TRANS, NONBINARY AND TWO SPIRIT YOUNG PEOPLE'S EXPERIENCES OF GOVERNMENT CARE AND HEALTH SERVICES IN BC

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Stigma and Resilience Among Vulnerable Youth Centre

Prepared for the Office of the Representative for Children and Youth

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Contents

Introduction

The Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) was tasked by the Office of the Representative for Children & Youth (RCY) to investigate the experiences and needs of transgender (trans) and nonbinary youth in BC and produce a report summarizing these findings. As part of this work, we conducted two literature reviews, each focused on a key topic:

1. The mental health and substance use-related needs and access to care of trans and nonbinary youth in general
2. The experiences and needs of trans and nonbinary youth who have experienced housing instability or government care.

We also conducted a series of analyses using data from the 2019 Canadian Trans Youth Health Survey (CTYHS), and the 2018 BC Adolescent Health Survey (BCAHS) to augment the findings from these two literature reviews. Funded by the Canadian Institutes for Health Research, the CTYHS was conducted in 2014 as the first large-scale national survey of trans and nonbinary youth in Canada and involved 923 youth between the ages 14 to 25 from nearly all provinces and territories. The CTYHS includes a range of questions about youths' home and school life, physical and mental health, access to health care, and gender identity. The survey was updated and repeated in 2019, where it was completed by another 1,519 trans and nonbinary youth across Canada. The BCAHS, developed and distributed by McCreary Centre Society, is a population-based survey administered to adolescents in grades 7 to 12 (ages 12 to 19) in public schools across BC. It contains similar questions to the CTYHS about home and school life, health and risk exposures, but as a general school health survey, it does not include the same detailed focus on specific issues for trans and nonbinary young people. When the survey was administered in 2018, it was completed by more than 38,000 youth, with 1000+ students indicating they were trans, non-binary, or questioning their gender, and these were the focus of our analyses.

Two Spirit Indigenous young people may also be included among trans and nonbinary youth in BC, although the term does not fit precisely with Western concepts of gender diversity or sexual minority orientations and can include either or both. We found very little published literature about their experiences. Therefore, guided by consultation with our longstanding SARAVYC Two Spirit Advisory, we worked with an Indigenous research associate from McCreary Centre Society to conduct separate analyses focused on the Two Spirit youth in the BCAHS. We also conducted interviews with 6 Indigenous Two Spirit and gender diverse young people who are or had been in government care or accessed mental health or substance use services in BC, to learn deeper insights about their experiences.

This report summarizes the information from the two literature reviews and the survey data analyses about trans, nonbinary, and Two Spirit youth, and includes quotes from our interviews with gender diverse and Two Spirit young people.

Terminology Used in this Report

This is a field in which terminology can shift rapidly; terms viewed as acceptable at one time may be seen as offensive just a few years later (e.g., "transsexualism"). Terms can also differ not only over time but also across generations (e.g., usage of terms like "queer"), geographically, and within and across populations and subcultures. We have chosen to use "trans and nonbinary" to include a wide array of identities that are held among Canadian youth who are not cisgender. See Table 1 for how we defined these and other key terms for this review.

Table 1 – Definition of Terms

Term	*Definition*
trans(gender)	Anyone who has a binary gender identity (e.g., boy/man, girl/woman) that is different from the social gender associated with their sex assigned at birth OR anyone who has a nonbinary gender identity and identifies as transgender
cisgender	Anyone who has a binary gender identity (boy/man, girl/woman) that is aligned with the sex they were assigned at birth.
nonbinary	Anyone who has a gender identity that is not exclusively boy/man or girl/woman. Examples include, but are not limited to: nonbinary, genderqueer, genderfluid, agender (without gender), and neutrois.
Two Spirit	A term coined by Indigenous 2SLGBTQ+ leaders for Indigenous people who embody diverse sexualities, gender identities, roles and/or expressions
youth	In BC: someone under the age of 19 years old.
gender-affirming services	Services that help affirm one's gender identity, usually by facilitating recognition of one's gender by others. Includes gender-affirming healthcare as well as legal and social gender affirmation (e.g., changing one's name or gender marker on identifying documents such as ID cards, birth certificates, etc.)

Term	*Definition*
gender-affirming healthcare	Healthcare that is specific to gender affirmation. Examples include: puberty blockers, hormone therapy, and surgeries such as facial feminization surgery, "top" surgery (e.g., mastectomy, breast augmentation), and "bottom" surgery (e.g., vaginoplasty, phalloplasty). This can also include counseling related to gender. [Note: this may also be called "gender confirming care," "gender specialty care," or other similar terms.]
gender-competent healthcare	Healthcare that is not necessarily specific to gender affirmation but that is welcoming and safe for trans and nonbinary people. Examples include: primary care providers who use their patients' affirmed names and pronouns and do not assume that any medical problem is the result of being trans.
government care	Includes involvement with child protective services; living in government housing (including foster homes, group homes, and transitional housing); or incarceration/juvenile detention.
street involvement	Includes any form of housing instability, including living in a squat, one's car, the street, or a shelter as well as experiences of being housed but financially unstable and/or retaining connections to the streets (e.g., engaged in survival sex or drug dealing).
unstably housed/ experiencing housing instability	Lacking stable living conditions, often due to financial instability or other reasons. Includes being street-involved/homeless, relying on the shelter system, and/or struggling to remain housed as a result of financial difficulties
resilience	There are various definitions for this term, including a more individualized concept, the "ability to "do well in the face of pain and/or adversity" (Asakura, 2019), as well as process or environmental concepts, i.e., resilience as supportive relationships or environments that help people experiencing adversity or trauma to survive and thrive (Masten & Cichetti, 2016)

Methods

Literature Reviews

We conducted two literature reviews that focused on different but related topics:

- Review 1: mental health and substance use needs and access to related health care among trans and nonbinary youth in general.
- Review 2: trans and nonbinary youth in government care.

The original target population for both reviews was trans and nonbinary youth under the age of 19 years in British Columbia. Two Spirit youth were also included, though we acknowledge that the term Two Spirit is not strictly a description of gender identity alone and can encompass sexuality and other culturally specific identities, attributes, and/or roles in one's community.

A brief preliminary search yielded few BC-specific studies; therefore, we expanded both reviews to include trans and nonbinary youth from across Canada. Studies that included young adults 19 years of age or older (up to 29 years) were also included, as long as they were focused on participants' experiences either a) during adolescence (rather than early childhood) or b) as they aged out of government care. For Review 2, due to the narrow focus of the topic and the limited research, studies conducted in the USA were also included.

Because this is a rapidly changing field, the reviews were limited to studies conducted within the past 5 years (Review 1) or 10 years (Review 2). The time frame was expanded for Review 2 due to a smaller amount of research in this area.

Survey Data Analyses

Analyses were conducted using data from the 2019 CTYHS and the 2018 BC AHS which compared trans and nonbinary youth who have experienced government care[1] to a) cisgender youth who have also experienced care and b) trans and nonbinary youth who have never experienced government care. Similar analyses were conducted using 2018 BC AHS data which compared Two Spirit youth who had been in government care to a) Two Spirit youth who had never been in care and b) Indigenous youth who had experienced government care but were not Two Spirit. Only youth under the age of 19 were included in the analyses.

Youth Interviews

Although thematic analysis of the interviews was provided to the Office of the Representative for Children Youth for their main report, some quotes from those interviews are included in this report where they reflect the findings or recommendations.

1 For the BC AHS, this includes foster care, custody centres, and youth agreements; for the CTYHS, this includes foster homes, group homes, and staying in custody care.

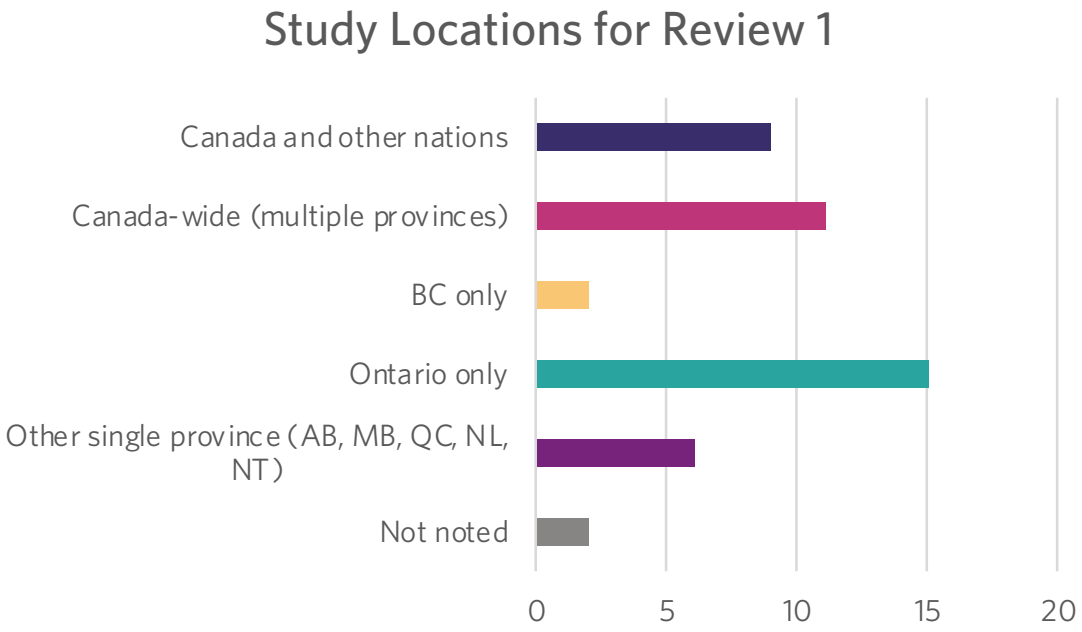
Results

Review 1: Mental Health and Substance Use Needs and Access to Care

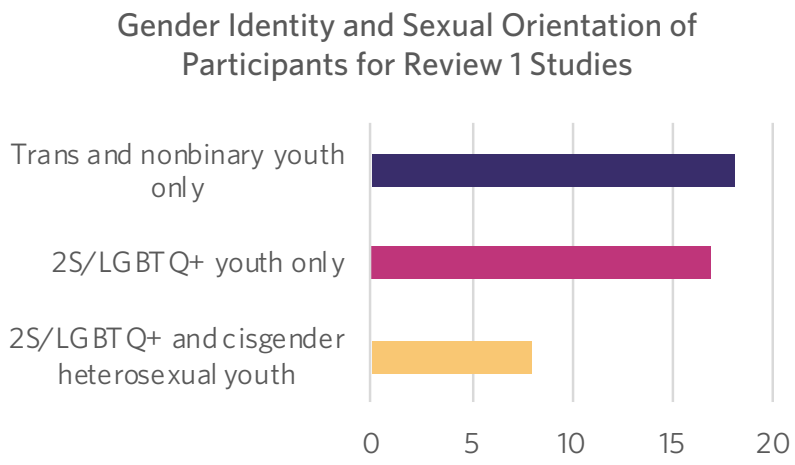
Study Characteristics

Literature Review: Overview

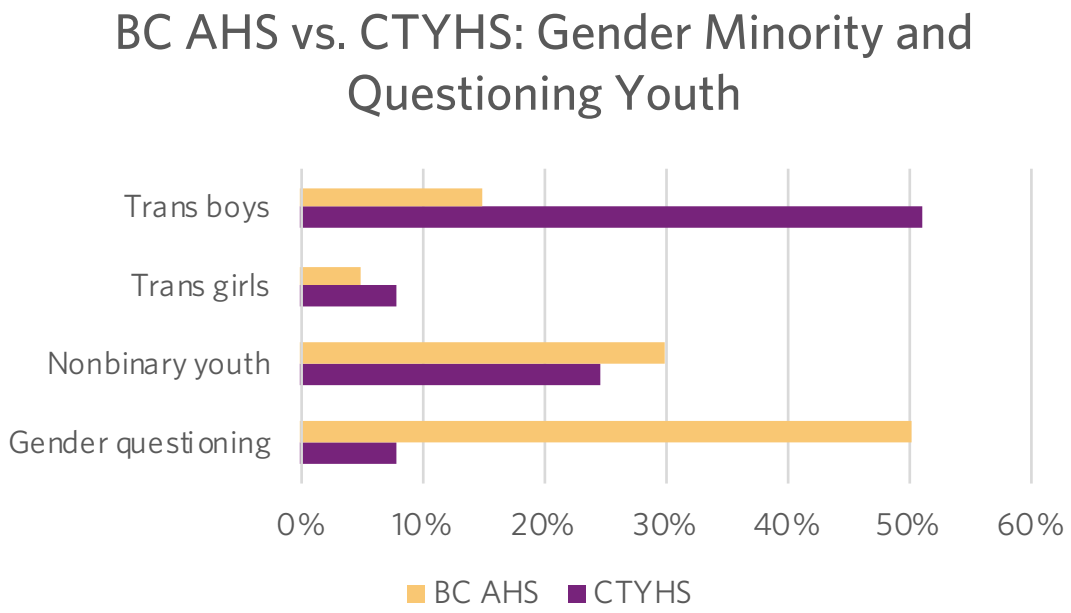
Of 310 studies reviewed, 45 studies (19 quantitative, 17 qualitative, 9 mixed-methods) were included in this review. All studies included at least some Canadian trans and nonbinary youth. Most study participants lived in or near major urban centres, particularly Toronto, Montreal, and Vancouver. While relatively few studies were conducted exclusively in BC, British Columbian trans and non-binary youth were well represented in the studies that drew on nationwide samples (e.g., the CTYHS, from which nearly 1 in 4 participants were from BC). The figure (right) offers a detailed breakdown of the regions in Canada for all studies.



