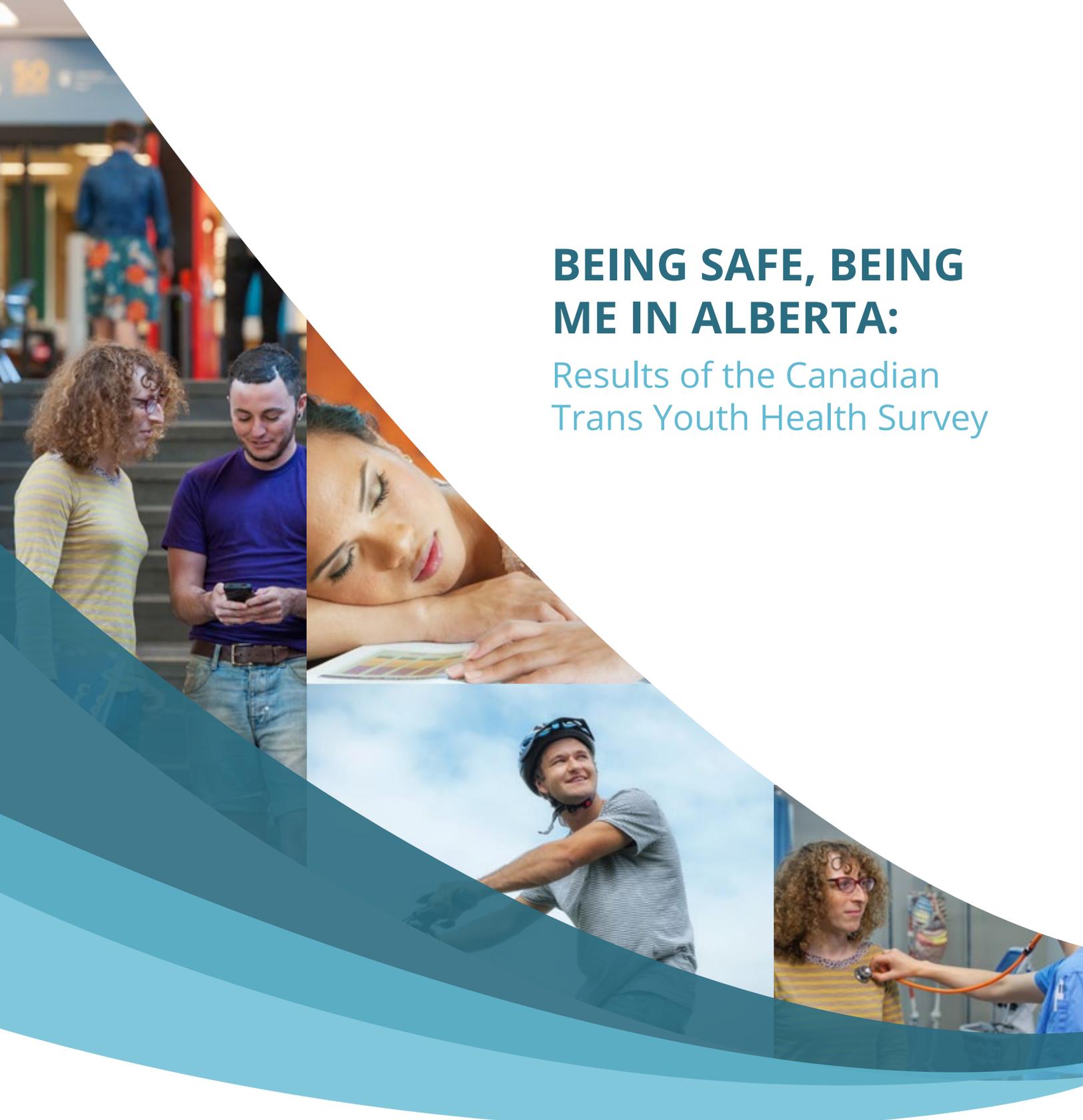


BEING SAFE, BEING ME IN ALBERTA:

Results of the Canadian
Trans Youth Health Survey



THE UNIVERSITY OF BRITISH COLUMBIA

School of Nursing



BEING SAFE, BEING ME IN ALBERTA:

Results of the Canadian Trans Youth Health Survey

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

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Executive Summary

The Canadian Trans Youth Health Survey was a national online survey conducted by researchers from several Canadian universities and community organizations. The survey included somewhat different questions for younger (14-18 years) and older (19-25 years) trans youth about a wide range of life experiences and behaviours that influence young people's health. This report is focused specifically on trans youth who live in Alberta, who made up 12% of the total respondents. This provincial report is a detailed snapshot of the larger national survey results.

KEY FINDINGS:

- While most Albertan youth (80%) reported living in their felt gender at least part of the time, only slightly over a third lived in their felt gender full time. Across Canada, those who lived in their felt gender all the time were almost 50% more likely to report good or excellent mental health.
- Safety, violence exposure, and discrimination were major issues. For example, in the last year three quarters of younger participants reported discrimination because of their gender identity (about three quarters%) and more than half reported discrimination due to their sexual orientation (56%). In the last five years, two thirds of older youth reported discrimination based on gender identity and sexual orientation (67% and 68% respectively).
- Most youth (69%) reported sexual harassment; more than 1 in 3 younger participants had been physically threatened or injured in the past year (35%); and nearly half of older youth reported various types of cyberbullying (48%).
- Family relationships are important, and while younger trans youth generally reported feeling their parents cared about them, 81% reported their family did not understand them at all or only understood them a little, and only about 1 in 3 had an adult in their family they could talk to about problems (33%). When youth had high levels of parent support and family connectedness, they reported much better health.
- Mental health issues were a key concern. Nearly three-quarters reported self-harm in the past year

(73%); a similar number reported serious thoughts of suicide (67% of younger youth in the past 12 months, and 63% of older youth in their lifetime); and more than 2 in 5 had attempted suicide (41% for younger youth in the last 12 months, and 38% of older youth in their lifetime).

- Many youth reported missing needed health care during the past year. Almost half of younger youth did not receive medical help when they were physically sick or hurt (44%), while three fifth did not access needed emotional or mental health services (62%). Three quarters of older youth missed needed physical or mental health care (74%).
- Half of youth with a family doctor (49%) said their current family doctor knew about their trans identity. However, only 15% of youth with a family doctor felt “very comfortable” discussing their trans status and trans-specific health care needs. Even fewer felt very comfortable at walk-in clinics (3%).
- Poverty and hunger was also an issue for some trans youth: a quarter of younger youth reported ever going to bed hungry because they did not have enough money for food at home (23%) and

more than 1 in 3 older trans youth reported going hungry in the past year because they could not afford food (36%).

- Around 1 in 3 younger trans youth reported they had run away from home in the past year (32%).

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

KEY RECOMMENDATIONS:

- **Support for families of trans youth:** Families are a key source of support for young people. We need better outreach and professional supports for families, to help them understand and support their trans youth, and to help trans youth feel safe at home.
- **Safer schools:** Schools need to become safer and more welcoming for trans youth, even before these youth make themselves known to school staff. Schools and school districts should work proactively with trans youth, their parents, trans community leaders, and professionals to develop comprehensive policies,

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programs (like GSAs and QSAs), and trans-inclusive curriculum to create more supportive school environments.

- **Knowledgeable and accessible health care services:** Healthcare providers and clinics should work with trans communities to ensure comprehensive and timely access to gender-affirming healthcare for trans youth. This is particularly important given the positive impact that being able to live in their felt gender has for youth. Professionals from all health care disciplines need further training to improve their ability to offer high quality care, including discipline-specific training in protocols for addressing trans youth health issues.
 - **Engage trans youth and their families in the solutions for change:** The 114 trans youth who shared their health experiences are the experts at identifying the challenges they face. They should have an active voice in making changes in the environments they navigate, to support their being and their becoming, their growth and their transition to adulthood.
-

Introduction

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

This national survey is the first of its kind in Canada. This provincial report also represents some of the first published research on trans youth in Alberta. Trans youth are increasingly visible in our communities, but not yet in population-based adolescent health or school-based surveys.

One reason for this is that we don't yet know exactly how to ask questions about gender identity to get reliable answers from everyone. We need to find ways for trans youth to self-identify on large-scale youth health and educational surveys, and for both trans and cisgender youth (those whose gender identity aligns with the sex they were assigned at birth) to accurately answer important health- and education-related survey questions.

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



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

PURPOSE OF THE SURVEY

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

- Asking trans youth about the same wide range of health topics and influences on health that are asked in the general population of young people

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

METHODS

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

Most of the questions were drawn from existing youth health surveys in Canada or the United States, so that we might have general populations to compare our results against at some point. We created two versions of the survey, one for younger youth (ages 14 to 18) and one for older youth (ages 19 to 25), with questions more specific to each age group. Many of the questions appeared on both surveys.

Because questions about gender identity have not been fully tested in other adolescent health surveys, we used several different questions that

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

– AGE 23, ALBERTA

have been asked in clinical settings, or asked in adult surveys, so that we could try asking these questions in different ways. After each of these questions we also asked how well participants liked the question, and how well its response options fit them. We included a comment box for them to share more detailed comments, if they wanted to.

We developed the survey to be taken online, either on computer, tablet, or smartphone. The survey was available in both English and French. We spread the word about the survey through our YACs, through social media sites such as Facebook and Twitter, as well as through the networks of LGBTQ youth organizations across Canada. We also shared the information with clinical services and health care providers in several provinces who work with trans and gender diverse youth, and some of those shared the link to the survey with their clients. Our study received ethics approval from several university ethics boards across Canada. The survey was open from October 1, 2013 to May 31, 2014.

