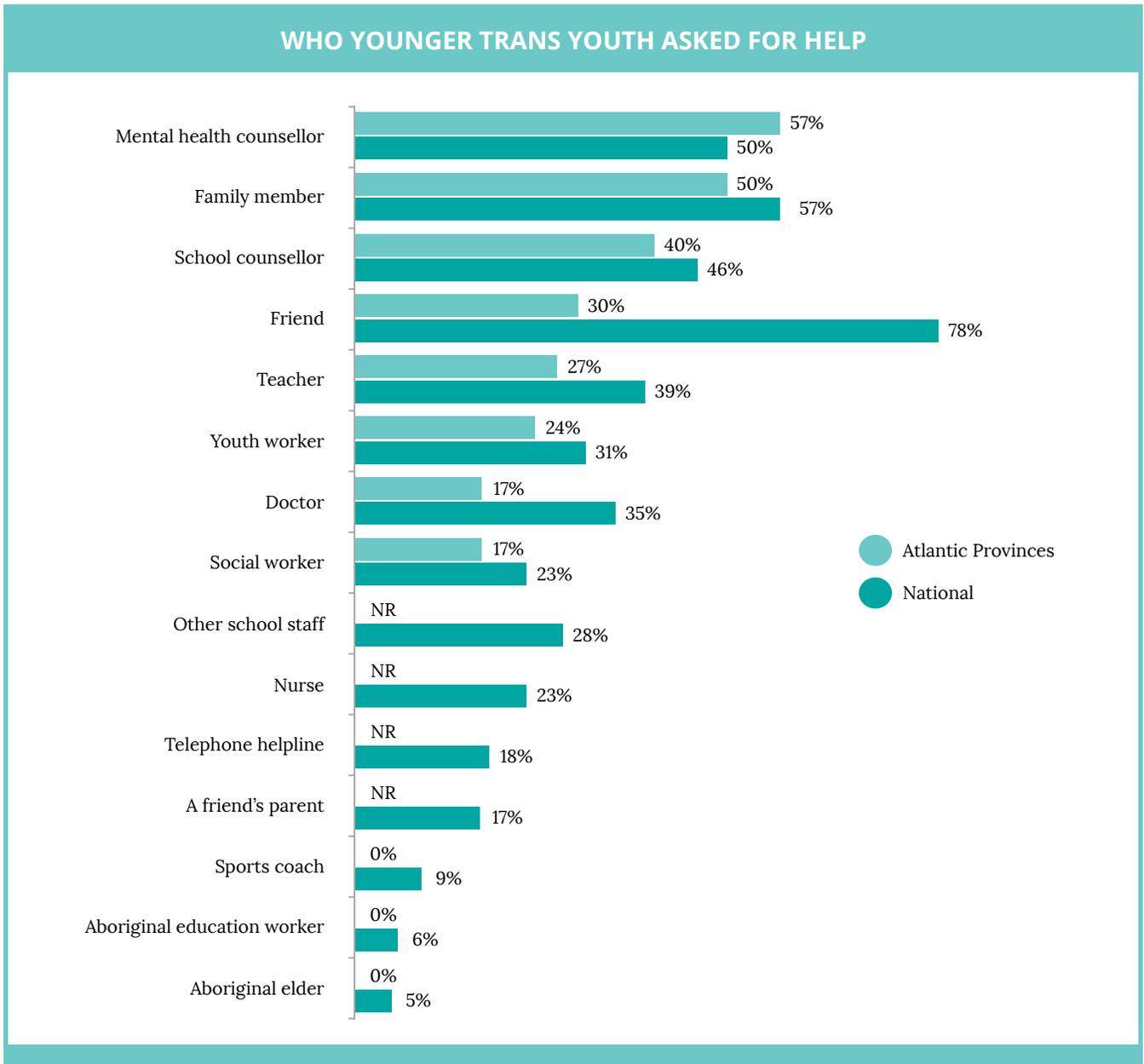
Supportive relationships, whether at home, at school or in the community, are important for overall health and wellbeing. We asked trans youth both where they looked for support and where they found it.

A third of younger trans youth had no adult that they could talk to if they were having a serious problem (33%). Another third had an adult in their family that they could go to for support (34%), and around half had an adult outside their family they could go to for support (47%).

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



Among those who asked for help from people, the people they found most helpful were friends (81%), teachers (75%), youth workers (71%), and mental health counsellors (65%).



NR: Not releasable due to small number of responses.

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PEOPLE WHO YOUNGER TRANS YOUTH REPORTED WERE HELPFUL (AMONG THOSE WHO ASKED)		
	Atlantic Provinces	National
Friend	81%	84%
Teacher	75%	62%
Youth worker	71%	67%
Mental health counsellor	65%	68%
Family member	60%	57%
School counsellor	50%	57%
Nurse	NR	67%
Doctor	NR	59%
Other school staff	NR	51%
A friend's parent	NR	50%
Social worker	NR	44%
Telephone helpline	NR	43%
Sport coach	NA	53%
Aboriginal elder	NA	NR
Aboriginal education worker	NA	NR

NR: Not releasable due to small number of responses.