Roughly half (22) of the studies included only youth under the age of 19 years old; the others included youth or young adults up to a maximum of 29 years of age. Many youth participants were recruited through gender specialty clinics, online via social media, or through community organizations or outreach programs serving trans and non-binary youth. While some studies included cisgender heterosexual youth as a comparison group, most were comprised exclusively of trans and non-binary youth or 2SLGBTQ+ youth; see figure (left) for details.



CTYHS and BC AHS Results: Demographics of trans and nonbinary and questioning youth



Trans and nonbinary youth under age 19 comprised 565 participants in the CTYHS and 935 in the BC AHS. The CTYHS included predominantly trans boys and nonbinary youth (76% total), with trans girls and gender-questioning youth comprising the remaining quarter. The BC AHS also had relatively few trans girls, and had a much greater proportion than the CTYHS of questioning youth who made up half of all youth in the sample who did not identify as cisgender. See the bar chart (above) for details.

About one-third of trans and nonbinary youth in the BCAHS identified exclusively as white, with over half identifying as a person of colour (POC), whereas most trans and nonbinary youth in the CTYHS identified exclusively as white (77%), with only 23% identifying as POC. About one-quarter (23%) of the trans and nonbinary youth who participated in the CTYHS were living in BC. Another 20% were from ON, 27% from the Prairies (AB, SK, and MB), 12% from QC, and about 18% from the Atlantic Provinces (NL, NB, NS, and PEI) with <1% from the territories

General State of Mental Health of Trans and Nonbinary Youth

Compared to their cisgender counterparts, Canadian trans and nonbinary youth have experienced more negative mental health outcomes, including but not limited to: anxiety, depression, suicidal ideation and suicide attempts, self-harm, and disordered eating (Veale et al., 2017b; Watson et al., 2017). A nationwide study of Canadian trans and nonbinary youth found that "mental health problems were highly prevalent among the sample, with almost three-quarters reporting non-suicidal self-injury in the past year, over one-third having attempted suicide in the past year, and 45% and 28% reporting extreme stress and despair in the past 30 days, respectively" (Veale et al., 2017a, p. 212).

There was some limited evidence that, among trans and nonbinary youth, there may be differences by gender identity for certain mental health outcomes. One study found that trans and nonbinary youth who had been assigned female at birth showed more symptoms of internalizing disorders (like anxiety or depression) than those who had been assigned male (Buttazzoni et al., 2021). Another found that trans boys/men reported fewer instances of vomiting to lose weight compared to nonbinary youth (Watson et al., 2017). A nationwide survey of trans youth in 2014 found that transgender boys/men and nonbinary youth were most likely to report self-harm (Veale et al., 2017b). However, another found no differences in diagnosed mental health conditions between TGE youth assigned female at birth vs. assigned male at birth who were seeking gender-affirming care (She et al., 2020). Few studies have examined these subgroup differences, possibly because of sample size limitations.

Impact of Stigma and Discrimination on Mental Health for Trans and Nonbinary Youth

Across Canada, trans and nonbinary youth with more experiences of enacted stigma experienced worse mental health than trans and nonbinary youth with fewer such experiences (Veale et al., 2017; Veale et al., 2017a). One study found that enacted stigma experiences were positively associated with disordered eating behaviors (binge eating, fasting, and vomiting to lose weight) for 14 to 18 year old trans and nonbinary youth (Watson et al., 2017).

> *"A lot of times it [request to use affirmed name/pronouns] was met with a sigh and an eye roll, which doesn't help when you're in there already feeling suicidal and shitty."*
>
> -nonbinary transmasc, 20 years old, Northern BC

Being misgendered (being referred to by the wrong gender pronouns) was described by youth in qualitative studies as a highly stressful and frequent experience that contributed to poor mental health. Fear of misgendering or anti-trans prejudice was linked to avoidance of medical care and to missing school (Heard, 2018; Asakura, 2019).

Resilience and Adaptive Coping

Most trans and nonbinary youth demonstrate aspects of resilience despite facing stigma and discrimination across multiple domains (e.g., family, community, societal). While most research is still focused on negative outcomes, some common themes were found across the relatively few articles that measured positive aspects of trans and nonbinary youths' development.

One study that was focused exclusively on resilience (Asakura, 2017) found the following examples of ways trans and nonbinary youth demonstrated resilience:

- ensuring personal safety (e.g., leaving an abusive home);
- asserting their personal agency (e.g., insisting on use of affirming pronouns);
- cultivating meaningful relationships (e.g., finding supportive teachers);
- "un-silencing LGBTQ" by speaking out against bigotry and refusing to internalize negative messages about their gender identities; and
- Finding collective power with other LGBTQ2S people.

> *"It's more than just name and pronouns. I want you to see me differently than you do before."*
>
> -trans man, 17 years old, Fraser Valley

A study with trans and nonbinary youth in Quebec found that these youth engaged in two main resilience strategies: affirmation strategies (such as educating others and raising awareness) and survival strategies (such as avoidance of potentially dangerous people or situations or "passing" as cisgender) (Pullen Sansfaçon et al., 2021a). This echoed the findings in the Asakura 2017 study as well as a finding in another study in which trans and nonbinary youth reported "performing" – pretending to be cisgender and/or behaving in stereotypically "male" or "female" ways – to access needed resources such as housing or medical care (James, 2021).

Another study focused exclusively on how LGBTQ2S youth coped with online negativity (Craig et al., 2020a), finding that youth used multiple strategies that demonstrated resilience, such as using platform features to block or report negative comments, educating people about LGBTQ2S issues, and redirecting their attention to other sites or activities.

One study noted that some trans and nonbinary youth are forced to learn resilience and coping strategies due to marginalization on other axes, such as citizenship status or racialization, and employ those strategies as they navigate systems that are not gender-affirming; for example, a first-generation Asian-Canadian youth described the ways that he had advocated for his parents, who did not speak English (Asakura, 2017).

Some studies highlighted some effective resilience strategies chosen by trans and nonbinary youth that may be labelled by others as "maladaptive" when not understood in the context of the often-hostile environments that trans and nonbinary youth must navigate. For example, one such youth described threatening suicide to escape an unsafe living situation temporarily, knowing she would be taken to a secure facility for evaluation and kept for at least one night

(Asakura, 2019). Some trans and nonbinary youth may avoid necessary medical or mental health care because their prior experiences of healthcare settings have been ones in which they experienced hostility and discrimination (Clark et al., 2018b). In schools, trans and nonbinary youth described walking out of unaffirming classrooms rather than risk the mental health consequences of being constantly misgendered by teachers and peers (Asakura, 2019).

Protective factors that foster resilience processes among Canadian trans and nonbinary youth include:

- access to "safer spaces," like school-based Gender and Sexuality Alliances (GSAs) or online spaces in which they can safely express their gender identities (Asakura, 2017; Asakura, 2019);
- adult support and mentorship (e.g., a teacher who followed a trans and nonbinary youth on their walk to the local high school to be sure they were not harassed by peers (Asakura, 2019));
- supportive families or family connectedness (Veale et al., 2017a; Asakura, 2019)
- school connectedness, or school belonging and caring teachers (Veale et al., 2017a; Travers et al., 2020)
- peer support and lack of peer antagonism (Travers et al., 2020);
- access to factual information about other LGBTQ2S people (Austin et al., 2020);
- access to "queer literature" – being able to see people like themselves in books and magazines is associated with better mental health among trans and nonbinary youth and may have implications for school and local libraries (Asakura, 2017);
- rejecting the internalization of negative attitudes about trans and nonbinary people (James, 2021; Veale et al., 2017a);
- being able to "give back" and help other LGBTQ2S youth (e.g., by providing information and resources, advocacy efforts, and/or through research participation) (Austin et al., 2020; Travers et al., 2021);
- ability to make changes to legal documents (Asakura, 2017);
- access to "wealth, stable housing, and food security" (Travers et al., 2021).

> *"I wouldn't change anything [despite losing friends and family] because I do now have wonderful friends who support me, and I built my own family because of it."*
>
> -transmasc, 20 years old, Northern BC

Gender-affirming Medical Care as Mental Health Care

Access to gender-affirming medical care was found to be associated with decreased negative mental health outcomes (e.g. self-harm, depression) in quantitative studies and was described by trans and nonbinary youth in qualitative studies as critical to their mental health (Pullen Sansfaçon et al., 2019a; Pullen Sansfaçon et al., 2018; Abramovich and Kimura, 2021). Numerous barriers exist to accessing gender-affirming medical care across Canada, including in British Columbia . Canadian youth (and their parents, in studies that have included them) report that this process can be slow due to two main factors. The first is practices intended to delay access to gender-affirming medical care out of concern that youth will regret their decisions later in life. The second is long waits to receive care due to a shortage of gender-specific or gender-competent care providers and/or clinics in one's area; a lack of parental support; and intersecting axes of marginalization and/or privilege such as socioeconomic status or socially assigned race (Clark et al., 2018, 2020a; Heard et al., 2018; Newhook et al., 2018; Pullen Sansfaçon et al., 2019, 2021; She et al., 2020; Sorbara et al., 2020).

> *"And I know a lot of people who go online and get some really probably dangerous knock-offs of estrogen and testosterone....it is so overwhelmingly important to give us these resources where we're not having to go through dangerous means to get even the tiniest sliver of gender euphoria or confidence or to just not be stuck in the body that we were given."*
>
> -nonbinary transmasc, 20 years old, Northern BC

Delayed access to gender-related care has been associated with increased risk of negative mental health outcomes (Sorbara et al., 2020). Practices that delay access to gender-affirming medical care include *gatekeeping*, which refers to the requirement that certain conditions be met before gender-related care will be provided (e.g., referral letter from a mental health provider, full family support or parental consent from both parents, completion of outdated assessments that ask about "cross-gender identification," etc.). Requiring specific diagnoses, such as gender dysphoria, before providing gender-affirming care may not only lengthen the time it takes youth to access gender-affirming medical care but may also be inappropriate; a study that conducted chart reviews of trans and nonbinary youth who had presented for clinical care at a gender clinic found that only 42% had been diagnosed with gender dysphoria; the authors stated "this discrepancy furthers the debate that labeling all transgender people with a psychiatric diagnosis (gender dysphoria) is incongruent with a

modern understanding of gender" (She et al., 2020). In another study that included parents of youth seeking gender-affirming medical care, a parent echoed this sentiment, declaring, "Grouping in [trans healthcare] with...mental health disorders... leads you to believe it must be something that needs fixing....I don't have to go to a mental health provider to get birth control or hormone replacement therapy if I needed or wanted and I don't think transgender people should have to either" (Newhook et al., 2018, p. 9).

Contrary to claims made by opponents of gender-affirming care for trans and nonbinary youth, there was no evidence in the literature to indicate that Canadian youth who successfully accessed gender-affirming medical care regretted their decisions. One study that explicitly asked about regret found that none of the 35 trans and nonbinary youth interviewed regretted receiving gender-affirming care (Pullen Sansfaçon et al., 2019). In fact, this study found that access to puberty blockers was associated with greater optimism and ability to focus in school among trans and nonbinary youth. However, some trans and nonbinary youth did experience negative mental health outcomes when the process took so long that they developed secondary sex characteristics associated with their sex assigned at birth, which decreased their ability to be socially affirmed in their gender identity. One study found that youth who presented early in puberty for gender-affirming medical care were 4 to 5 times less likely to have depressive or anxiety disorders than those who did not receive gender-affirming medical care until late puberty (Sorbara et al., 2020). This study also found that youth who presented early in puberty vs. later in puberty for gender-affirming care took approximately the same amount of time to present for care after recognition of "gender incongruence." This could indicate that youth with earlier exposure to LGBTQ+ communities and/or language describing their gender may be able to seek gender-affirming care sooner and therefore have better outcomes.

Gatekeeping by adults with power over trans and nonbinary youth can have even greater negative effects for nonbinary youth. One study found that, while only about 13% of nonbinary youth sought hormone therapy compared to 52% of binary trans youth, "they were more likely than binary youth to report experiencing barriers to accessing hormone therapy when needed" (Clark et al., 2018a, p.158). In another, four of the five nonbinary youth had faced parental resistance to getting gender-affirming medical care (Clark et al., 2020). Nonbinary youth may feel the need to fit into a binary "trans narrative" to gain access to care such as puberty blockers or hormone therapy, and therefore may have to "oversell" how strongly they identify with the gender socially positioned as "opposite" the one they were assigned at birth (Pullen Sansfaçon et al., 2021b).

Wait lists for gender clinics were cited by both youth and parents (in studies that included trans and nonbinary youths' parents) as barriers to care; for parents in one study, this was their top concern, followed by their child's mental health (Newhook et al., 2018). Because such clinics specialize in treating trans and nonbinary youth, they may be viewed as more

gender-competent than general clinic environments by trans and nonbinary youth and/or their caregivers (Pullen Sansfaçon et al., 2019), which may contribute to high demand for their services. A Manitoba study of trans and nonbinary youth seeking care at a gender clinic found that the average wait time was 114 days (Heard et al., 2018). Geographic factors, such as distance from urban centres, can make finding specialized gender-affirming care difficult. In one study, both nonbinary and binary youth identified being unable to find a doctor to prescribe hormones as their primary barrier to gender affirmation (Clark et al., 2018a). In another, rural youth in the North cited distance from gender-affirming care as a barrier (Logie et al., 2019).