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

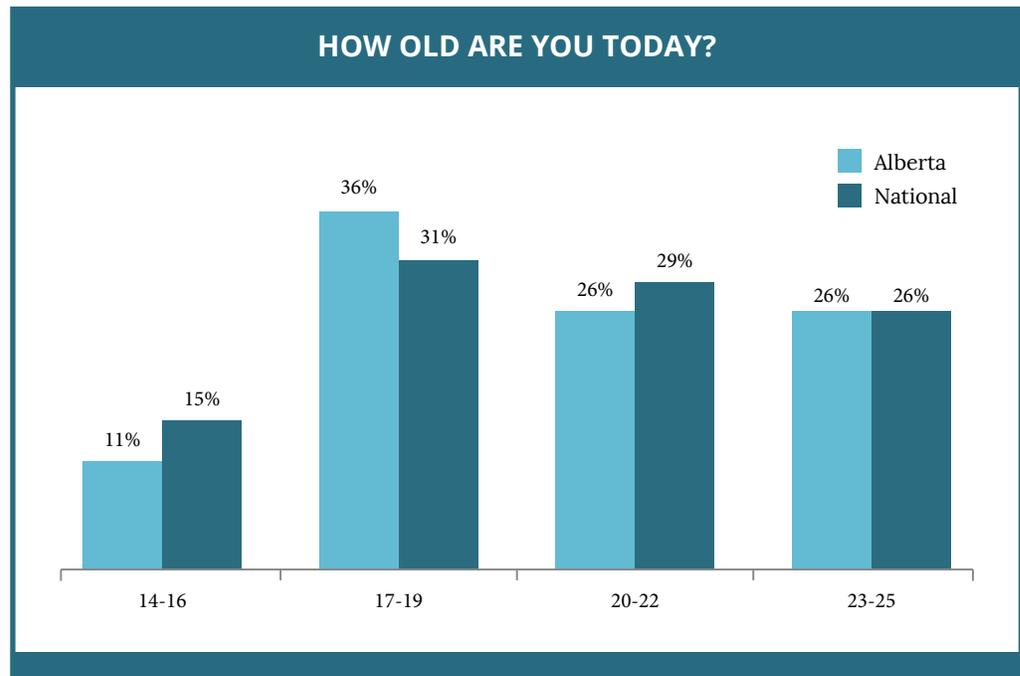
from the same IP address, it was usually because someone had started and stopped, then restarted later. When this was the case, and the question responses were also largely the same, we kept the survey with the most questions answered.

This report offers the first descriptive information and highlights the responses of both younger (14 to 18) and older (19 to 25) youth in Alberta. Results have been rounded to the nearest whole percent. We tested comparisons between older and younger age groups for questions they both were asked. We also compared between provincial regions for all questions (with New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador combined as the Atlantic Provinces, and Saskatchewan and Manitoba combined as Prairie Provinces). Statistically significant comparisons reported are explicitly noted.

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

Who Participated in the Survey?

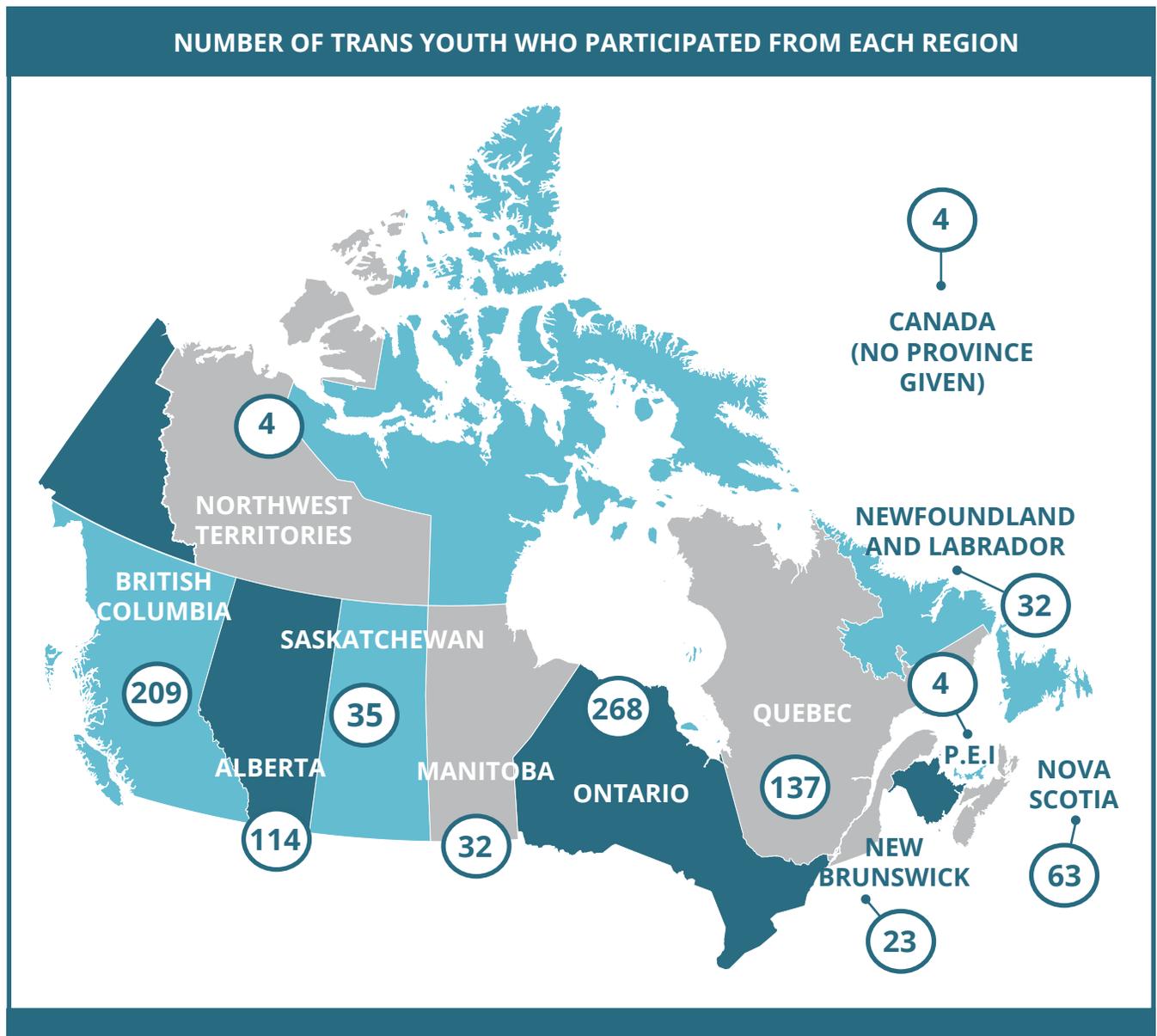
In total, 114 youth from Alberta completed part or all the survey. The average age of participants from Alberta was 20 years old. Youth age 18 or younger represented 36% of all participants.



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

GEOGRAPHICAL LOCATION

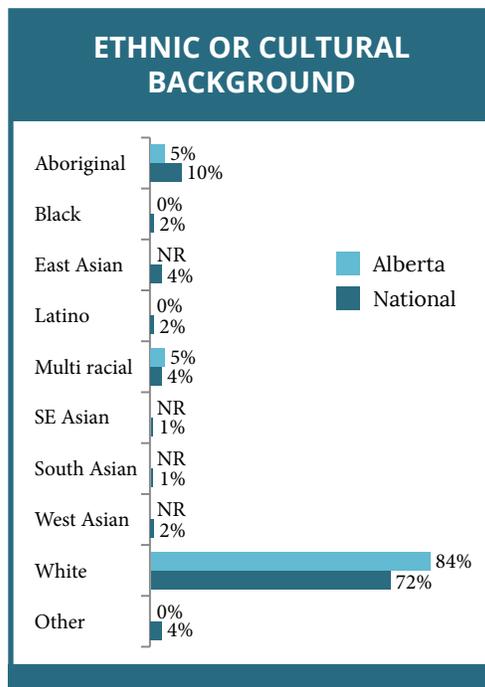
Youth participated in the survey from every province and territory in Canada except for the Yukon and Nunavut, although we had fewer than 10 youth participate from Northwest Territories and Prince Edward Island. Most participants lived in Ontario and British Columbia. Youth from Alberta represented 12% of all participants.



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ETHNIC AND CULTURAL BACKGROUND

Most youth reported being white, and 5% of the participants reported being aboriginal. A comparatively small number of youth reported identities such as East Asian (which included Korean, Chinese and Japanese ethnic identities), South Asian, Southeast Asian and other ethnic groups. Some youth checked more than one option. A significantly larger number of participants in Alberta reported being white in comparison to the rest of the country.



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

NEW CANADIANS

Only one respondent was a recent immigrant (meaning that they had lived

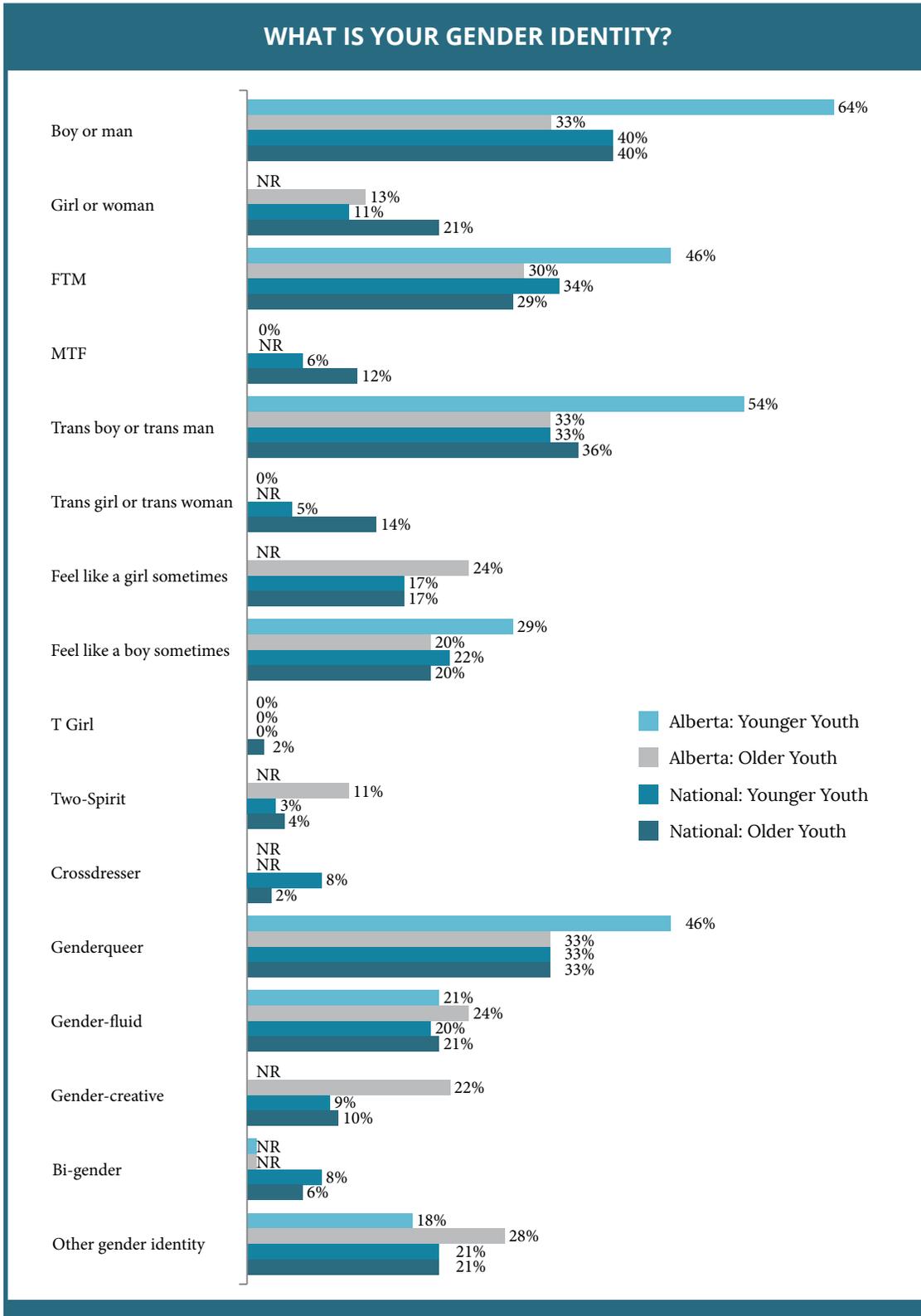
in Canada for less than two years). The majority (92%) of participants had lived in Canada for their whole lives.