NA: Non-applicable as no trans youth asked them for help.

Younger trans 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.

Older trans youth reported having an average of four close friends and

relatives that they feel at ease with and comfortable talking to. We also asked older trans youth who 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.

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

	Atlantic Provinces	National
Someone to help you if you were confined to bed?	49%	51%
Someone who shows you love and affection?	70%	68%
Someone to give you advice about a crisis?	45%	57%
Someone to confide in or talk to about yourself or your problems?	63%	60%
Someone to take you to the doctor?	56%	53%
Someone to prepare your meals if you were unable to do it yourself?	54%	52%
Someone who hugs you?	53%	53%
Someone to help with daily chores if you were sick?	50%	49%
Someone who understands your problems?	39%	44%

FAMILY CONNECTEDNESS OF YOUNGER TRANS YOUTH

In addition to relationships with parents, younger trans youth were asked questions about life with their families in general. This included questions about how much your family respects your privacy, and how much they understand you, among other questions.

This figure reports the percentage of trans youth who answered ‘some’ or ‘quite a bit’ to these questions.

Younger trans youth who scored higher on family connectedness were much more likely to report good or excellent overall mental health.

YOUNGER TRANS YOUTH WHO CHOSE “SOME”, “QUITE A BIT”, OR “VERY MUCH” IN ANSWER TO QUESTIONS ABOUT HOW MUCH FAMILY:		
	Atlantic Provinces	National
Cares about your feelings	52%	53%
Understands you	22%	31%
Has fun together	38%	49%
Respects your privacy	56%	57%
Pays attention to you	59%	65%

“I live [in] an area with almost no support, and with my family who doesn’t support my transition in the least. The value their public image more than their first born - I’m a skeleton in the closet. They said I’d “ruin” them if this became public. No female name, no female pronouns, nothing.”

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).

With regards to their family, just over half of trans youth had asked their parents to use a different name and pronoun and half of trans youth had asked their sibling(s) to do the same. Younger trans youth participants were more likely to be planning on telling their sibling(s), while older participants were more likely to have already done so.

A third of trans youth had made the request to their extended family. Among trans youth who had a spouse/partner or roommates, trans youth were very likely to have asked these people to use a different name or pronoun.

Cultural and/or religious communities were the spaces where trans youth were less likely to have asked people to use a different name and pronoun. Older trans youth participants were more likely to have asked their cultural community, and younger trans participants were more likely not to be planning on doing so.

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

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“I’m out in some places in healthcare and not other[s]: out to the doctor who prescribes me hormones, but not to the folks at my diabetic clinic...”

OUTNESS: HAVE THEY ASKED ANY OF THE FOLLOWING PEOPLE TO CALL THEM BY A DIFFERENT NAME OR PRONOUN, ONE WHICH REFLECTS THEIR GENDER IDENTITY		
	Atlantic Provinces	National
My parent(s)	51%	60%
My sibling(s)	50%	57%
My spouse or partner	75%	80%
My child(ren)	0%	20%
My extended family	33%	36%
My roommates	59%	62%
My trans friends	83%	86%
My non-trans friends	70%	78%
People online	82%	85%
My church/temple/mosque	NR	19%
My cultural community	40%	37%
My co-workers	40%	47%
My employer	41%	47%
My supervisor/boss	39%	48%
My teachers	54%	55%
My school staff	47%	50%
My classmates	39%	52%

Conclusions and Recommendations

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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 that require additional attention, including the rejection faced among trans youth, discrimination and even violence within their families, at school or work, in their community, and in health care settings. Trans youth report significant stress and mental health challenges, a profound lack of safety in navigating their daily lives, barriers to supportive health care, and worrying rates of poverty.

At the same time, there are signs of hope. Many of the trans youth 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 trans youth noted personal strengths and supportive relationships, and many noted help-

ful professionals. When young trans 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 have emerged from our findings, and from trans youth in our trans youth advisory groups. The following section outlines these key recommendations.

1. 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.

“Not having money for food, worrying about being homeless again if I can’t make rent, having people looking down on me for being out of work... not being able to afford medication, putting up with an abusive employer just to keep a job that pays less than minimum wage, putting your name on the four-month waiting list to see the dentist at the free clinic because it’s starting to hurt to eat, and just generally being anxious about money all the time really suck. ”



2. Safer schools

Schools need to become safer and more welcoming for trans youth, even before trans 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 changing rooms available

3. Knowledgeable and accessible health care services

The significant barriers faced by trans youth in accessing health care are troubling. Many trans youth 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 trans 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

“As a hard-of-hearing individual, accessible healthcare and social supports must consider and accommodate for my hearing impairment.”

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 the policies that create barriers to accessing age appropriate and supportive care for trans youth.

4. 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.

5. Engage trans youth and their families in the solutions for change

The 122 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 Atlantic Province specific analyses from the rich information provided by the trans youth who participated across Canada. Additional regional reports and professional journal articles with more in-depth statistical analyses of the data have also been published with the national data. The latest information about our reports and publications can be found on our website at www.saravyc.ubc.ca.