> *"And I was so fucking annoying. I called that office probably once every two or three days. And I would be, like, 'Hello, when am I-- do you know when surgery is opening up? Do you know when I can get in?' And I think after me calling too many times they were just sick of me."*
>
> -nonbinary and third gender, 23 years old, Vancouver Island

British Columbia's Infants Act of 1996 allows minors to consent to their own health care if their provider determines they have the capacity to understand the risks and if the care is in their best interests (Infants Act, n.d.). However, *parent/guardian support is still a key facilitator of access to gender-affirming care*. A study that included both trans and nonbinary youth and parents of trans and nonbinary youth found that youth with the lowest levels of parent support experienced more systemic barriers to hormone therapy (Clark et al., 2020). Parents can also provide financial support for costs not covered by the provincial health care system, such as readiness assessments for hormone therapy. These additional costs beyond what is funded by the provincial health system is a barrier for youth and/or their families with limited financial resources.

Healthcare: Importance of gender-competent care in non-gender-specific clinical settings

Multiple studies found that trans and nonbinary youth had low confidence in their primary care doctors' trans competency. In one, three-quarters of trans and nonbinary youth said their family doctor was NOT knowledgeable about trans health (Newhook et al., 2018). Only a quarter were comfortable talking to their doctor about their gender identity. In another study of trans and nonbinary youth who had avoided medical care, 84% worried about misgendering, 74% worried about invasive transition-related questions, and a third were concerned about being actively belittled or laughed at (Heard et al., 2018). These concerns

were realistic: 100% of participants in that study had endured one or more of these negative experiences in health care.

> *"When you've repeatedly been denied, when your family doesn't use your pronouns, when your school don't use your pronouns, when left and right people ignore your identity, and then you try to take your own life...So I don't know, for me that was it. It was just the repeated me seeking out support, me deciding that I can't be here anymore because of the lack of support. And even those situations being met with the same lack of support, the same lack of knowledge and care and denial of my identity."*
>
> -nonbinary and third gender, 23 years old, Vancouver Island

Comfort with health care providers is another realm in which nonbinary participants had worse outcomes than their binary trans counterparts. Nonbinary youth were less likely to have a family doctor or for their family doctor to know about their trans identity or experience (Clark et al., 2018b). They also "felt less comfortable speaking with new doctors and family doctors about their trans status and trans-specific health care needs" than binary trans youth (Clark et al., 2018b, p. 163).

A major concern of trans and nonbinary youth across several studies was a phenomenon referred to by trans people as "trans broken arm syndrome" (Knutson et al., 2016), by which providers with low trans competence tend to assume that any given health problem a trans or nonbinary person has (for example, depression or obesity) is related to their being trans, no matter how unlikely that may be—including a broken arm. Indeed, trans and nonbinary youth with diagnosed mental health conditions

> *"And it took a long time because I was using drugs. So they didn't want - and with my mental health history, they didn't want to approve me for testosterone because they thought I would regret it or that it would exacerbate my mental health symptoms or something like that."*
>
> -trans man, 23 years old, Fraser Valley

have reported avoiding mental health care out of concern that providers will consider their trans identity part of their mental illness (Pullen Sansfaçon et al., 2018); in one study, nearly half (47%) had done so (Clark, et al., 2018b).

On a more positive note, comfort with and being "out" as trans and/or nonbinary to one's family provider was related to better mental health *and* better general health, as was having any doctor who knew their trans status (Clark, et al., 2018b). The more comfortable trans and nonbinary youth were with their provider, the less likely they were to have foregone mental health care and physical health care (Clark et al., 2018b). Researchers studying health outcomes among trans and nonbinary clients at a youth mental health clinic found that a high proportion of the centre's total clientele identified as trans and/or nonbinary, which was attributed partly to the youth wellness centre's reputation for being a safe space for these youth that included "a transgender support group, LGBTQ+ staff and a self-referral stream" (Wang et al., 2020, p. 370). The *self-referral* option at this clinic was more likely to be used by trans and nonbinary youth than cisgender youth (Colvin et al., 2019). The self-referral pathway may enable trans and nonbinary youth with unsupportive parents to confidentially seek and receive mental health, substance use-related, or gender-affirming care. This may be particularly helpful because there is some research evidence that trans and nonbinary youth without family support may have higher mental health care needs than those with more supportive families (e.g., Ryan et al., 2009; Veale et al., 2017a; Westwater et al., 2019). In one study of trans and nonbinary youth, nearly half (46%) of the youth in the study reported that they would not have participated in the research if parental or guardian consent was required (Cwinn et al., 2021). Those who would not have participated had more negative attitudes about their sexual and gender identity, less family support, lower levels of help-seeking intentions, and higher levels of negative feelings overall.

An additional barrier to gender-competent care may be the experience of marginalization along racial and/or ethnic axes, which may discourage trans and nonbinary youth of colour from seeking services even with relatively gender-competent providers or centres. While no studies explicitly addressed disparities in access to health care between trans and nonbinary youth of colour and white trans and nonbinary youth, a few studies (that included both trans and nonbinary and 2SLGBQ+ youth) found disparities in access to 2SLGBTQ+-specific social support depending on young people's racial identities. Trans and nonbinary youth of colour in one qualitative study expressed frustration that most LGBT services catered primarily, if not exclusively, to white trans people's needs, or tended to be mainly staffed and attended by white trans people (Abramovich & Kimura, 2021), which discouraged them from using these services. In another study, 2SLGBTQ+ youth of colour described being "ignored" and "rejected" by other 2SLGBTQ+ youth; one Asian youth described not feeling like he had social support until he found a group specifically for LGBTQ+ Asian youth (Asakura, 2017).

Communities: Trans and nonbinary and 2SLGBTQ+ (Youth) Communities

In several qualitative studies, trans and nonbinary youth described being able to connect with other trans and nonbinary youth (and more broadly, 2SLGBTQ+), whether in person or in virtual spaces, as contributing to better mental health and resilience (Abramovich and Kimura, 2021; Asakura, 2017; Austin et al., 2020; Pullen Sansfaçon et al., 2018). Connections to other trans and nonbinary youth, whether in-person (e.g., at community centers or in GSAs at school) or online (e.g., in game rooms, on social media, or in group mental health or substance use interventions), can facilitate positive coping and social support.

> *"...you knew that you could talk about the systemic issues that are in place that made us need to turn to addiction. And you knew you wouldn't be judged for that the same way you would if you were in an A.A. meeting with a bunch of truckers."*
>
> -nonbinary and third gender, 23 years old, Vancouver Island

In one study, youth described the 2SLGBTQ+ youth community as a "mirror" that helped them feel less alone in world and as if the burdens of stigma and discrimination were shared (Asakura, 2017). Similar results were reported by another study, whose participants described feeling greater senses of hope, confidence, and belonging after interacting with other trans and nonbinary youth online; one of their participants noted, "it's one thing to be part of a group, but it's another to actually interact with said group" (Austin et al., 2020, p. 39). Trans and nonbinary youth in an LGBTQ-specific transitional housing program cited planned programs (e.g. guest speakers) and staff-run special events (e.g., a Pride barbeque) as important to fostering community (Abramovich & Kimura, 2021). Youth of color, however, expressed that they also needed to see more queer and trans BIPOCs (Black, Indigenous, and People of Colour) staff in that program, highlighting the need for community and support from others experiencing multiple forms of marginalization. Similarly, youth of color in another study noted that they felt excluded from some 2SLGBTQ+ spaces based on their racial identity or experiences (Asakura, 2017).

Communities: School Communities

School environments are critical to the well-being of trans and nonbinary youth, particularly with respect to GSAs, peer relations, and support (or lack of support) from adults and friends.

Negative school-based factors

Across several studies, school climates as a whole were described as largely cisheteronormative (favoring cisgender and heterosexual lives as the norm) and "rife" with

unnecessarily gendered systems and structures (Munro et al., 2019). These climates included widespread and repressive gender norms (Peter et al., 2016), binary-gendered washrooms and change rooms (Porta et al., 2017a; Veale et al., 2015), and insufficient support from adults affirming their gender (Travers et al., 2020). One trans and nonbinary youth described living in fear of exam days due to a system that printed his legal name along with his assigned sex marker: "They also pass around the attendance during the exam time and me sitting there all I can think of is... if somebody were to happen to look at my name and see an F[emale] beside it, like, my whole life could be just completely turned upside down." (Munro et al., 2019). Approximately 80% of transgender and 70% LGB participants reported hearing transphobic, homophobic (e.g., "that's so gay"), or gender-essentialist comments (e.g., about male students not acting masculine enough) in their schools on a daily or weekly basis (Peter et al., 2016).

Positive School-based Protective Factors

That said, trans and nonbinary youth described pockets of affirmation and safety in schools (e.g., GSAs, supportive individual adults, friends) in several studies. School connectedness has been linked to multiple positive outcomes for trans and nonbinary youth. A nationwide study of 923 trans and nonbinary youth found that, among a subset of 210 youth ages 14-18 years, those who experienced greater school connectedness had lower chances of having experienced extreme stress or extreme despair in the past month (Veale et al., 2017a). In the same study, trans and nonbinary youth who perceived that their friends cared about them had a quarter of the odds of attempting suicide in the past year compared to those who did not (Veale et al., 2017a). Another analysis of the same sample found that transgender youth age 14-18 years with higher levels of school connectedness had lower odds of having disordered eating in the past year (Watson et al., 2017). Importantly, a study that conducted qualitative interviews with trans and nonbinary youth in the greater Vancouver area found that supportive school policies were not seen by youth as nearly as important as supportive school personnel (Travers et al., 2020).

Across multiple studies, school-based Gender and Sexuality Alliances (GSAs)[2] were consistently referred to by trans and nonbinary youth as places where they felt supported and safe (Asakura, 2017, 2019; Eisenberg et al., 2018; Lapointe & Crooks, 2018; Porta et al., 2017b). GSAs provided multiple benefits, particularly the chance to interact with other 2SLGBTQ+ youth. GSAs were cited as facilitating youth resilience in part by fostering their ability to navigate more hostile contexts and serving as "recharge stations." (Asakura, 2017). In one qualitative study, trans and nonbinary youth expressed that they had benefited greatly from multiple aspects of a 17-session 2SLGBTQ+-specific mental wellness program delivered through their GSA, finding it to be "a venue for self-reflection, exploration, and affirmation"

2 May also be referred to as "Gay-Straight Alliances" (older term), Sexuality And Gender Alliances (SAGA), or other school-specific names that are less explicit about their support for 2SLGBTQ+ youth (e.g., "Rainbow Alliance").

(Lapointe & Crooks, 2018), p. 309. Another way that GSAs can create "downstream" positive impacts is by serving as "gateways"—connecting youth to supportive adults (e.g., the group advisor and allies within the school), local community resources (e.g., guest speakers from a health centre), and the larger 2SLGBTQ+ community (Porta et al., 2017b).

Communities: Local Communities

Relatively few studies focused explicitly on trans and nonbinary youths' local environments. One study involved going on "walk and talks" with LGBTQ+ youth from British Columbia, during which youth pointed out or took the researchers to places that were salient to them as supportive (Eisenberg et al., 2018). Community organizations were viewed as supportive and/or safe when they indicated sensitivity to the needs of trans and nonbinary youth, such as by asking for and using affirmed pronouns, or if they eliminated/upended gender norms, as in a swing dance program praised by one BC-based youth: "it wasn't, like, 'oh, the men lead, the women follow.' It's like. . . 'people who want to learn to lead and people who want to learn to follow.' And that was really nice. . . it was all, like, gender mixed." (Eisenberg et al., 2018, p. 978). Trans and nonbinary youth may also view community spaces as safe if they provide resources geared towards sexual or trans and nonbinary communities, such as by stocking a local LGBTQ+ publication (Eisenberg et al., 2018).

Trans and nonbinary youth, like all youth, experience greater health in neighbourhoods and communities in which they can actively participate, such as through youth sports or civic engagement. LGBTQ+ youth in a transitional housing program, many of whom were trans and nonbinary youth, "reported wanting more opportunities to participate in group activities in the community, such as going to the park together or camping," and cited sports participation in the community as a source of mental health and physical wellness (Abramovich & Kimura, 2021, p. 1252). This may indicate the need for more collaboration between LGBTQ+-specific community organizations/groups/resources and the communities in which they are situated.

Communities: Rural Communities

Trans and nonbinary youth in rural areas may have additional needs and/or vulnerabilities compared to their more urban counterparts. Rural location may reduce access to care among some trans and nonbinary youth for both *geographical* (e.g. limited services such as gender clinics, broadband access) and *social* reasons (e.g., few to no other trans and nonbinary youth in one's school, concerns about confidentiality if they were to disclose to their provider, with whom they may interact in other ways in a small community) (Logie et al., 2019).

In a study of rural sexual minority and trans and nonbinary persons in Arctic Canada, a trans young adult bemoaned the fact that he had to fly to Edmonton for a health assessment as "pretty crazy. We should have professionals here that can help in one sense or another, like what if I needed immediate care? I'd be fucked" (Logie et al., 2019, p. 1207). This need to

travel for definitive care was echoed by parents in Newfoundland, one of whom commented, "Most supports are not available in our community so it means travelling to larger centres 2+ hours from home" (Newhook et al., 2018, p. 8). These findings from other provinces may be generalizable to remote areas of BC, where trans and nonbinary youth may face similar obstacles to timely gender-based and/or mental health care if providers in rural areas are perceived as unable or unwilling to provide trans-competent and gender-affirming care. In another study of access to care, a BC youth lamented that they had "no psychiatrists that I could access and no one that I knew that could prescribe hormones... So, I needed to go elsewhere. And I know people that live in [town] that have to travel 8 hours to see the people that they need to, which is incredibly expensive and not accessible to all" (Clark et al., 2020, p. 140).