LANGUAGE

Language spoken at home is another way to identify the cultural diversity of the survey participants. Overall, more than three quarters (83%) of youth spoke only English at home, 4% spoke English and French at home, and 13% of the participants reported that they speak another language besides English or French at home. Significantly less youth in Alberta reported speaking exclusively French at home in comparison to the rest of the country

GENDER IDENTITY

The survey contained several different questions asking trans youth about their gender identity in slightly different ways. The questions “What is your gender identity?” and “Do you identify as trans*?” were rated the highest by trans youth in our province, both in how much they liked it and how well the options fit them. These questions allowed them to select their gender identity or identities from a long list of options, and to select more than one option from the list. Participants could also write-in additional options if they felt their identity was missing from the existing list. Some of the most common write-in additions were: non-binary, agender, gender-neutral, and to a lesser extent, transmasculine or transfeminine. The comments after this question suggest that the ability to self-identity in unique ways resonated very positively with trans youth.



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

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Another question gave a basic definition for the word transgender (“when a person’s sex and gender do not match, they might think of themselves as transgender”) then asked which best described them. Among our participants, the overwhelming majority answered they were transgender (93%), with 44% also identifying as boys or men, and over 37% identifying in “some other way,” and only about 12% also

identifying as girls or women. Older trans youth were more likely to identify as girls or women. The comments following this question suggest that some youth felt strongly that the term ‘transgender’ did not accurately represent them and their identity, which may help to explain the number of participants who answered that they were not transgender.

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

	Alberta	National
I am not transgender	7%	8%
I am transgender and identify as a boy or a man	44%	40%
I am transgender and identify as a girl or a woman	12%	16%
I am transgender and identify in some other way	37%	36%

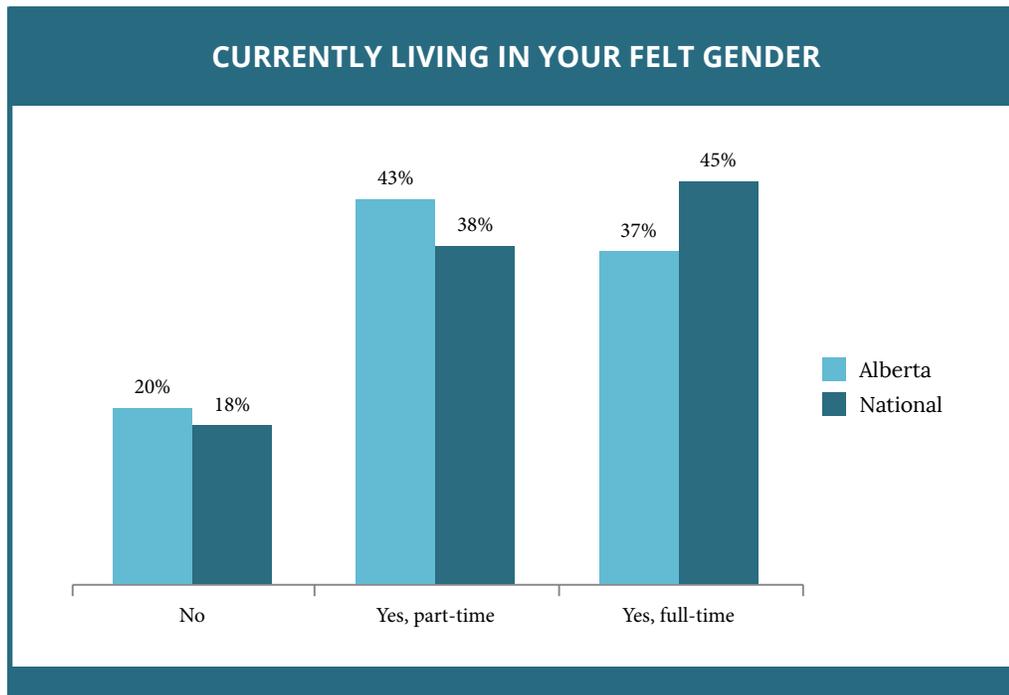
Another question asked participants: “Do you identify as trans*? (This includes transgender, transsexual, transitioned, genderqueer and some two-spirit people.)” Most trans youth answered yes (90%), but comments written about this question suggested some participants did not like “trans*” because it lumped together people with many different identities and experiences.

Most of trans youth in our survey were assigned female at birth (80%). This could be because trans female and transfeminine youth might be more marginalized in our society, and so harder to reach, for example, if they are less connected to community organizations. Older trans youth were more likely to have been assigned male at birth (25% compared to 11% of younger participants).

LIVING IN FELT GENDER

Most Alberta participants (80%) reported that they were currently living in their felt gender at least part of the time, with over a third who were currently living in their felt gender full-time. One in five were not living in their felt gender at all. Older youth were slightly more likely to be living in their felt gender full-time (39% versus 32%).

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



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

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SEXUAL ORIENTATION

Sexual orientation questions from general surveys can be difficult for trans youth to answer. Most such questions make some connection between your gender and those of your sexual partners, but they usually do not include non-binary or trans options.

One question asked how youth currently identify, and just offered labels without definitions. Most participants chose sexual orientation labels that were not defined by the gender of potential partners or one's own gender, such as queer, pansexual, and bisexual. Many participants chose to write-in an option: many of these reported they were some form of asexual (demisexual¹, aromantic²) or polysexual³ or panromantic⁴. Participants could choose more than one response on the list. While 46% of participants only chose one response, many checked two (26%) or three (26%) responses.

Younger youth were somewhat more likely to identify as pansexual, while older youth were more likely to identify as queer. Younger youth were also more likely to say they were questioning or were unsure about their sexual orientation, and to select "other." Youth in Alberta were significantly less likely to report being straight or heterosexual and significantly more likely to report having another identity other than those listed above in comparison to the rest of the country.

HOW DO YOU CURRENTLY IDENTIFY?		
	Alberta	National
Bisexual	18%	17%
Gay	12%	13%
Lesbian	16%	12%
Asexual	12%	10%
Pansexual	37%	35%
Queer	47%	49%
Straight or heterosexual	7%	14%
Two-Spirit	8%	4%
Not sure or questioning	14%	11%
Other	19%	17%

Note: Youth could choose more than one response.

¹ A person who does not experience sexual attraction unless they form a strong emotional connection with someone.

² A person who experiences little or no romantic attraction to others.

³ A person who is sexually attracted to more than one, but not all, genders.

⁴ A person who is romantically attracted to people of all genders.

Home Life

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

Approximately two thirds of older youth reported living with parents, a friend or a roommate.

We asked older trans youth whether they were ever under the legal responsibility of the government as a child. No participants replied affirmatively and 5% weren't sure.

Youth may run away because of conflict at home, abuse, feeling unsafe, or a combination of these factors. Most younger participants had not run away in the past year, however 32% of them had done so at least once.

YOUNGER TRANS YOUTH LIVING SITUATION

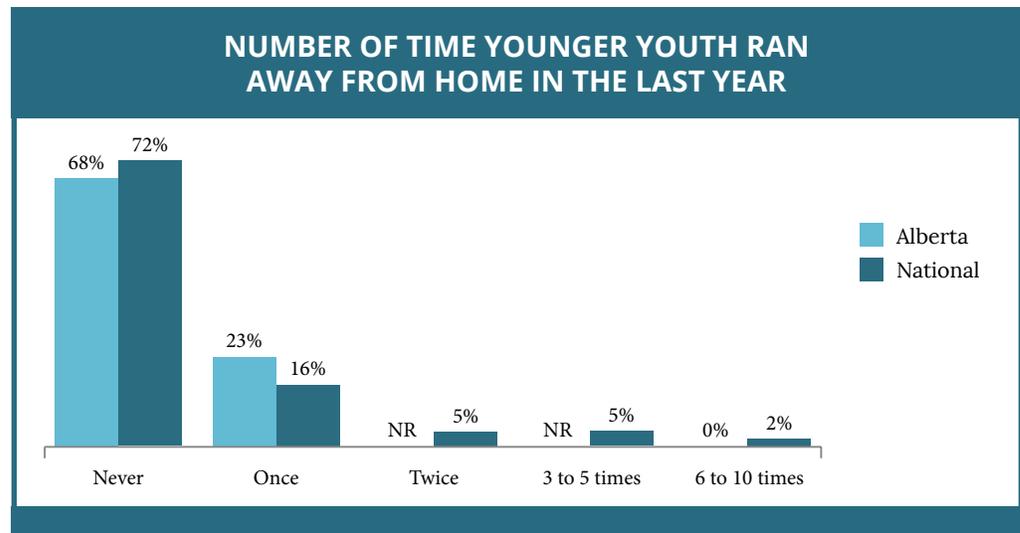
	Alberta	National
Birth mother/stepmother/adoptive mother	65%	74%
Birth father/stepfather/adoptive father	62%	56%
Sibling(s)/stepsibling(s)	51%	60%
Grandparent(s)	0%	4%
Other adult(s) related to me	NR	3%
Foster parent(s)	0%	2%
Two mothers/two fathers	NR	2%
I live alone	NR	2%
My own child or children	0%	NR
Other	NR	9%

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

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OLDER TRANS YOUTH LIVING SITUATION		
	Alberta	National
Spouse	8%	4%
Common-law	20%	16%
Parent	35%	39%
Child	NR	1%
Siblings	20%	26%
Foster parent	0%	NR
Foster child	0%	NR
Grandparent(s)	NR	3%
In-laws	NR	1%
Other relatives	NR	2%
Unrelated adults	NR	8%
Friend/Roommate	34%	35%

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



NR: Not releasable due to small number of responses.

School and Work

For many youth, school is a place where they spend a significant amount of time each day. Connection to school can be an important factor in youth development. Participants were asked how connected they feel to their school by indicating how much they agreed or disagreed with statements such as “I feel close to people at my school” or “I am happy to be at my school.” Trans youth in Alberta reported that they did not feel very connected to their school. On a scale of 0 to 10, they scored 4.7 in school connectedness, yet this was still one of the higher provincial scores.



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

YOUNGER YOUTH AVERAGE SCHOOL CONNECTEDNESS SCORE (0-10)	
Overall Average	4.9
British Columbia	5.5
Alberta	4.7
Prairie Provinces	4.4
Ontario	4.9
Quebec	6.0
Atlantic Provinces	3.8

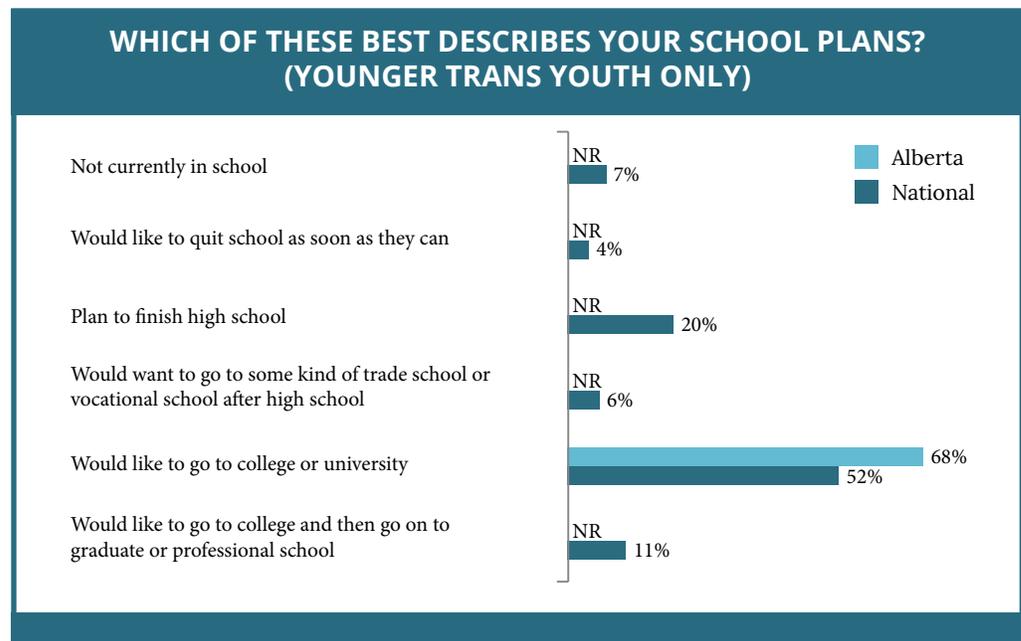
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SCHOOL PLANS

Educational goals give a sense of whether a young person sees a future for themselves. Younger trans youth were asked about their school plans. Only a small number (4 youth) said they were not in school, or would like to quit school as soon as possible (1 youth). Over two thirds said they would like to continue their education at a college or university. Two youth saw themselves going to a trade or vocation school while one expected to go to graduate or professional school.

WORK

We also asked younger youth how many hours a week they spent working for pay (outside the home). Over 48% of them did not work for pay. If they did work, they were most likely to work less than 10 hours per week. Only 6% of younger participants worked 16 hours a week or more.

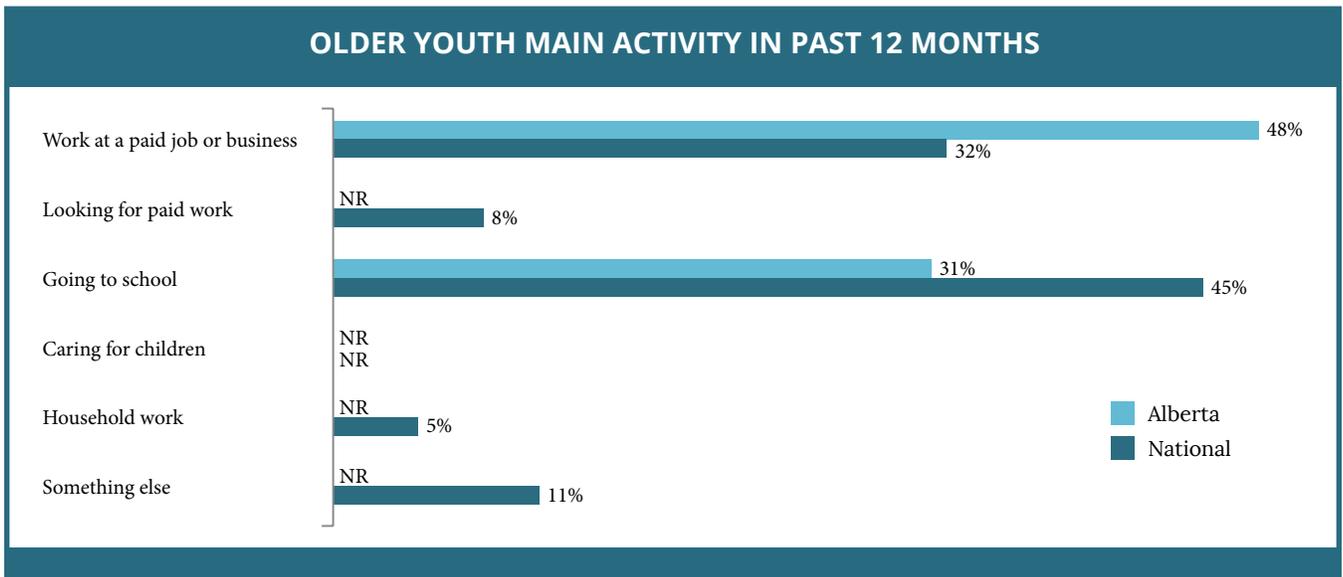


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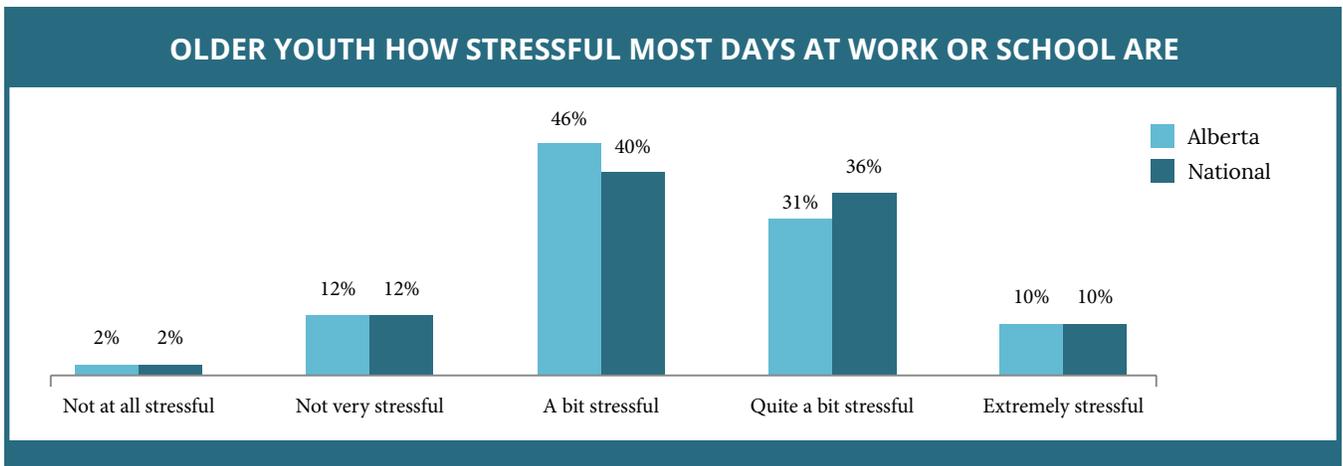
Older participants were asked a different question: they were asked about their main activity. Older youth were most likely to be in school or to be working at a paid job or a business. In addition, some older youth said that they were looking for work and about 1 in 10 chose to write in an answer. Common write-in responses included combining work and school, engaging in unpaid work such as art or vol-

unteering, and not working due to a disability or mental health needs.

We asked older youth to rate how stressful most days were at work or at school. Over three quarters reported that most of their days were “a bit” or “quite a bit” stressful. In contrast, 10% of older youth reported that most days were “extremely stressful”.



NR: Not releasable due to small number of responses.



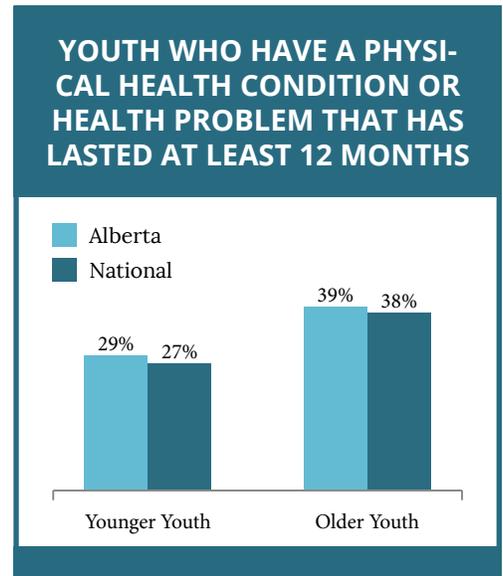
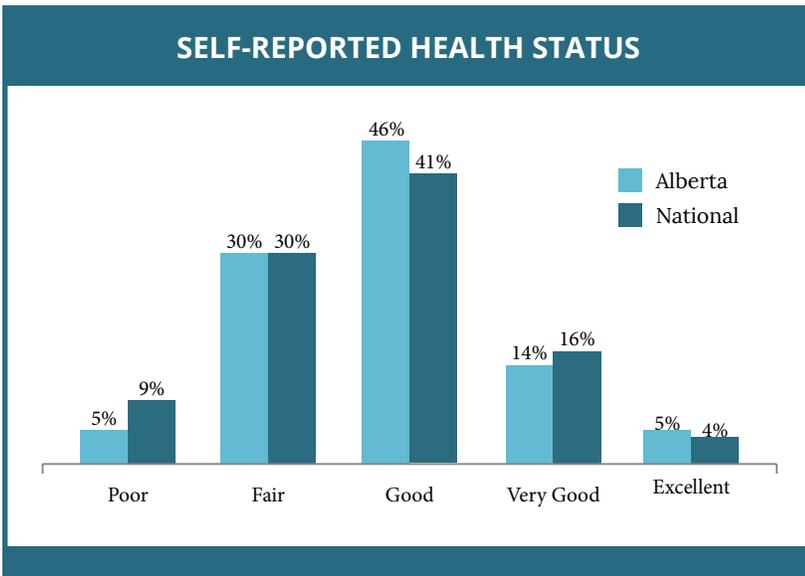
*Percentages may not add up to 100% due to rounding.