Communities: Online Communities

The internet was described as a vital lifeline for trans and nonbinary youth across multiple studies. One researcher was struck at the number of trans and nonbinary youth tying their online experiences to their mental health, saying "The vast number of responses explicitly or implicitly describing the life-saving nature of their online experiences is particularly compelling given that participants were not asked about suicidality or mental health" (Austin et al., 2020, p. 41). Online environments were credited with providing multiple critical supports by trans and nonbinary youth, including:

- access to other trans and nonbinary (and LGBTQ2S+) people, especially youth (Austin et al., 2020; James, 2021; McInroy et al., 2019; Pullen Sansfaçon et al., 2018)
- access to information about gender and sexuality, including terminology to describe one's experience (Austin et al., 2020; James, 2021; (Pullen Sansfaçon et al., 2018)
- places to "try on" new pronouns/names with lower stakes than at school or home (Pullen Sansfaçon et al., 2018)

One study of LGBTQ+ youth (nearly half of whom identified in a way classified as transgender or "gender nonconforming") found that those who spent more time online were more involved in online LGBTQ+ communities, and were also more likely to feel safe and supported in those communities (McInroy et al., 2019). This same study found that nearly two-thirds of participants had accessed sexual health information online, and 87% had accessed LGBTQ+ blogs and social media sites online. [*For more on accessing health interventions and services online, see "COVID-19 Pandemic" subtheme below*]

It bears noting that the internet is also a place where trans and nonbinary youth can also experience enacted stigma, most notably through negative comments aimed at them or trans and nonbinary people more broadly. Trans and nonbinary youth may also face malicious "outing" (divulgence of their gender minority status without their consent), "doxxing" (sharing of their personal information online), or other forms of stigma and discrimination

(Craig et al., 2020a). However, no studies found these risks sufficient to outweigh the benefits of online interactions for trans and nonbinary youth. Indeed, some studies found that negative online experiences provided opportunities to demonstrate both individual and collective resilience (Craig et al., 2020a; James, 2021). Coping strategies include avoidance of sites that trans and nonbinary youth know could trigger negative emotions, responding to bullies by fighting back or attempting to educate, using platform features such as blocking specific users, seeking/providing support from/to other trans and nonbinary youth (Craig et al., 2020a).

Family Environments (Households of Origin)

A nationwide study found that trans and nonbinary youth and "gender non-conforming" youth were more likely to have adverse childhood experiences (ACEs) in multiple categories, including emotional neglect, emotional abuse, and living with a family member with mental illness (Craig et al., 2020b). In another study, the term "negative neutrality" was coined by one study participant to describe a lack of explicit, active parental support (Pullen Sansfaçon et al., 2018, p. 197); this parental stance was found to contribute to delayed access to gender-affirming health care and negative mental health impacts for trans and nonbinary youth. Across studies, youth spoke of this lack of parental support as a major driver in their mental health, as did this youth from BC: "I think that if my parents were more supportive, and if society was more understanding, then I'd live much more comfortably. I'd be so much happier. I would have been so much happier. I wouldn't have been so confused, and I wouldn't have hated myself so much." (Clark et al., 2020, p. 141).

Of note: we could find *no* studies of Canadian trans and nonbinary youth that examined the association between relationships with and support from siblings or extended family members and trans and nonbinary youths' mental health or substance use. The current literature focuses on parent-child relationships only, so almost nothing is known about how extended family systems and/or sibling responses to trans and nonbinary youths' gender identities affect their wellbeing.

Theme: Greater Effects of System-wide Disruptions

Subtheme: COVID-19 Pandemic

The COVID-19 pandemic has worsened conditions that already were creating barriers to mental health and substance use care for trans and nonbinary youth or created new problems affecting their mental health.

Two studies found evidence of disparities in access to physical and mental health care among trans and nonbinary youth compared to cisgender youth. One, a study of clinic-involved youth in Toronto during the early days of COVID-19-related lockdowns, found that 72% of trans and nonbinary youth had experienced *disruption of services* related to mental health

and substance use due to COVID-19, vs. only 26% of cisgender youth (Hawke et al., 2021). Similar disparities were seen for disruption of physical health services (36% vs. 11%), which for trans and nonbinary youth could include gender-affirming care, the disruption of which could have serious negative mental health repercussions given the robust data linking gender affirming care to positive mental health outcomes. Indeed, another study reported that 64% of trans youth had to delay or cancel gender-affirming medical appointments during the pandemic, with 50% having to delay or cancel surgery, which negatively impacted their mental health (Abramovich et al., 2021). Hawke et al. (2021) also found that 63% of trans and nonbinary youth reported unmet need for mental health and substance use-related services vs. 28% of cisgender youth; however, it is not clear whether this number represents a change from pre-COVID conditions. Interestingly, this pattern of COVID-related disruption also held for sports and recreational programs (75% for trans and nonbinary youth vs. 49% of cisgender youth).

Apart from access to care, the pandemic seemed to *worsen mental health in general* for trans and nonbinary youth. Hawke et al. (2021) found that trans and nonbinary youth had over 2.5 times the odds of clinically significant mental health problems during COVID than cisgender youth and about 25% lower odds of family support during COVID. One reason for the disparity in mental health may be because lockdowns cut trans and nonbinary youth off from peers and community support organizations; this could be especially devastating for trans and nonbinary youth in less-than supportive family environments. These findings were echoed in a study of 61 2SLGBTQ+ youth at risk of or experiencing homelessness during the pandemic, the majority of whom identified as trans or nonbinary; in this study, 81% of youth reported engaging in non-suicidal self-injury and 36% reported attempting suicide since the start of the pandemic (Abramovich et al., 2021). This study also found that trans and nonbinary youths' mental health was often made worse by the social isolation they experienced in lockdown; 97% of respondents reported feeling lonelier than they did pre-pandemic.

The COVID-19 pandemic did prompt *more widespread use of telehealth*, which could be quite beneficial for trans and nonbinary youth living in remote areas or for those who may be hesitant to change providers after moving for fear of not finding a gender-competent provider. One paper described the process of delivering a cognitive behavioural therapy program for LGBTQ+ youth (AFFIRM) through online videoconferencing software, including how it helped a trans participant in a rural area where there were no LGBTQ+-specific services (Craig et al., 2021b). Another study found that trans and non-binary youth accessed the following services virtually: mental health care (66%), case management (49%), crisis services (43%), and legal services (34%) (Abramovich et al., 2021). This study found that the benefits of virtual services were that youth were able to save money on transit, along with feeling less socially anxious and worried about how they were perceived in public with regard to their gender;

however, inconsistent internet access and a lack of support and privacy at home made virtual services less accessible for some youth.

One study examining the effect of the COVID-19 pandemic on trans and nonbinary youth made a particularly interesting finding: that trans and nonbinary youth "did not report significantly different mental health or substance use scores compared with cisgender youth prior to COVID-19" but that trans and nonbinary youth reported "significantly higher intra-COVID-19 scores for mental health challenges" *during* the pandemic (Hawke et al., 2021, p. 182), which supports the findings of the other studies that trans and nonbinary youth have been disproportionately affected by the disruptions caused by the pandemic.

Subtheme: Natural Disasters/Climate Emergencies

While only one study explicitly addressed this topic, it is noteworthy for both its methodological implications and its findings regarding trans and nonbinary youth mental health, particularly considering the catastrophic flooding seen in BC during 2021. In a longitudinal study of secondary students in Fort McMurray, AB in the 3 years after the devastating wildfire of 2016, researchers found that negative mental health outcomes post-wildfire were starker for nonbinary youth (those who indicated "other" for their gender) than for youth who identified as male or female (M.R.G. Brown et al., 2021) [Note: the study did not ask about sex assigned at birth, so the authors could not determine whether there were differences between cisgender and binary transgender youth]. These outcomes included higher scores on scales measuring symptoms of PTSD, anxiety, depression, and suicidal thinking and lower scores for resilience, self-esteem, and quality of life.

Substance Use

Only 2 of the 45 studies with sufficient Canadian trans and nonbinary youth in their samples to be included in this review focused *exclusively* on substance use, and those included mostly adult LGBTQ+ people. An additional 9 studies examined *both* mental health and substance use.

> *"I don't know if they just didn't know the signs of addiction or they just thought I was dysfunctional. But no one in my high school who was an adult in my life or a mental health professional could recognize I was suffering from addiction. And I had no idea I was suffering from addiction."*
>
> -nonbinary and third gender, 23 years old, Vancouver Island

Desire for Harm Reduction Models

A study involving interviews with LGBTQ+ youth and staff at an LGBTQ+-only transitional housing program found that youth and staff expressed frustration at the abstinence-only policies related to substance use: "Staff indicated that program and resource constraints were barriers holding YMCA Sprott House from becoming a full-fledged harm reduction facility (i.e., having an on-site nurse), and thus they [could only] adopt a harm reduction 'lens' instead" (Abramovich & Kimura, 2021, p. 1255).

Trans and Nonbinary Youths' Desires for Effective Substance Use Interventions

The two substance use-specific studies were from the same lab and asked youth specifically about what they would want to see in smoking cessation interventions for LGBTQ+—both online and group—based (Baskerville et al., 2017, 2018). Trans and nonbinary youth wanted interventions to depict not only different gender expressions but also people of different body shapes and BIPOC youth: "'I don't want to see young gay males…I want to see people who don't have representation. I want to see a black trans woman…'" (Baskerville et al., 2018, p. 8). Trans participants wanted an app where they could reach out specifically to other trans/ trans & BIPOC folks for support (Baskerville et al., 2017). This was a highly salient theme and was echoed in other studies – trans and nonbinary youth very much want to connect with other trans and nonbinary youth.

> *"…there's a lot of racism within addiction services sometimes with Indigenous people. I know that in the past when…I go to the hospital and stuff they try to wait me out assuming that I'm on something or drug seeking. And so sometimes I do get some of those attitudes."*
>
> -nonbinary and Two Spirit, 22 years old, Okanagan

LGBTQ+ youth in *general* (including trans youth) wanted such an intervention to have the following additional attributes (Baskerville et al., 2017, 2018):

- be low-cost or free, easy to get to or use, and not take too much time;
- include other activities besides smoking;
- be uplifting/inspiring/positive;
- provide specific coping mechanisms to resist the urge to smoke; and
- include some sort of rewards/incentives

Alcohol, tobacco, and marijuana use

One study found that nonbinary youth were more likely to report weekly alcohol use, but the effect disappeared once sex assigned at birth was controlled for which the authors chose to do because their nonbinary participants were disproportionately assigned female at birth (82%) (Clark et al., 2018a). Nonbinary youth in this study were also more likely to report smoking in the past month than binary trans youth, and this effect varied with assigned sex at birth (nonbinary assigned male: 44%, nonbinary assigned female: 28%; trans boys: 25%; trans girls: 12%).

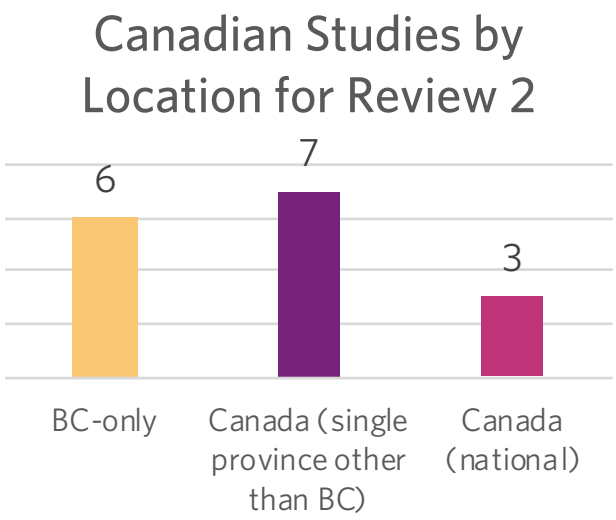
Other Substance Use

Two studies referenced more generalized "drug use problems" or "substance use disorder." One of these performed separate analyses for nonbinary youth and for those who preferred not to disclose their gender, finding alcohol/substance use was "higher in…those with other gender identity vs. females/males, and in those who preferred not to say vs. females/males." (M.R.G. Brown et al., 2021, p. 10). Only one study explicitly assessed use of specific substances besides alcohol, tobacco, or marijuana among trans and nonbinary youth (Hawke et al., 2021). Interestingly, this study, which focused on substance use during the COVID-19 pandemic, found no statistically significant difference between trans and nonbinary youth and cisgender youth in use of substances either before or during COVID-19 (Hawke et al., 2021).

Review 2: Unstably Housed Youth and Youth in Government Care

Literature Review: Overview

A total of 30 studies (16 conducted in Canada and 14 in the USA) were included in this review. Most participants lived in major urban centres – such as Toronto, Montreal, New York City, and Los Angeles and were recruited through community organizations/outreach programs and shelters. 22 of the studies included cisgender youth, while 8 focused solely on trans and nonbinary youth. In terms of racial and ethnic characteristics, Canadian studies had mostly white participants, while those in the USA had mostly youth of colour. 27 out of the 30 studies included youth over the age of 19 years old, with the remaining 6 studies focused on youth under 19.