Physical Health



We asked youth about their physical health, chronic health problems, and their sleep habits. A little over six out of ten participants said their health was good, very good or excellent.

Almost one third of younger youth and four out of ten older youth told us they have a physical health problem that has lasted at least 12 months.



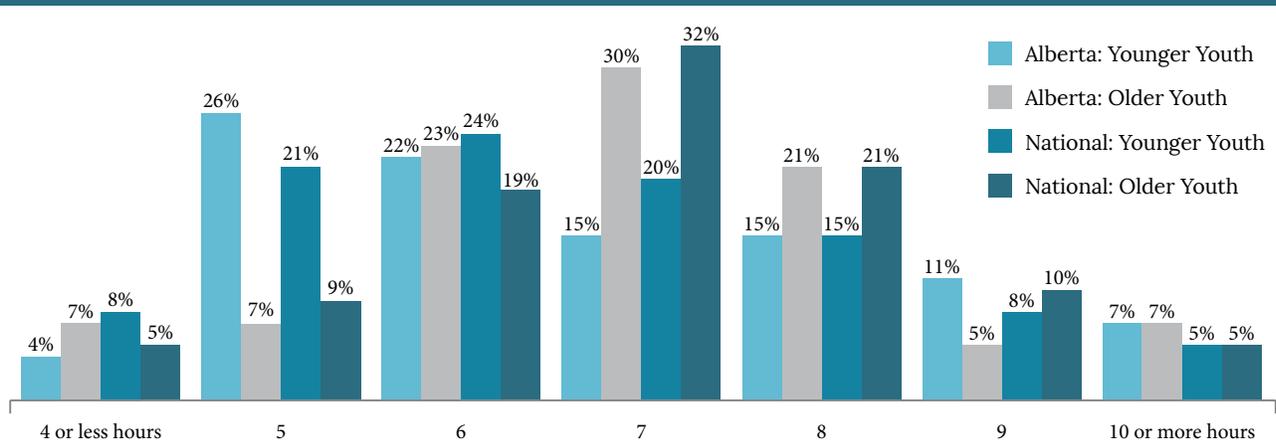
*Percentages may not add up to 100% due to rounding.

According to the National Sleep Foundation, adolescents need between 8.5 and 9.25 hours of sleep each night. We asked younger youth how much sleep they get on an average school night: 19% said they get 9 hours or more and 15% get 8 hours of sleep. A small number of younger youth (4%) get 4 hours of sleep or less on an average school night. We asked older youth the same question, except on an average weeknight instead of average school night.

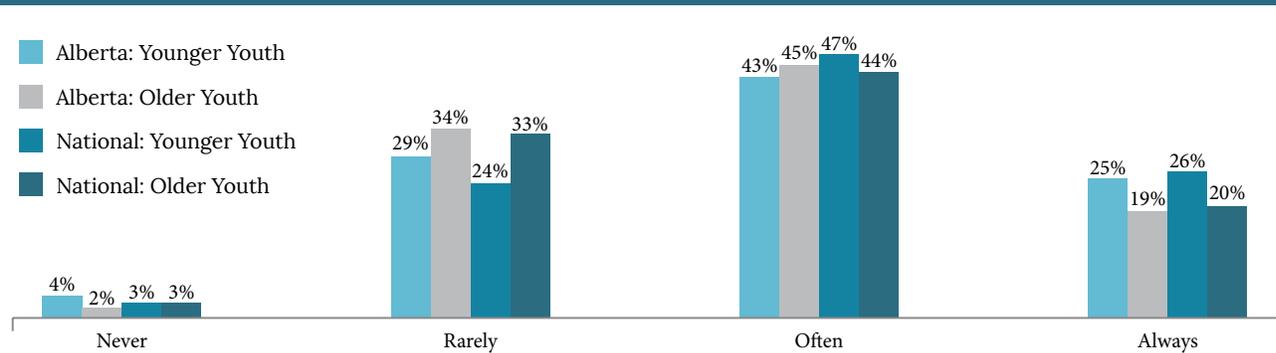
On an average weeknight, 12% of older youth get 9 hours or more and 21% get 8 hours of sleep. A small number of older youth (7%) get 4 hours of sleep or less on an average weeknight.

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

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



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

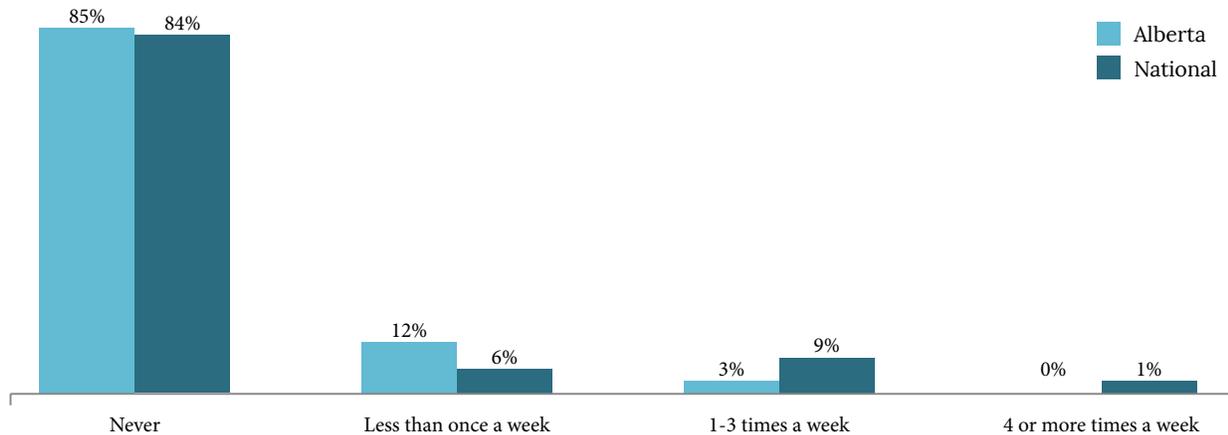


Physical Activities

We asked participants how often in the last month they participated in activities organized by their school before school, at lunchtime, or after school. Almost a third (31%) said they never participated in activities organized by their school, 23% said they participated one or more times per week, and 7% said they participated less than once per week. We also asked all youth how often in the last month they participated in physical activities with a coach, (specifically outside school for younger youth). The majority said they never did, but 15% said they participated one or more times per week.



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



Injury Prevention

Injuries are a leading cause of death and health problems for young people worldwide, so it is important to know what trans youth do to keep themselves safe and prevent injuries, for example, whether they wear a helmet while riding a bike. Half of youth said they wear a bike helmet often or always, while 3 in 10 said never or rarely, and nearly a quarter said they don't ride a bike at all.

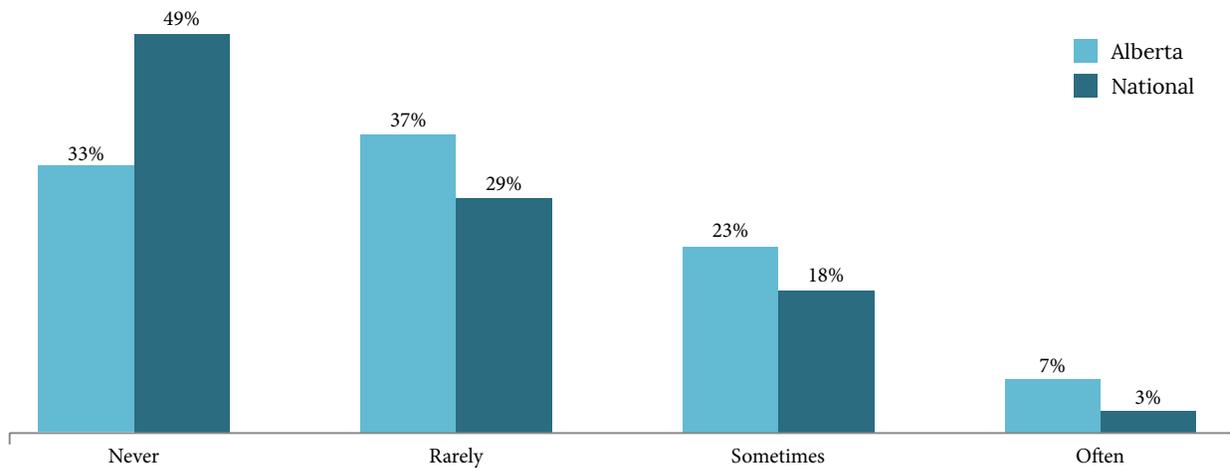
Drinking and driving is another important safety concern. Among younger youth who said they have a driver's license, none reported that they had ever driving a vehicle within an hour of drinking 2 or more drinks of alcohol.

Among older youth who had driven a car in the last year, 3% said they had driven a vehicle within an hour of drinking 2 or more drinks of alcohol.

Around 1 in 10 youth who used marijuana said they had driven within an hour of using in the past 12 months.