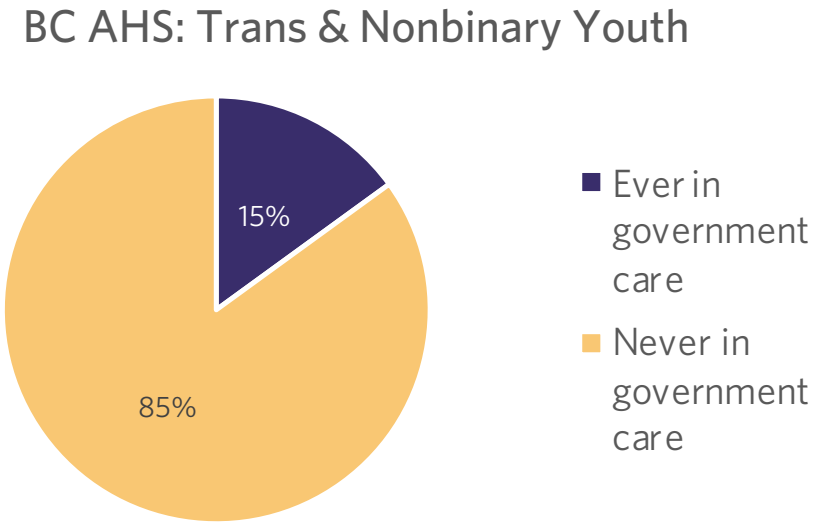
Themes: Housing Instability and Government Care

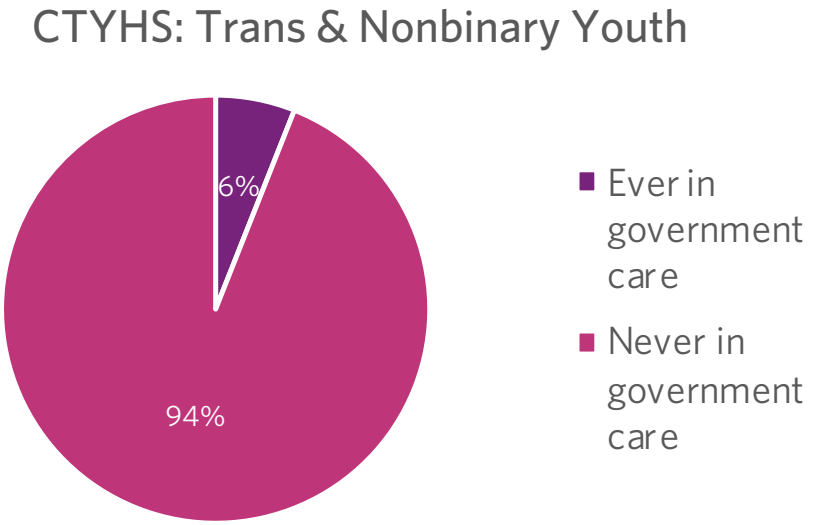
Literature Review Results: Trans and Nonbinary Youth in Care and on the Streets

Data from the CTYHS show that among Canadian trans and nonbinary youth, around 5% had lived in a foster home, 4% had lived in a group home (with more youth in BC having lived in group homes compared to the other provinces), and 6% had been in custody care (Taylor et al., 2020). One report found that among Indigenous youth in BC who had experienced government care, 13% were Two Spirit and 3% were trans and/or nonbinary (Tourand et al., 2016). However, there is little information available about the role intersecting identities – such as Indigeneity and gender identity – play in youths' involvement in government care. The National Youth Homelessness Survey revealed that that 2% of Canadian homeless youth are transgender and 3% are nonbinary (Gaetz et al., 2016). Crucially, government care seems to function as a form of unstable housing: while living arrangements tend to fluctuate for all youth in government care regardless of gender identity, trans and nonbinary young people often experience less stability and more foster placements than their cisgender counterparts (Mountz et al., 2018); moreover, involvement in government care may serve as a gateway into other forms of housing instability, with data from the National Youth Homelessness Survey showing that 56% of homeless trans and nonbinary youth had been in foster care, and that 71% had been involved with child protective services compared to just 57% of their cisgender counterparts (Gaetz et al., 2016). One USA-based study even found that, among LGBT youth, 38% of trans and nonbinary youth had become unstably housed upon aging out of care compared to 12% of their cisgender LGB peers (Baker et al., 2018). Trans

and nonbinary young people who have been involved in government care typically become street-involved after either a) running away from or b) ageing out of care, but regardless of whether they have experienced government care or housing instability, trans and nonbinary youth are rarely able stay in a given living situation for long due to discrimination and abuse (Côte & Blais, 2021).

BC AHS and CTYHS Results: Trans and Nonbinary Youth in Care





When it comes to the BC AHS, 15% of trans and nonbinary adolescents under 19 years old had experienced some of type of government care (which includes foster care, custody centres, and youth agreements) in their lifetime. There was a total of 4341 adolescents under 19 years old who identified as Aboriginal, Indigenous, First Nations, Inuit, or Metis. Of those, 4% were Two Spirit, 15% reported having ever experienced at least one type of government care, and 1% reported both being Two Spirit and having ever been in government care.

As for the CTYHS, 6% of trans and nonbinary young people had experienced some type of government care (which includes foster homes, group homes, and staying in custody care) in their lives.

Themes: Preceding Instability, Abuse, and Trauma

Literature Review Results: Abuse and Violence in the Home

Parental acceptance plays a key role in housing instability: for example, one study of trans and nonbinary youth in Ontario found that none of the youth with parents who supported their identities had ever experienced housing instability, while nearly half of those with unsupportive parents had at least once (Travers et al., 2012). Trans and nonbinary youth who are unstably housed or in care often come from households characterized by violence,

abuse, substance use, and economic instability, with many having witnessed and/or been victims of domestic violence (Côte & Blais, 2021). Among Canadian homeless youth, 80% of trans and nonbinary youth – compared to 74% of cisgender girls and 54% of cisgender boys – had experienced some form of abuse in childhood (Gaetz et al., 2016). USA-based studies have examined the role of trans and nonbinary youths' household circumstances in their trajectories through government care in more detail. For example, intergenerational trauma may play a key role in the victimization of these adolescents at home: substance use and mental health issues are more marked among parents who have themselves experienced government care, incarceration, and/or housing instability, which increases the likelihood that they will engage in neglectful and abusive behaviour that results in their own children ending up in care or on the streets (Mountz & Capous-Desyllas, 2019).

> *"When I lived with [my relative] she had moved in someone...He had bullied me for dressing like a boy and would always wreck on me for being different and acting not the way I was supposed to be. I remember a lot of torment every single day until I had left."*
>
> -gender questioning, 18 years old, Northern BC

Literature Review Results: Abuse and Violence at School

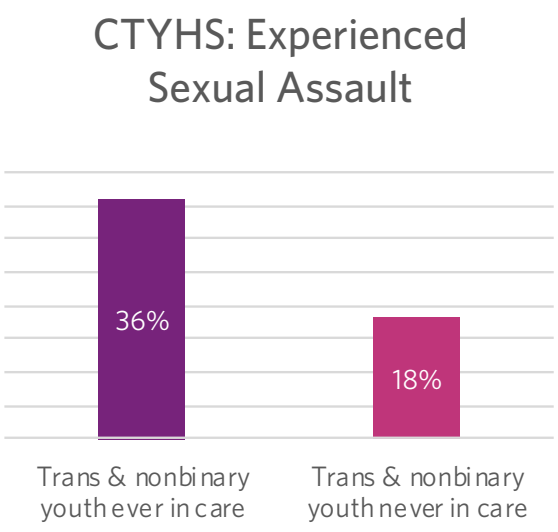
In addition to these traumatic experiences at home, trans and nonbinary youth often experience bullying and harassment at school. Data from the National Youth Homelessness Survey show that, throughout their lifetime, 54% of nonbinary homeless youth had been bullied frequently at school compared to just 38% of homeless cisgender boys (Gaetz et al., 2016). These negative school experiences may be further compounded by the presence of a learning disability and/or ADHD: 57% of homeless nonbinary youth having been tested for ADHD and 59% of all homeless trans and nonbinary youth having been tested for a learning disability, indicating that these youth displayed learning-related challenges that were obvious enough for school staff to recommend them for testing (Gaetz et al., 2016). When paired with a difficult homelife, these negative peer interactions and learning-related challenges in school environments can become so stressful that trans and nonbinary adolescents end up leaving their lives behind and becoming street-involved (Côte & Blais, 2021). Research conducted in the USA shows that trans and nonbinary adolescents in foster care are frequently forced to change schools as they move from one placement to the next, leading to difficulties adjusting to new school environments as they face victimization and bullying for their marginalized identities, while lacking supportive relationships within or outside of school (Mountz et al. 2019).

BC AHS Results: Abuse and Violence

A greater number of trans and nonbinary adolescents who had experienced government care reported physical and/or sexual abuse compared to trans and nonbinary youth who had never been in care: nearly half had experienced either physical or sexual abuse – with 27% having experienced sexual abuse and 28% having been physically assaulted by schoolmate. By comparison, a third of trans and nonbinary youth who had never experienced government care reported physical or sexual abuse, with 17% having experienced sexual abuse and 16% having been assaulted by a schoolmate. Such elevated levels of violence from other students also appear when comparing trans and nonbinary adolescents who have experienced care to their cisgender peers: 72% reported being teased, excluded, or assaulted by a schoolmate compared to just 1% of cisgender youth who had experienced government care. Trans and nonbinary adolescents who had experienced government care also reported lower feelings of both family and school connectedness compared to trans and nonbinary adolescents who had never experienced government care and cisgender youth who had experienced government care.

Among Two Spirit youth, 48% had ever been physically abused, and 40% had ever been sexually abused. Additionally, 4% of Two Spirit youth who had ever been in care reported they seldom or never felt safe in their community or school. Sixty-nine percent reported being teased, excluded, physically attacked, or assaulted while at or on their way to school in the past year. Moreover, a greater proportion (12%) of Two Spirit youth with care experience reported being physically assaulted three or more times at or on their way to or from school in the past year compared to both Two Spirit youth without this experience (4%) and other Indigenous youth ever in care who were not Two Spirit (6%).

CTYHS Results: Abuse and Violence



Unlike the BC AHS, the CTYHS measured sexual assault[3] and sexual abuse[4] separately. When it comes to the results for sexual abuse, nearly three quarters of trans and nonbinary young people who had been involved in care had experienced sexual abuse compared to little over a third of those who had never been involved in care.

3 Question in survey: "Have you ever been physically forced to have sexual intercourse when you did not want to?"

4 Question in survey: "Have you ever been sexually abused? Sexual abuse is when anyone (including a family member) touches you in a place you did not want to be touched, or does something to you (or makes you do something to them) sexually which you did not want."

Themes: Re-Experiencing Instability, Abuse, and Trauma After Leaving Home

Literature Review Results: Leaving Home

For many trans and nonbinary young people, it is a combination of interpersonal dysfunction, discrimination, and abuse which forces them to leave home and either a) enter government care or b) become street-involved. More trans and nonbinary adolescents run away from or get kicked out of their homes than cisgender youth. Data from the 2018 BC AHS show that 19% of transgender boys, nonbinary youth, and gender-questioning youth, as well as 29% of transgender girls, had run away from home at least once in the past year compared to just 9% of cisgender girls and 7% of cisgender boys (Saewyc et al., 2021). These data also show that 12-13% of trans and nonbinary adolescents had been kicked out of their home within the past year compared to 6% of cisgender girls and 5% of cisgender boys (Saewyc et al., 2021). As one USA-based study showed, many youth cite chronic abuse and rejection (including queerphobia) as the main reason for running away/getting kicked out of the home (Robinson, 2018b). Similarly, among the 50% of Canadian homeless trans and nonbinary youth who had left home before the age of 16, most attributed their leaving to parental conflict and abuse (Gaetz et al., 2016).

> *"When I was in the different homes [while in government care] I lived with a lot of people who were very stunted in their growth of gender identity who did not talk to me about it. And if I brought it up they wouldn't really touch on the subject and were not willing to learn."*
>
> -gender questioning, 18 years old, Northern BC

Trans and nonbinary youth are frequently forced to move from one living arrangement to the next (e.g., from one foster home to another foster home, or from one shelter to the streets to another shelter) due to queerphobic violence and harassment, only to re-experience violence, harassment, discrimination, and rejection similar to that of their household of origin from the adults responsible for their care. Similarly, trans and nonbinary youth may experience the same form of bullying and stigmatization from shelter/group home residents that they had previously faced in hostile school environments.

Literature Review Results: Undertrained and Overworked Shelter/Government Service Workers

Shelter staff are often undertrained and overworked, such that they feel unsure as to how to interact with trans and nonbinary youth in an understanding and respectful manner (Abramovich, 2014). As such, when an altercation occurs, shelter staff may have difficulty recognizing an attack as being homophobic/transphobic in nature rather than just a

disagreement/fight between residents (Abramovich, 2014). As for government care, some trans and nonbinary young people report being forced to wear clothes that align with their gender-assigned-at-birth or being deadnamed and misgendered by child welfare workers and in courts despite asserting their affirmed name and pronouns (Pullen Sansfaçon et al., 2018; Office of the Child and Youth Advocate Alberta, 2017; Coolheart & Brown, 2017).

Literature Review Results: Sex-Segregated Spaces Shelters and Government Care Homes

Shelters and group homes are often sex-segregated, with trans and nonbinary youth being placed in male- or female-only spaces according to their sex assigned at birth. Such segregation policies are justified by staff/service providers as a "safety precaution" – for example, they might defend this arrangement by stating that AFAB trans and nonbinary young people would be at a higher risk of victimization in an all-male space (Abramovich, 2014). However, across the literature, virtually all trans and nonbinary youth criticized and described having negative experiences with these policies, as they are often forced to live in spaces that do not align with their gender – which is especially challenging for nonbinary youth, as there is often no alternative to these binary spaces – or denied placement in gendered shelters and transitional/group homes altogether (Abramovich & Kimura, 2021). Some young people even describe having to effectively "de-transition" in order to access all-male or all-female shelters and have a place to sleep for the night – for example, in a study conducted in Toronto, one transfeminine youth describes the humiliating experience of being forced to present as male in order to obtain a safe place to sleep for the night at a male-only shelter (Abramovich, 2014). Many shelters do not have gender-neutral washrooms, making those spaces a source of extreme stress, anxiety, and danger for trans and nonbinary youth, who are often forced to use washrooms that correspond to their sex assigned at birth (Abramovich & Kimura, 2021).

> *"The group home was probably my worst experience ...I had to be placed with the girls at the time 'cause I'm assigned female at birth. So that was really hard for me because I felt like I wasn't being seen for what my identity was. And...it made me feel really bad about myself."*
>
> -nonbinary, 22 years old, Fraser Valley

Themes: Nuances of Street Involvement

Literature Review Results: Choosing Street-Involvement

Despite the risks, some trans and nonbinary youth choose to live on the streets rather than live at home, in government care, or in a shelter due to the amount of transphobic violence and harassment they face in those settings (Abramovich, 2014), and because the sex-segregated structure of most shelters and government care facilities makes it extremely difficult for trans and nonbinary youth to access and feel comfortable in these spaces (Abramovich & Kimura, 2021). Free of dress codes, strict gender-segregation, and gender-policing authority figures (such as parents, foster parents, government care workers, and shelter staff), the streets offer trans and nonbinary youth a form of liberation they might not experience otherwise, and research conducted in the USA has shown that street-involvement can allow youth to develop a sense of community with other street-involved trans and nonbinary individuals of all ages, including trans and nonbinary adults who can serve as role models (Shelton, 2016).

> *"I was on a voluntary care agreement when I turned 16. So I went into an emergency group home, and I stayed there for a few months. And then I was transferred to a foster care placement. And I stayed there until I left of my own accord, like I ran away. And then I was kind of homeless for a while...Like, I found that the [foster] family was very welcoming."*
>
> -gender questioning and gender nonconforming, 18 years old, Northern BC

Literature Review Results: Financial Instability, Street-Involvement, and the Law

While the streets can provide a sense of freedom and community, the financial precarity that comes with housing instability often forces youth to engage in illegal/dangerous activities, which only increases their exposure to victimization and exploitation. The National Youth Homelessness Survey found that 39% of street-involved Canadian trans and nonbinary youth (between the ages of 13-24 years old) rely on illicit activities – including theft, drug dealing, breaking-and-entering, and sex work – to make a living (Gaetz et al., 2016).

CTYHS Results: Survival Sex

Data from the CTYHS show that 14% of trans and nonbinary adolescents who had been in government care had traded sex for food, shelter, drugs, or alcohol compared to 4% of trans and nonbinary youth who had never experienced government care.

Themes: Mental Health, Substance Use, Physical Health, and Access to Care

Literature Review Results: Access to Gender-Affirming Services

Depending on the competency of workers and service providers, trans and nonbinary young people may have little/no access to gender-affirming resources through shelters/government institutions. Many shelter workers lack adequate training to be able to help trans and nonbinary youth navigate services related to legal, social, and/or medical transitioning, despite the fact that access to gender-affirming resources is crucial for the mental health, wellbeing, and safety – of many trans and nonbinary youth (Abramovich & Kimura, 2021). As an example: many community programs and shelters use youths' personal information as it appears on their legal ID, which causes problems for trans and nonbinary youth whose names and/or gender marker have not been – or cannot be – legally changed (Abramovich, 2014). This lack of legal recognition also limits youths' access to shelters, as they are forced to either allow service providers to misgender/deadname them or disclose their gender identity in the hopes that said providers will use the correct name and pronouns, which can prompt service providers to make overtly transphobic remarks and/or insist on using the name/pronouns that align with these legal documents (Pullen Sansfaçon et al., 2018).

Literature Review Results: Involuntary Psychiatric Hospitalization

One form of institutionalized care which appeared sporadically throughout the literature is psychiatric hospitalization. In a study described in an RCY report on the psychiatric hospitalization of youth in BC, 61% of the 107 youth who had experienced a) a critical injury that had been reported to the RCY[5] and b) at least one psychiatric hospitalization in their lifetime were trans and nonbinary youth (Representative for Children and Youth, 2021). In the same report, a small group of young people described their experiences with involuntary psychiatric hospitalization under BC's Mental Health Act, a policy which allows for individuals to be hospitalized and administered psychiatric – including pharmacological – treatment against their will. These trans and nonbinary youth describe these experiences as overwhelmingly negative, with some even being denied access to gender-affirming care

> *When I went into the hospital [for emergency mental health care]...they took my binder from me because they thought it was some kind of safety risk. I don't personally understand how. It's very hard to strangle yourself with a binder. Yeah, so they took it from me in the emergency room, and then I was kind of in a gown with people all around. So I was extremely uncomfortable.*
>
> -trans man, 23 years old, Vancouver/Fraser Valley area

5 Between April 2018 and October 2019.

– for example, one transfeminine youth was forced to stop taking hormones, as hospital staff had assumed her mental health symptoms were the result of HRT despite her insistence to the contrary (Representative for Children and Youth, 2021). Similarly, in a qualitative study of 24 trans and nonbinary young people in Quebec, two participants described being taken off hormones against their will after hospital staff misattributed their negative mental health symptoms to HRT (Pullen Sansfaçon et al., 2018). Moreover, the stress of being stripped of their autonomy and denied access to gender-affirming treatment may cause trauma that worsens trans and nonbinary youths' mental health in the long-run.

Literature Review Results: Physical Health and Mental Health

Much of the literature on the physical health of trans and nonbinary youth focuses on unstably housed young people rather than those in care; regardless, trans and nonbinary adolescents frequently report worse physical health than their cisgender peers. Among runaway youth, 29% of trans and nonbinary youth reported poor/fair physical health compared to 16% of cisgender girls and 11% of cisgender boys (Ferguson et al., 2021). Among unstably-housed youth, 57% of those who are trans and nonbinary reported poor/fair physical health compared to 42% of cisgender boys (Ferguson, 2018). A similar pattern was found when it came to mental health: in BC, 74% of unstably-housed trans and nonbinary young people reported poor/fair mental health compared to 58% of cisgender girls and 42% of cisgender boys (Ferguson, 2018), as did 39% of runaway trans and nonbinary youth compared to only 13% of runaway cisgender boys (Ferguson et al., 2021). Those unstably-housed trans and nonbinary youth were also more likely to report having at least one mental health condition, harmful levels of stress, a history of self-harm, and suicidality compared to their cisgender male peers (Ferguson, 2018).

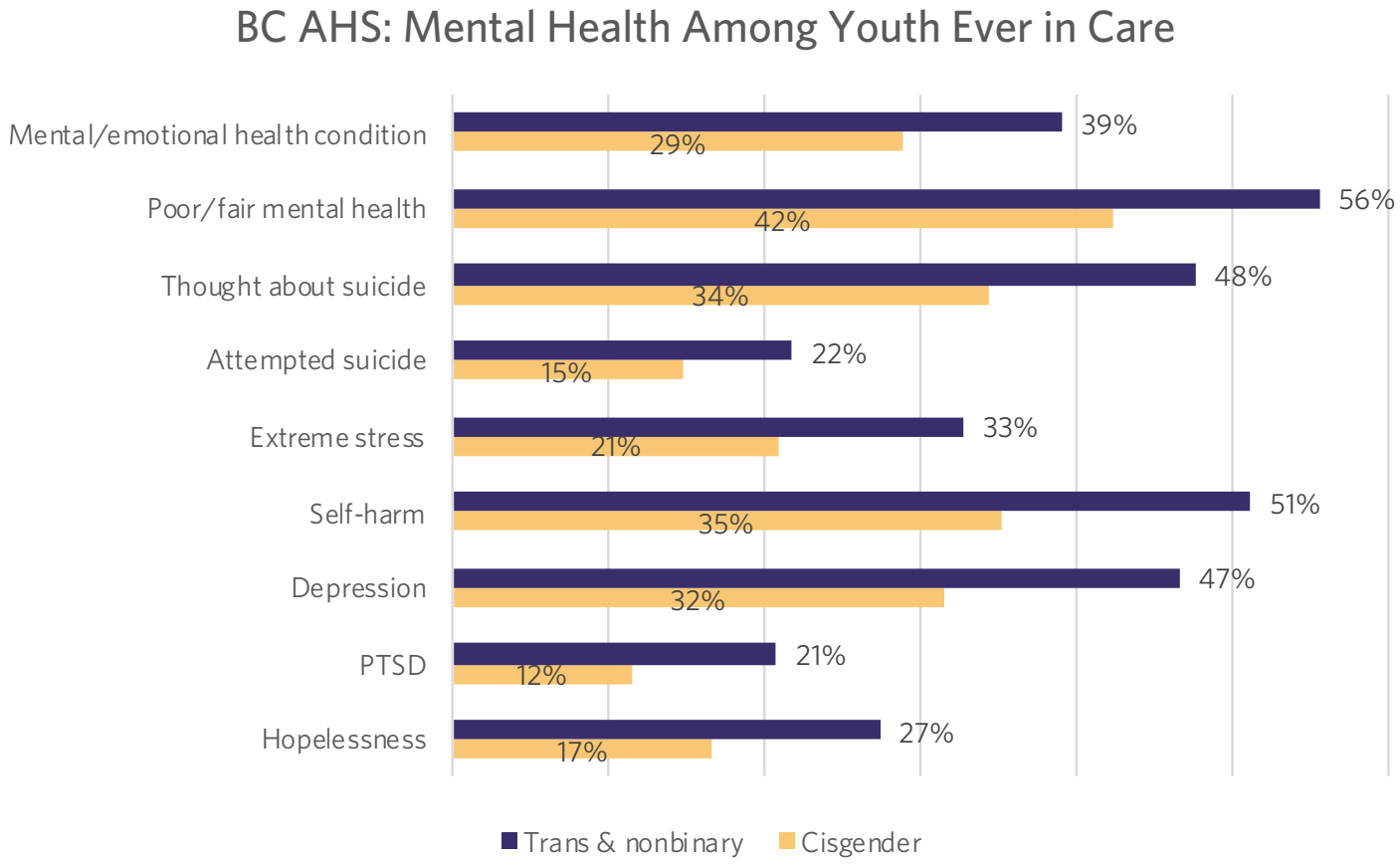
BC AHS Results: Physical Health, Mental Health, and Substance Use

When it comes to physical wellbeing, 23% of trans and nonbinary adolescents who had never been involved in government care were unable to afford enough food compared to 37% of those who had been in care. Similarly, among those who had experienced government care, more trans and nonbinary youth reported going to bed hungry (37%) compared to their cisgender peers (28%), along with having a medical condition or disability (63% vs. 42%, respectively) and poor/fair physical health (41% vs. 32%, respectively).

Regarding the physical health of Two Spirit young people with government care experience, 63% rated their health as good or excellent and 15% had a long term or chronic medical condition. Moreover, a larger proportion (53%) of Two Spirit youth with care experience reported going to bed hungry at least some of the time because there was not enough money for food at home compared to Two Spirit youth without care experience (31%) and other Indigenous youth ever in care (27%). Finally, over half of Two Spirit youth who had ever been in government care reported taking part in organized sports in the past year.

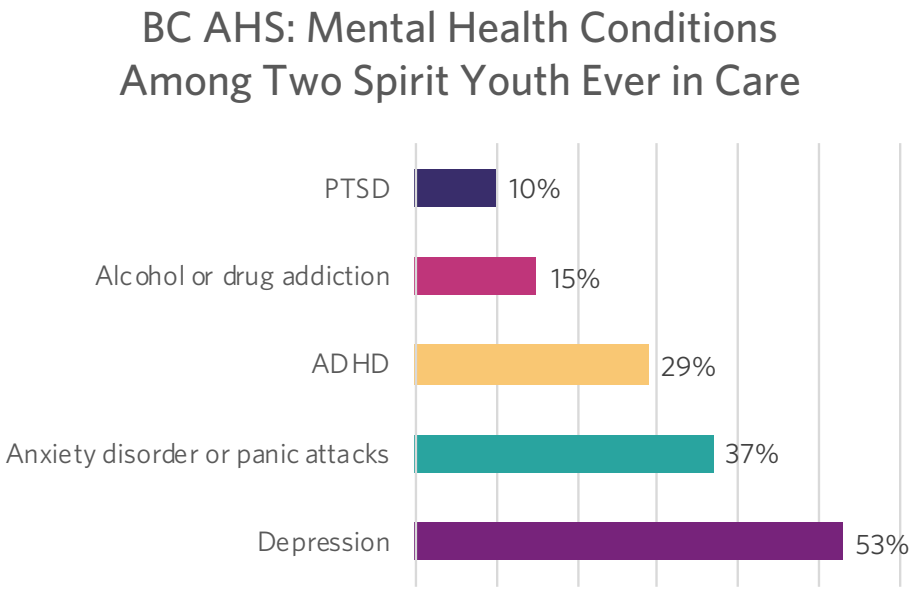
"And because that system is so under funded, the food allowance is so small, so the foods you get are often not nutritious. They're quick, fast food. And so I guess there's just this genuine disinterest in what you can get, and that's based on the fact that there's just no funding in that system. So then you just kind of don't really care about food. You don't even think about what goes in your body."