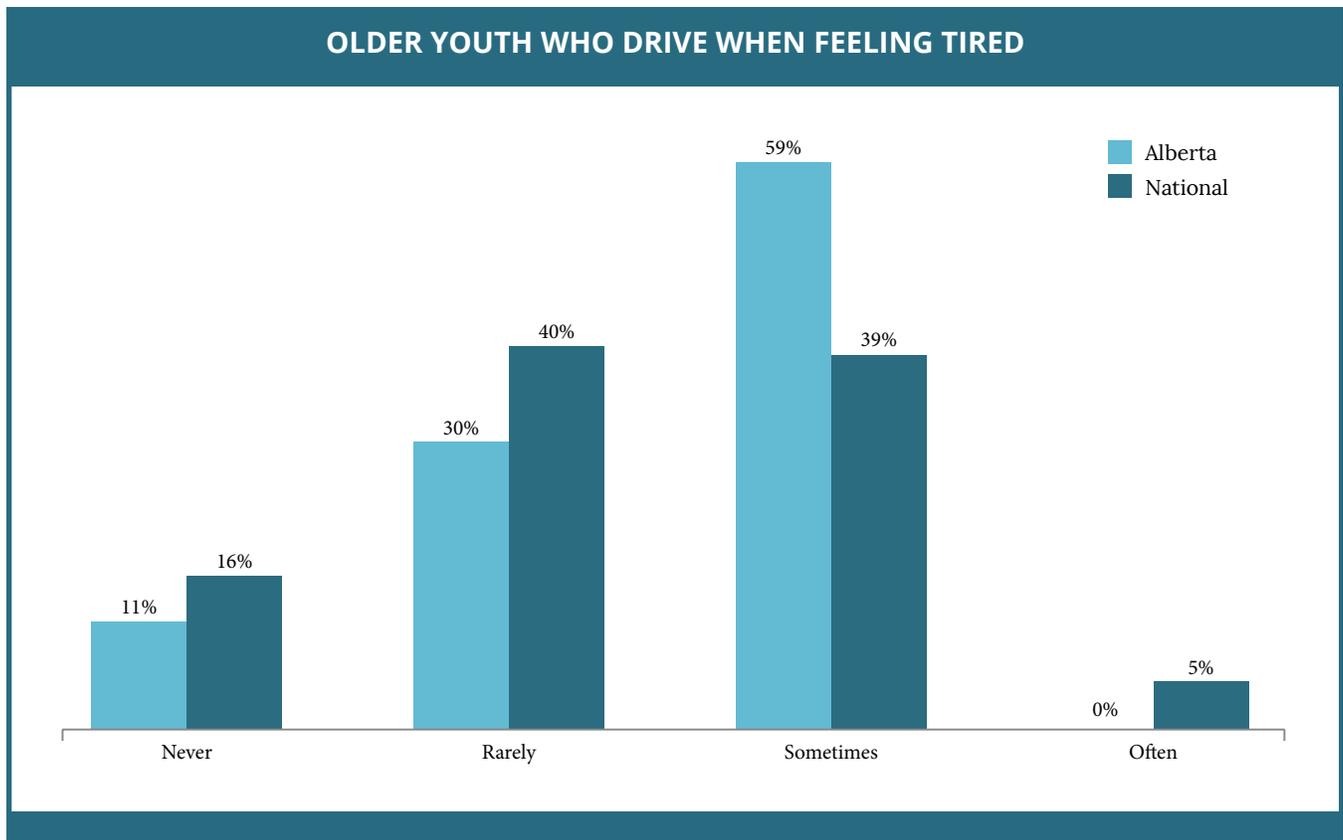
We also asked older youth who had driven in the past year how often they use their cell phone while driving (excluding use with hands-free devices). A third said they never use their cell phone while driving, another third reported that they rarely do, and a quarter said they sometimes use their cell phone while driving. Only 7% said they use their cell phone often while driving.

OLDER YOUTH WHO USE A CELL PHONE WHILE DRIVING A MOTOR VEHICLE (EXCLUDING HANDS-FREE DEVICES)



23

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



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

Nutrition, body weight, and body image

NUTRITION

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

Most younger trans youth reported eating fruit or vegetables at least once the day before, but only about half said that they ate fruit or vegetables once or twice that day, and almost ten percent reported having no vegetables and no fruit at all.

We asked older youth how often they usually have certain kinds of food and drink. Most of them reported usually eating one to four servings of fruit or vegetables (57%), but only a fifth of respondents said that they ate at least seven servings of fruit or vegetables per day.

BREAKFAST

Out of the younger youth attending school, 38% reported never eating breakfast in the past week while 25% reported always eating breakfast in the past week.

YOUNGER YOUTH WHO ATE OR DRANK AT LEAST ONE SERVING YESTERDAY

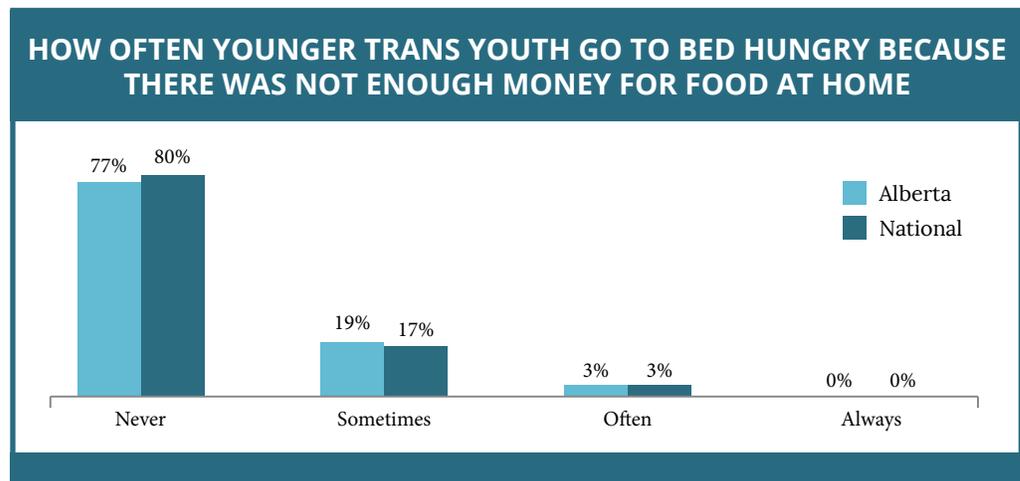
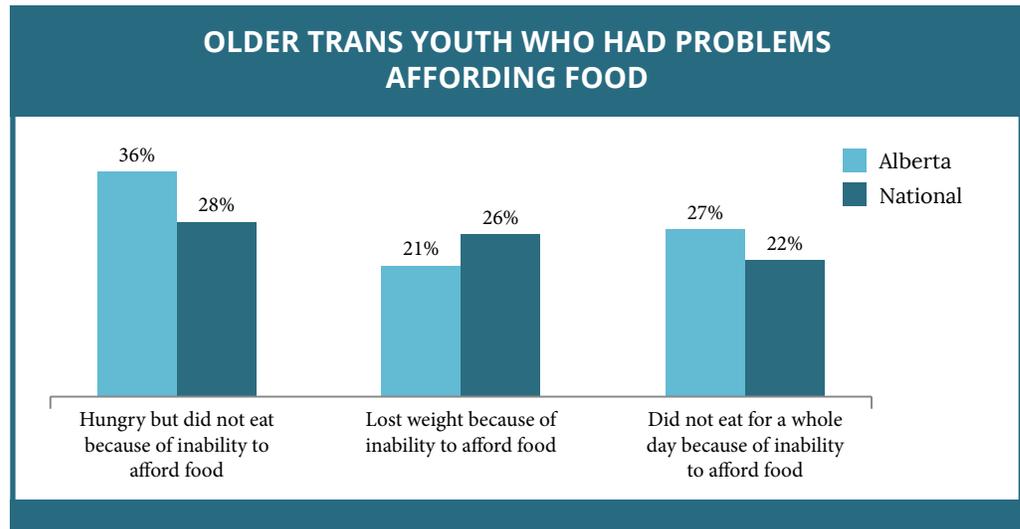
	Alberta	National
Fruit (not counting fruit juice)	54%	59%
Vegetables or green salad	76%	77%
Salty or sugary snacks (e.g. potato chips, granola bars, chocolate or cookies)	87%	80%
Fast food (e.g. hot dogs, hamburgers, pizza, chicken nuggets)	33%	30%
Water	90%	91%
Pop / soda (non diet), slurpees, slushies)	37%	35%
Energy drinks (Red Bull, etc.)	10%	7%
Coffee / lattes / iced coffee	40%	35%

Note: Youth could choose more than one response.

FOOD SECURITY

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

A significant percent of older trans youth reported not having access to food because of money in the past year: 36% reported not eating, 21% reported losing weight, and 27% reported not eating for a whole day because they could not afford food.



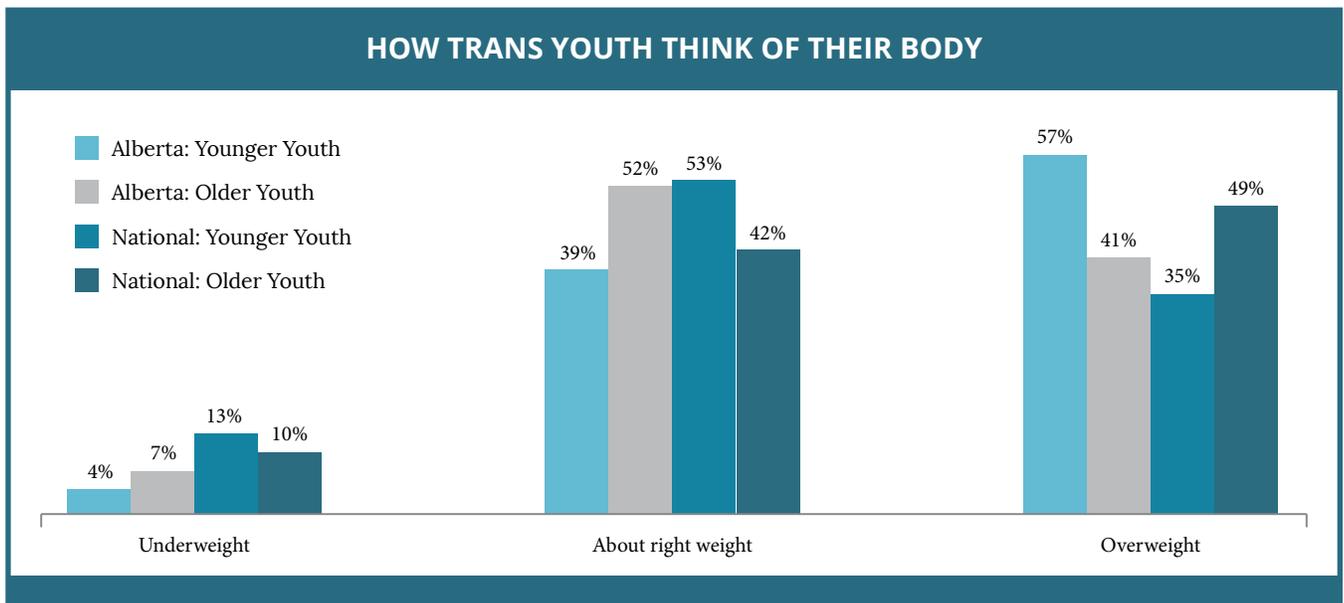
BODY WEIGHT AND BODY IMAGE

We asked younger and older trans youth slightly different questions about how they perceive their body weight. Younger youth were asked ‘How do you think of your body?’ and older youth were asked ‘Do you consider yourself underweight, about right weight, or overweight?’ Over half of the younger participants and over one third of older participants thought of their body as overweight.

Most younger youth reported trying to either lose weight (54%) or keep from gaining weight (25%). A much smaller percentage (4%) of younger trans youth were trying to gain weight and the remaining 18% reported not doing anything about their weight. Over half (59%) of older youth reported that they were not changing the way they eat due to concerns about their body weight.

Just over half (58%) of participants reported that they had exercised to lose weight or control their weight in the past year. Youth reported other methods to control weight including fasting or skipping meals (44%), smoking cigarettes (16%), vomiting on purpose after eating (9%), using diet pills or speed (7%), or using laxatives (1%) for this purpose.

Younger youth were more likely than older youth to report fasting or skipping meals (56% versus 37%), smoking cigarettes (19% versus 15%), and vomiting after eating (16% versus 5%) to lose or control their weight.



Health care access

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

FAMILY DOCTORS

Overall, 66% of Alberta youth reported having a regular family doctor, and half (49%) reported that the family doctor knows about their trans identity. Younger youth were more likely to have a family doctor (82% versus 57%) than older trans youth.



“As a person with a permanent and visible physical disability, doctors often assume that I am non-sexual, unable to make decisions for myself, or incapable of providing accurate information about my own experiences. I am often spoken to like a small child, or entirely ignored when I bring up concerns. As a result of this, I feel that I am even more unlikely to engage with health services unless it is absolutely unavoidable, and would definitely not generally feel comfortable discussing something like my gender identity.”

- AGE 23, ALBERTA

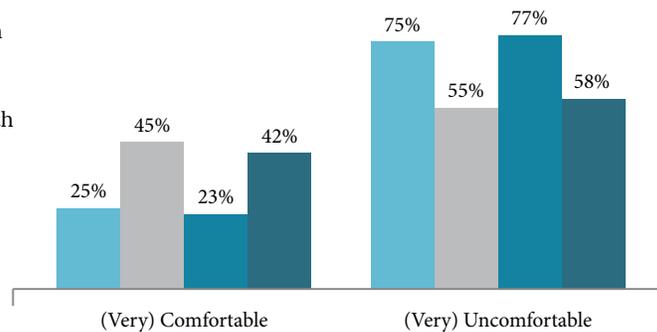
WALK-IN CLINICS

Almost half of Alberta youth rely on walk-in clinics for their health care needs (48%). Three quarters of youth were ‘uncomfortable’ or ‘very uncomfortable’ discussing their trans status and trans-specific health care needs with doctors at a walk-in clinic.



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

- Alberta: Younger Youth
- Alberta: Older Youth
- National: Younger Youth
- National: Older Youth



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ACCESS TO CARE

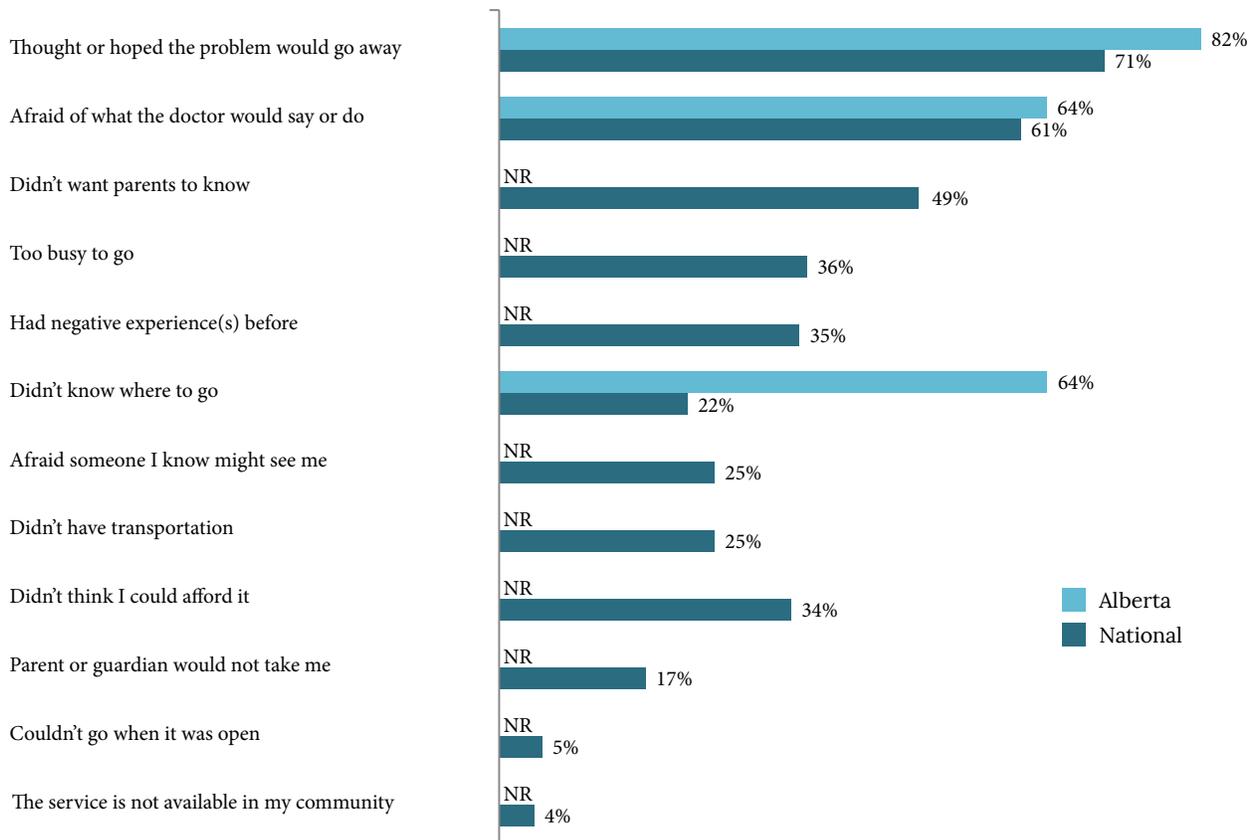
Understanding how and why trans youth access or don't access primary care and mental health services is an important part of understanding their overall wellbeing.

Nearly three quarters (74%) of older youth reported not accessing health care when they needed at some point in the last year. Younger youth were asked about physical health and mental health separately. Almost half (44%) of younger youth had not received

physical healthcare, and 62% had not received emotional or mental health services when they needed at some point during the preceding year.

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

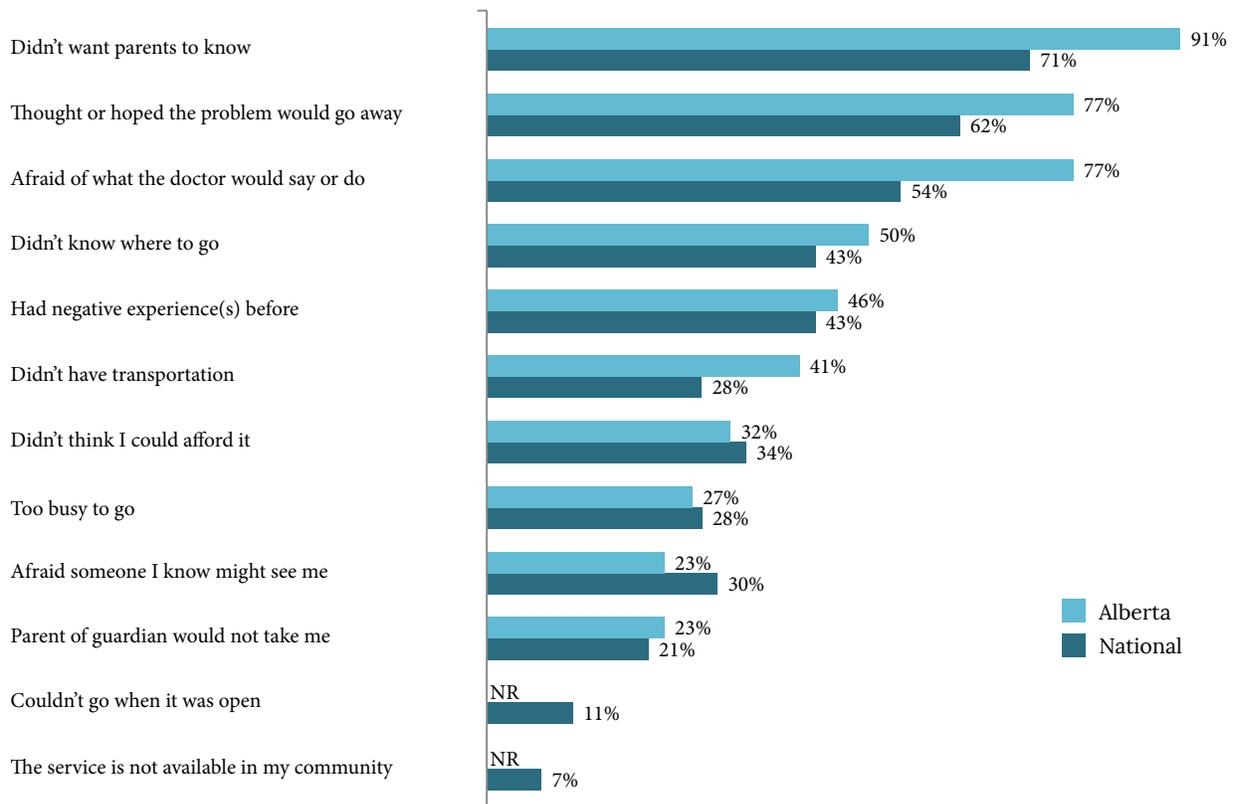
REASONS FOR NOT ACCESSING NEEDED MEDICAL HELP WHEN PHYSICALLY SICK OR HURT IN THE PAST YEAR AMONG YOUNGER YOUTH



NR: Not releasable due to small number of responses.

Among younger youth, two thirds (62%) also reported at least one time in the last 12 months when they had not received needed mental health services. The most common reasons these youth gave for not getting mental health services included not wanting parents to know, thinking or hoping the problem would go away, or being afraid of what the doctor might say or do.

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



NR: Not releasable due to small number of responses.