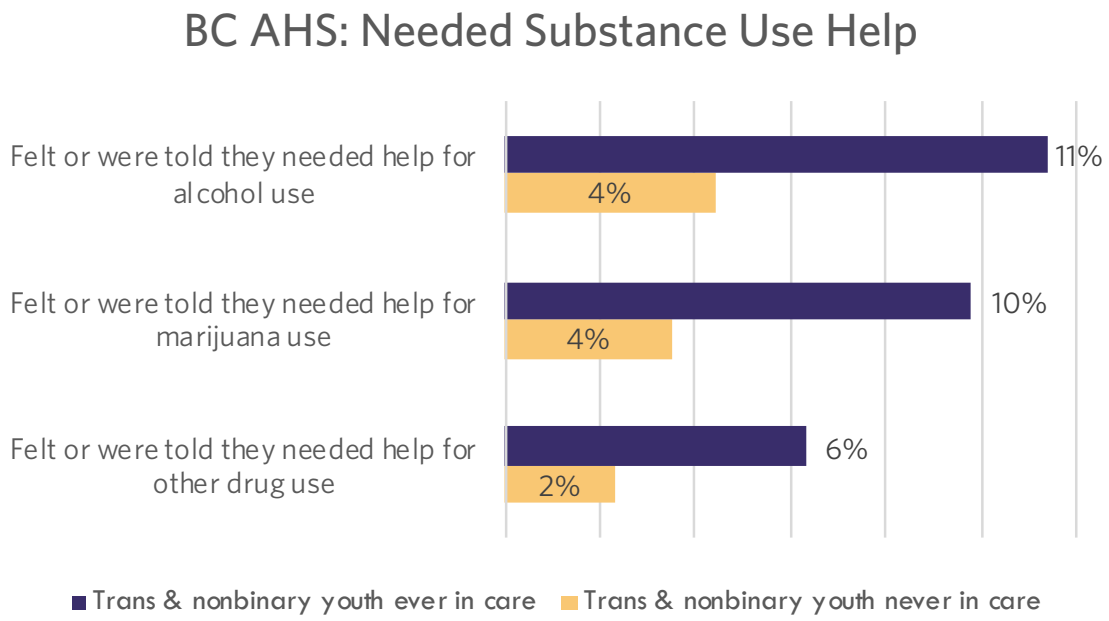
-Two Spirit, 24 years old, Vancouver



In terms of mental health, 21% of trans and nonbinary youth who had experienced care reported having PTSD compared to 9% of trans and nonbinary youth who had never experienced care. Among youth who had experienced government care, 39% of trans and nonbinary adolescents had a mental or emotional health condition compared to 29% of cisgender adolescents, with 56% rating their mental health as poor/fair compared to 42% of cisgender youth. Suicidality was also higher among trans and nonbinary youth who had been in care compared to their cisgender counterparts.

When it comes to Two Spirit adolescents, about half of those who had experienced government care rated their mental health as good or excellent, and over a third reported having a mental health or emotional condition. Among Indigenous youth with government care experience, significantly more Two Spirit youth reported having depression compared to their Indigenous peers who were not Two Spirit (53% vs. 37%). A quarter of Two Spirit youth who had been in government care reported feeling extreme stress in the past month, and over one in ten had experienced extreme despair. Moreover, about half had seriously considered suicide, 27% had attempted suicide in the past year, and 52% had self-harmed in the past year.





There were differences between groups when it came to substance use among BC AHS respondents as well: 20% of trans and nonbinary adolescents who had been in government care had smoked tobacco at least once in the past month (compared to 9% of trans and nonbinary youth who had never experienced care) and 41% had used illicit drugs at least once in their lives (compared to 26% of trans and nonbinary youth who had never

experienced care). Eighteen percent of Two Spirit respondents who had been in care reported they binge drank the previous Saturday; moreover, a third had smoked on at least one day in the past month and 39% had ever used a drug other than alcohol or cannabis. A larger proportion of those with government care experience reported smoking on at least one day in the past month compared to Two Spirit youth without care experience (33% vs. 18%). Additionally, some Two Spirit youth with care experience felt or had been told they needed help for their alcohol use (12%) or their use of a substance other than alcohol or cannabis (5%). Twenty-three percent of Two Spirit youth with care experience reported having felt or been told they needed help for their cannabis use compared to 11% of Indigenous youth ever in care who were not Two Spirit and just 4% of Two Spirit youth who did not have care experience.

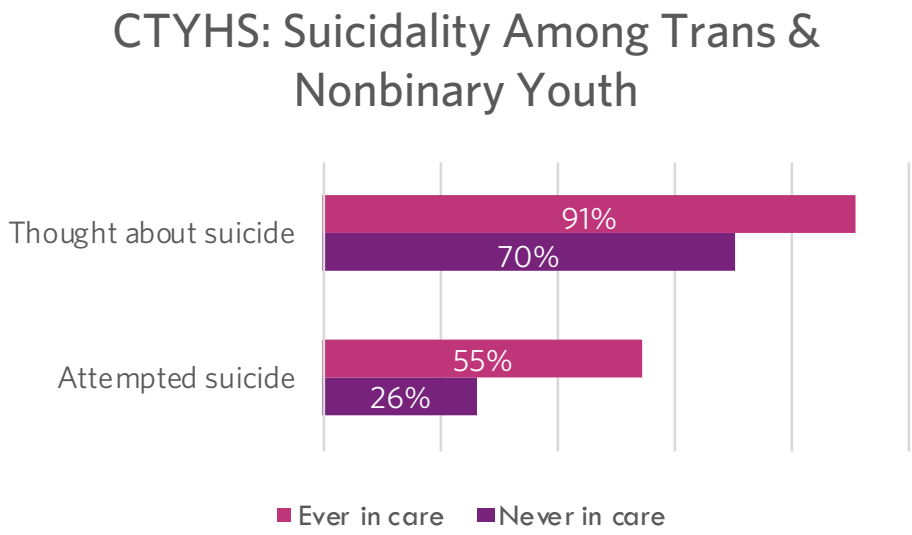
> *"I went [to get help with mental health and substances use]... with a lot of mental health problems and getting zero help, bullying, harassment, other forms of harmful contact with people, I started drinking a lot more. And then I started trying other things. And then I was trying to get help because I was not in a position that I wanted to be. But there was no help for people my age, and no one was willing to kind of point you in the right direction. So I just kept doing what I was doing. The pandemic started and I couldn't go nowhere."*
>
> -trans male to female, Indigenous, 23 years old

BC AHS Results: Social Support and Connectedness

When rating their feelings of connectedness to family and school, trans and nonbinary adolescents who had experienced government care scored lower on average compared to both those who had never been in care and their cisgender counterparts who had experienced government care. Similarly, Two Spirit youth showed lower school and family connectedness scores compared to their non-Two Spirit peers with government care experience and Two Spirit youth without care experience respectively.

"I struggled for years with depression, anxiety, suicidality. There was a time in my life when I didn't want to live really. And I felt like I was overwhelmed, and I didn't see a true future in my path. I didn't know where I would end up. And there are different paths that I could take, but none of them were very promising. You need so much support in your life obviously. You need support from your family members. You need support from your community. And when you don't have that, I feel really sad. Like, that's-- it's heartbreaking. And I had someone at school who watched me grow and gave me some tough love. I think something that I really-- I did need at the time. I think two-spirit youth and also Indigenous kids need more support in school."

-Two Spirit and nonbinary, 21 years old, Vancouver



CTYHS Results: Physical Health, Mental Health, and Substance Use

Regarding the physical health of CTYHS participants, about a quarter of trans and nonbinary adolescents who had never experienced government care were unable to afford enough food compared to over half of those who had experienced care. As for mental health, suicidality was higher among those who had experienced government care compared to those who had not experienced care. Overall substance use was also higher among trans and nonbinary youth who had been in government care, with 39% having used illicit substances at least once in their lifetime compared to 20% of those who had never been in care.

Literature Review Results: Access to Healthcare

Despite these disparities when it comes to physical and mental health, trans and nonbinary young people appear to be less likely access healthcare. Among those experiencing "hidden homelessness"[6] in BC, trans and nonbinary young people were more likely to have forgone physical and mental health care compared to cisgender boys (Ferguson, 2018). Similarly, 21% of trans and nonbinary youth runaways in BC had forgone much needed physical health care – compared to just 10% of cisgender girls and 8% of cisgender boys who had run away from home (Ferguson et al., 2021).

> *"Counselling is so expensive... [especially for] a trans or non-binary person who's then facing more discrimination if they try to get into a job. To be able to access mental health care, especially when you age out [of government care], you need to be financially stable. And people coming out of government care...don't have that advantage...I think it's really messed up that Canada brags about having free healthcare. But that doesn't include most medications or dental care...or mental health care. Mental health is physical health. If you don't have mental health care you can't care for yourself physically either."*
>
> -nonbinary, 25 years old, Vancouver

Similarly, 22% of trans and nonbinary youth runaways had forgone mental healthcare compared to 17% of cisgender girls and 5% of cisgender boys, despite reporting worse mental health outcomes (Ferguson et al., 2021), as did 52% of unstably-housed trans and nonbinary youth compared to 36% of cisgender girls and 26% of cisgender boys (Ferguson, 2018). Ferguson et al. (2021) also found these runaway trans and nonbinary youth were more likely than cisgender boys to report avoiding care due to negative experiences with healthcare professionals in the past. Similarly, some trans and nonbinary adolescents involved in the youth justice and other forms of government care describe instances in which they had been misgendered and/or deadnamed by health care providers (Office of the Child and Youth Advocate Alberta, 2017).

6 Housing instability that excludes staying with family outside the household of origin, staying in a shelter, or sleeping outside.

BC AHS Results: Access to Healthcare

Echoing the literature, our analyses revealed that fewer trans and nonbinary youth who had been in care got the healthcare they needed: 23% of trans and nonbinary adolescents who had experienced government care had forgone physical healthcare compared to 18% of those who had never experienced care. Similarly, among Indigenous youth with care experience, 27% of Two Spirit youth reported missing out on much-needed medical help in the past year compared to 18% of their Indigenous peers who are not Two Spirit.

The BC AHS also revealed a surprisingly large disparity when it comes to one particular type of healthcare: dental care. Significantly more trans and nonbinary youth with government care experience reported having never been to a dentist (18%) compared to their cisgender counterparts (5%) and other trans and nonbinary youth who had never experienced care (4%). This disparity did not appear among Two Spirit young people, with 96% reporting that they had been to the dentist.

CTYHS Results: Access to Healthcare

Among CTYHS participants, 60% of trans and nonbinary young people who had been involved in government care had forgone much-needed medical care compared to 36% of those who had never been involved in care.

Protective Factors

Literature Review Results: Parental Support

In virtually all instances, research reported that living in supportive, stable households or foster placements prevents trans and nonbinary youth from experiencing housing instability – for example, data from the Trans PULSE project in Ontario showed that among the 84 trans and nonbinary young people who were in the process of coming out or had already come out to their parents, all of those whose parents were supportive of their gender identities and expression were stably housed; by contrast, less than half of those whose parents were not strongly supportive were stably housed (Travers, 2012).

Literature Review Results: Compassionate and Competent Child Welfare Workers

Trans and nonbinary adolescents in care report feeling far more comfortable and supported when child welfare workers take their identities seriously and directly ask them for their correct name and pronouns; moreover, in the event that they are accidentally misgendered, youth felt far

> *"I feel like my social worker was really awesome and respectful of how I presented."*
>
> -nonbinary, 21 years old, Fraser Valley

more comfortable when workers acknowledged their mistake and made a deliberate effort to avoid doing so again in the future (Office of the Child and Youth Advocate Alberta, 2017).

> *I feel pretty lucky...like, all my [government care] paperwork was under my birth name, but...[e]veryone still called me by my [chosen] name.*
>
> -trans man, 23 years old, Vancouver/ Fraser Valley area

Literature Review Results: Social Support Networks Among the LGBTQ+ Community

Strong social connections with other LGBTQ+ young people serve as a key protective factor for trans and nonbinary youth to feel positive mental health and belonging, as they often feel socially isolated and unsupported within their households of origin, at school, and in foster placements (Côte & Blais, 2021). As mentioned previously, one of the potential benefits of street-involvement was the opportunity for trans and non-binary youth to form connections with trans and non-binary adults. Trans and non-binary adults can serve as positive role models – individuals that unstably housed young people can relate to and gain insight, advice, support, and inspiration from – that they might have never met otherwise (Shelton, 2016).

Recommendations: Government Care and Housing Instability

Provide workers and caregivers with adequate 2SLGBTQ+-competency training:

- Workers and caregivers in the child welfare and shelter systems should be provided with mandatory training on 2SLGBTQ+ issues, experiences, and terminology so they are able to use the correct language, identify and discourage other residents displaying homophobic/transphobic behaviour, and interact with youth in a respectful and affirming manner (e.g., Mountz et al., 2018; Abramovich, 2013; Heard 2018).
- Workers should be aware of 2SLGBTQ+ resources and services so that they can provide them to youth – currently, many youth report having to seek these out for themselves, as staff often know very little about LGBTQ+ issues and are therefore uninformed about both these services and the need for them on the part of 2SLGBTQ+ young people (e.g., Office of the Child and Youth Advocate Alberta, 2017; Abramovich, 2013).
- Child welfare agencies should actively recruit foster parents who are either a) openly 2SLGBTQ+ or b) explicit 2SLGBTQ+ allies to ensure safer, more stable placements (Office of the Child and Youth Advocate Alberta, 2017).

Improve the intake process:

- Given that we do not yet know the number of 2SLGBTQ+ youth in Canadian child welfare and shelter systems, such organizations should record youths' sexual orientations and/or gender identities in a confidential and standardized manner during the intake process (Paul, 2020).
- As of June 2017, gender identity and expression have been protected under the Canadian Human Rights Act, making discrimination on the basis of gender identity

and/or expression – including a refusal to use a person's affirmed name and pronouns – illegal. As an example, in 2021, a nonbinary server working in a restaurant in Gibson, BC was granted $30,000 by the courts after being fired for asking their co-workers to refer to them by the pronouns they/them (Weichel, 2021). This suggests child welfare and shelter organizations are also required to honour youths' gender identities and expressions under Canadian law.

- Youth entering the child welfare or shelter system should be given the opportunity at intake to state their affirmed name and pronouns (e.g., Shelton 2016). These organizations, in turn, should have clear non-discrimination policies that ensure youths' identities will be recognized and supported, regardless of whether they have had a legal name/gender marker change (Abramovich, 2013).

Provide adequate support for youth aging out of care

- Age at which youth are forced to leave care – along with similar age limits resources and supports for adolescents in foster care – should be extended further into young adulthood to give youth adequate time to prepare and develop the life skills required to live independently (e.g., Gaetz et al., 2016).
- More material and social support should be provided for youth transitioning out of care, as many young people who end up socially isolated, unemployed, and/or street-involved/unstably housed after leaving the system (Gaetz et al., 2016).

Improve or eliminate sex-segregated residential spaces

- Transform sex-segregated spaces into gender-segregated spaces: in segregated residential arrangements, allow young people to choose between either the "male" or the "female" space rather than placing them in one or the other according to what they were assigned at birth or their legal gender marker (Mountz et al., 2018).
- Eliminate segregation entirely: create gender neutral living spaces and facilities (e.g., washrooms) that would allow youth of all genders—especially nonbinary youth whose identities exist outside the bounds of "male" and "female"—to live more comfortably (Robinson, 2018a).
    - › While this offers a solution to the issue of exclusionary spaces, we recognize that young people may feel unsafe living in such spaces due to past experiences and current threats of victimization. Therefore, we also recommend these spaces be vigilantly monitored by staff in a way that reduces the risk of violence in these spaces, while also remaining respectful of youths' personal privacy. For example, bathrooms could have both a) floor-to-ceiling stall doors (rather than flimsy curtains) to allow for complete privacy and b) careful monitoring on the part of staff to ensure youths' safety.
    - › Training staff to understand the needs of 2SLGBTQ+ youth is vital for creating an environment where a) youth feel comfortable communicating openly with staff about safety concerns or experiences of victimization and b) staff are equipped with the ability to identify instances of queerphobic violence and actively enforce their agency's non-discrimination policies.
- Increase the number and capacity of all-gender washrooms in public spaces, schools, health care facilities, and other sites meeting basic needs of youth: all public spaces/parks/etc. should have all-gender washrooms, whether single- or multi-use (Asakura, 2019; Pullen Sansfaçon et al., 2021a).

Establish more 2SLGBTQ+-only residential spaces for youth in need

- Currently, there are few 2SLGBTQ+ residential spaces in Canada. Some examples include RainCity Housing (a residential program for unstably housed persons in Vancouver, BC) and Sprott House (a transitional housing program in Toronto, ON).
- More 2SLGBTQ+-only shelters, group homes, and transitional housing should be created (e.g., Ferguson, 2018; Office of the Child and Youth Advocate Alberta, 2017). This would allow more youth to access spaces where:
  - Their identities are known, respected, and affirmed by both staff and residents;
  - Knowledgeable adults can connect them to additional 2SLGBTQ+ resources (such as gender-affirming care) and help them access services (such as legal name/gender marker changes); and
  - The threat of queerphobic violence from cisgender-heterosexual or closeted residents is reduced, making these spaces safer for them.

Foster connections between Indigenous 2SLGBTQ+ youth and supportive adults

- When it comes to Aboriginal young people who have experienced government care in BC, a report by Tourand et al. (2016) found that those with support from teachers and other adults in their lives reported better mental health compared to those who did not have such supports.
- Similar improvements in mental health and wellbeing may be achieved by ensuring that Indigenous 2SLGBTQ+ youth with care experience have the opportunity to form connections with adults who accept, respect, and understand their identities.
  - In order to provide this much needed support, adult authority figures (including government care workers, foster parents, and health professionals) must be made aware of the unique experiences of youth who are both Indigenous and 2SLGBTQ+ and work to acknowledge all aspects of these youths' gender, sexual, and cultural identities.
  - Government care workers and other service providers should be aware of resources (e.g., peer groups, cultural centres, 2SLGBTQ+ organizations) that would allow Indigenous youth under their care to connect with Indigenous 2SLGBTQ+ adults and peers in their community.

Recommendations: Identity-Affirming Policies, Services, and Other Supports

Ensure equitable access to gender-affirming services

- Additional efforts should be made to ensure that youth know their current legal rights with respect to accessing and consenting to healthcare in BC and have support in exercising those rights.
- As of January 10, 2022, those in BC who are 12 years or older can change their legal gender marker without approval from a physician or psychologist; however, those under the age of 12 still require approval from a medical professional, and all youth under 19 years old still must have parental consent.
  - *Approval from a medical professional:* youth in care often face additional barriers when it comes to accessing healthcare, which may make it even more difficult for those under the age of 12 to access a medical professional—much less a gender-

competent one—to approve their gender-marker change.

  - *Parental consent:* youth in care may face additional barriers, as they may not have a parent from whom they can obtain consent, either because their parent(s) are deceased or otherwise incapacitated or—given that many trans and nonbinary youth experience rejection from their households of origin—parent(s) may refuse to consent when it comes to gender-affirming care.

- Under the Infants Act, persons under the age of 19 can consent to medical treatment without the approval of a parent/guardian so long as a medical professional has judged them capable of understanding the treatment they are being given and therefore able to give informed consent.

  - *Both youth and medical providers may not be aware of youths' rights:* efforts should be made to educate both youth and health care providers (particularly those providing gender-affirming, mental health, and/or substance use-related care) on youths' legal rights with respect to receipt of medical care without parental notification. Special attention should be paid to youth in care, who may have even less opportunity to seek out information regarding their legal rights due to the isolated nature of some child welfare and juvenile justice placements.

Adopt a multi-gender, intersectional, and strengths-focused approach to policymaking

- The diverse needs and experiences of young people with various intersecting identities—such as gender identity, sexual orientation, race, ethnicity, socioeconomic status, and culture—must be considered when developing appropriate, inclusive, and effective policies.

- Government policies are often developed within a strictly gendered framework that often does not account for those who exist outside this gender binary. Policymakers should consider the experiences of nonbinary youth, whose needs may differ from those of their binary peers.

  - For example, requiring schools to allow binary transgender youth to use the gendered facilities that match their affirmed gender is vital for their health, but may not address the needs of non-binary youth for whom binary facilities may cause distress or even be unsafe.

Adopt and enforce policies and practices that encourage schools to create and maintain environments that are safe and affirming for trans and nonbinary youth

- *Gender and Sexuality Alliances (GSAs):* multiple studies from our review showed that GSAs have the potential to be powerful forces for wellness in the lives of Canadian trans and nonbinary youth (Asakura, 2017, 2019; Eisenberg et al., 2018; Lapointe & Crooks, 2018; Peter et al., 2016; Porta et al., 2017a, 2017b). Given these findings spanning more than a decade, it is critical to support existing GSAs and encourage the creation of GSAs in schools without one.

  - GSAs may be underused as places where tailored health interventions can be successfully delivered to trans and nonbinary youth. Only one study was found that described implementation of such an intervention, but the results were striking – youth raved about the benefits they reaped in both social support and in developing resilience and coping mechanisms (Lapointe & Crooks, 2018). Such programs may have downstream positive effects on youth health to the extent that they may

enable youth to come out earlier and therefore access gender-affirming care sooner, which has been linked to reductions in suicidality, anxiety, and depression (Sorbara et al., 2020a).

  - In areas where the sociopolitical climate may not allow for creation of GSAs, a possible intermediate step is the creation of "diversity" clubs that create safe spaces for youth experiencing marginalization to gather to support and learn from one another.

- *Teachers and administrator support:* youth in several qualitative studies described the behaviour of school authority figures as critical to their sense of safety and connectedness in school (Asakura, 2017, 2019; Munro et al., 2019; Travers et al., 2020). Even in schools with gender-affirming policies, these authority figures determine whether those policies are effective (Travers et al., 2020). Schools require funding and incentives to provide training, resources, and assurance that, once trained, staff are providing safe and supportive environments in which all youth can have equitable access to a quality education.

- *Other school-related factors:* one study noted that access to "queer media" (e.g., books, magazines, and comics portraying 2SLGBTQ+ youth) was associated with better mental health among trans and nonbinary youth (Asakura, 2017). A youth in this study said that reading LGBTQ non-fiction "is like building a fort. Every single book is a brick and then you build up this fort that can support you". In rural areas, where access to in-person LGBTQ+ community may be more difficult, such media can provide a virtual community of support. School and local libraries should be supported in offering a variety of media that portray trans and nonbinary youth's lives in affirming ways.

Develop and Support Infrastructure and Programs to Support Trans, Nonbinary, and Two Spirit Youth

- *Telehealth and Health Interventions*: at least one study suggested trans and nonbinary youth experienced benefits in accessing telehealth and online health interventions for their health care needs, especially those in rural areas (Craig et al., 2021b). Encouraging and resourcing telehealth services focused on trans, nonbinary, and Two Spirit youth could improve access to gender-competent and gender-affirming care, and provide important health promotion opportunities that might be missed among youth who avoid clinical services.

- *Universal High-Quality Broadband Access:* telehealth availability and high-quality online interventions are of little use to youth who cannot reliably access them. Only 40% of British Columbians in rural areas have internet access that meets the Canadian Radio-television and Telecommunications Commission (CRTC)'s target speeds of 50/10 Mbps – a speed necessary to ensure equitable access to information, community, and educational/occupational opportunities (Office of the Auditor General of British Columbia, 2021).

  - Many trans and non-binary people in rural communities have immense difficulty accessing gender-affirming medical care in rural areas (Eisenberg et al., 2018; Craig et al., 2021b; Newhook et al., 2018). Ensuring adequate broadband internet access in these areas could help trans, nonbinary, and Two Spirit youth access the social and medical support they need. Access to online communities allows them to connect with peers, try new names and pronouns, access resources, learn about gender diversity, and find language to describe their own experiences.

- *Establish wellness centres that focus on young 2SLGBTQ+ people*: wellness centres that cater specifically to young and/or 2SLGBTQ+ people are a promising way of addressing the mental – and potentially physical – health needs of trans and nonbinary youth, especially those who are street-involved (Wang et al., 2020; Colvin et al., 2019).

Work with provincial agencies tasked with disaster preparation and mitigation to consider the impacts of province-wide disasters on trans, nonbinary, and Two Spirit youth

- The COVID-19 pandemic and natural disasters, like the wildfires and flooding that have ravaged the province in 2021 and 2022, are just two examples of emergency situations that disproportionately impact trans and nonbinary youth, especially those who may experience marginalization along multiple axes (e.g., are experiencing transphobic home environments or racial discrimination). Given the increase in wildfire activity in Canada in recent years and projections that this trend will only worsen (Coogan et al., 2019), along with similar predictions of rising incidence of global pandemics (Daszak et al., 2020), the underlying structural factors and social vulnerabilities affecting trans and nonbinary youth must be addressed. As southern BC rebuilds from the flooding of 2021 and the government considers future responses to such disruptive events, the vulnerabilities highlighted in this report should be considered in infrastructure repairs and upgrades (e.g., conversion of washrooms to all-gender ones) and prioritization of restoration of services (e.g., telehealth and the broadband access that enables such services to be accessed) post-disaster.

Limitations/Gaps in the Literature

Government Care

To date, very few studies have focused on trans and nonbinary youth with government care experience in Canada, much less in BC. Research on Two Spirit young people's experiences with government care was even sparser. Further research is needed to understand the needs and experiences of these youth leading up to, during, and after their time in care, especially when it comes to accessing gender-affirming healthcare/services and navigating the education system in BC.

BIPOC Youth

Little is known about the needs of Indigenous youth who are Two Spirit, trans, and/or nonbinary. Future research should focus specifically on the needs of Indigenous youth (both in rural and urban areas) who do not fit into a colonialist cisgender binary, including how experiences may differ for Indigenous youth who are Two Spirit compared to those who are trans and/or nonbinary but not Two Spirit. When it comes to trans and nonbinary youth in BC who come from other racial/ethnic backgrounds, we know almost nothing – studies from the USA have considerably more racially-diverse samples compared to those from Canada. Understanding the experiences of young people with these intersecting identities is crucial for making improvements to health and social services that address the needs of all youth.

Protective Factors and Positive Outcomes

Most studies focused on disparities, and while it has been critical to document the many ways that anti-trans attitudes and binary gendered systems negatively affect trans and nonbinary youth health in order to address those inequities, limited attention has focused on ways that trans and nonbinary youth are agents in their own lives and the ways this can positively affect not only their health and well-being but that of their communities. A sharper focus on protective factors is needed for the provincial government to anticipate and meet the needs of this growing and vibrant population. Similarly, while we know comparatively little about Two Spirit young people in BC, supporting this population requires a more detailed understanding of both the positive and negative aspects of their experiences and needs.

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Prepared for the Office of the Representative for Children and Youth

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