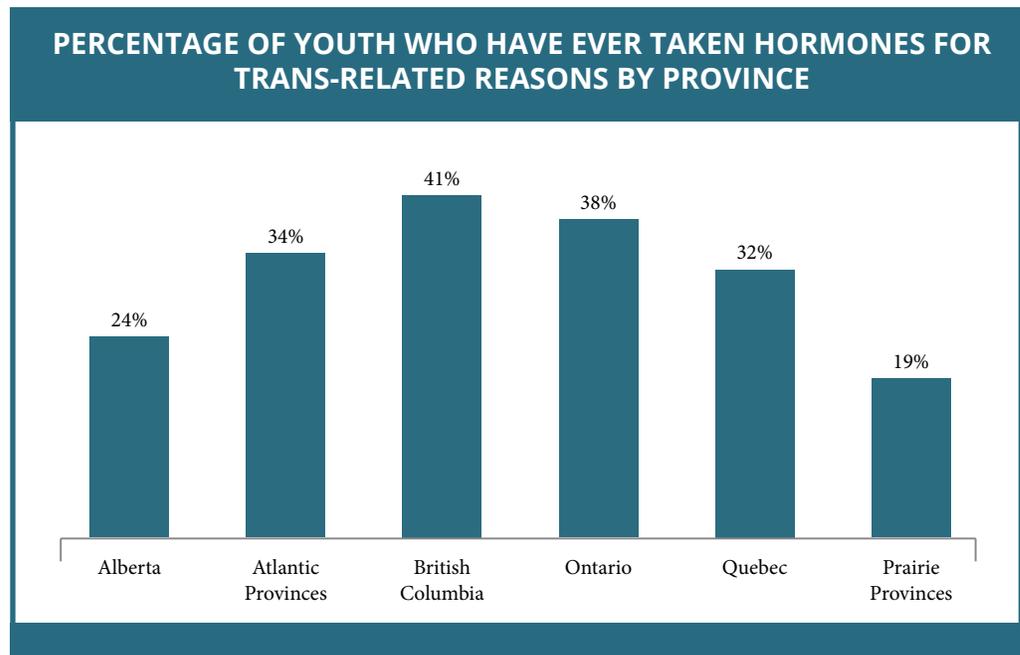
HORMONE THERAPY

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

A quarter of all youth (24%) reported they had ever taken hormones for trans-related reasons at some point, including 19% of younger youth and 28% of older youth. Trans youth in Alberta were significantly less likely to have ever taken hormones for trans-related reasons in relation to the rest of the country.

Many trans youth reported receiving hormones through prescriptions from and specialists, family doctors or GP and others.

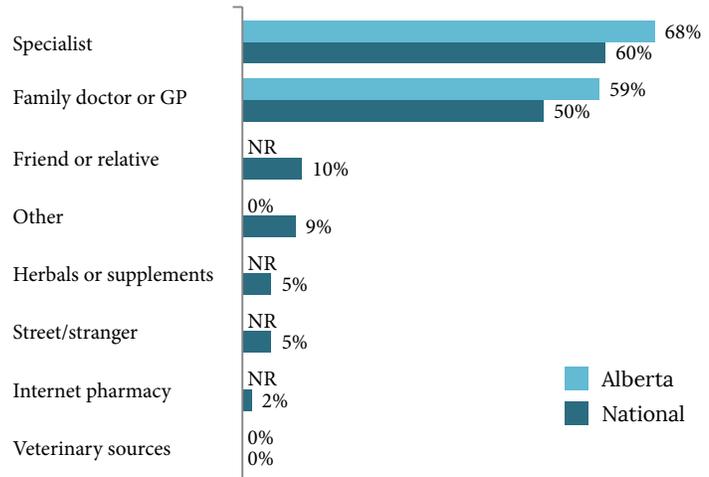
The most common reasons for not taking hormones were that youth were still deciding if hormones were right for them (34%), that they were not planning on taking hormones (19%), while some participants reported not being able to find a doctor to prescribe hormones (19%).



NON-PRESCRIBED HORMONE USE

Many trans youth seek hormone therapy as part of medical gender transition. Unsupervised use of hormones obtained from family, friends or strangers is linked to multiple health risks, including contaminated medications and unsafe injection practices. While most youth said they got hormones through a doctor's prescription, many youth who had taken hormones reported getting these medications without a prescription at some point, whether through herbals or supplements (14%); friends or relatives (5%); strangers or on the street (5%); or an internet pharmacy (5%)

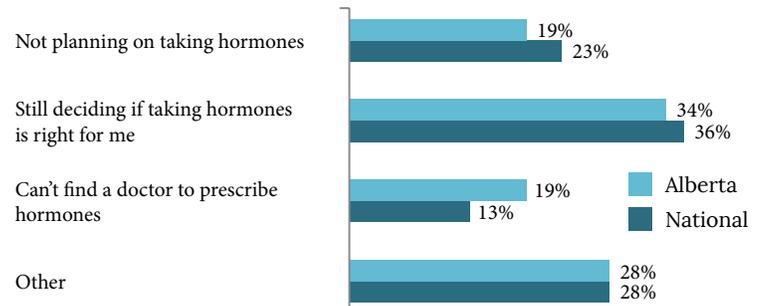
WHERE YOUTH RECEIVE THEIR HORMONES



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Note: Youth could choose more than one response.

REASONS FOR NOT TAKING HORMONES

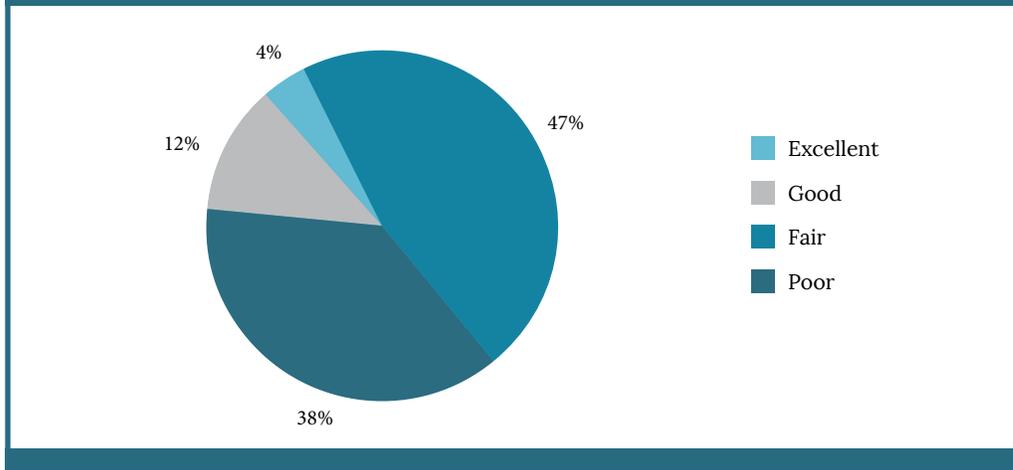


Mental health

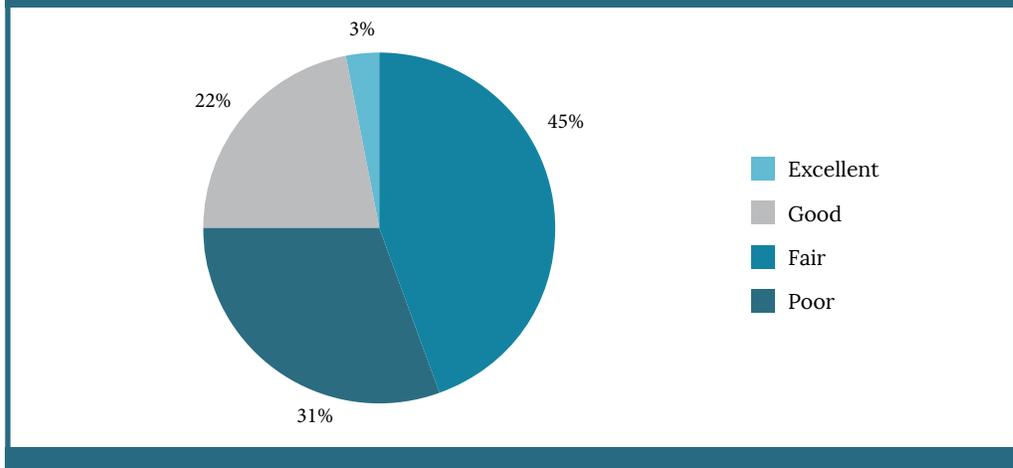
Mental health is an important aspect of health that we included by asking questions about self-esteem, stress, depression, anxiety, happiness, self-harm, and suicide.

SELF-REPORTED MENTAL HEALTH

ALBERTA: TRANS YOUTH SELF-REPORTED MENTAL HEALTH STATUS



NATIONAL: TRANS YOUTH SELF-REPORTED MENTAL HEALTH STATUS



SELF-ESTEEM

There were several related questions that measured self-esteem. The self-esteem scale included slightly different questions for older and younger youth such as, “I usually feel good about myself,” “I am able to do things as well as most other people,” and “You take a positive attitude towards yourself.” On average, younger youth scored 2.5 out of 10 and older youth scored 4.0 out of 10.

We also asked younger youth if they could think of something they were good at, and over half (57%) of them said yes.

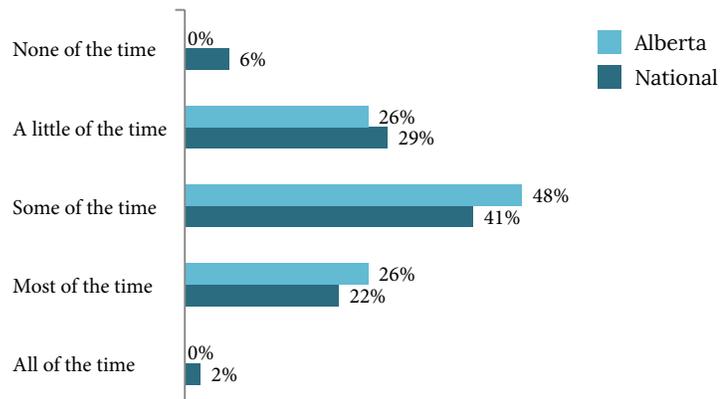
EMOTIONAL WELLBEING

Older youth also answered a series of questions about their happiness, life satisfaction, sense of belonging, and relationships that measured emotional wellbeing. The emotional wellbeing scale included questions such as “In the past month have you felt interested in life? That you belonged to a community? That you had warm and trusting relationships with others? Confident to think or express your own ideas and opinions?” Older youth scored 3.8 out of 10 on overall emotional wellbeing.

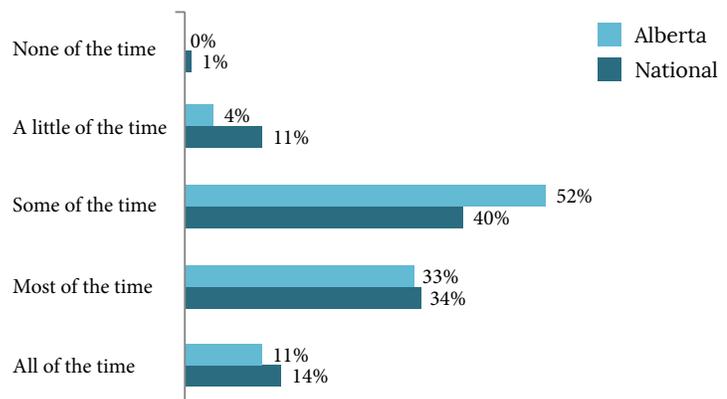
Younger youth reported on how often they had felt happy or sad during the previous 30 days.

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

HOW OFTEN DID YOUNGER YOUTH FEEL HAPPY IN THE LAST 30 DAYS



HOW OFTEN DID YOUNGER YOUTH FEEL SAD IN THE LAST 30 DAYS

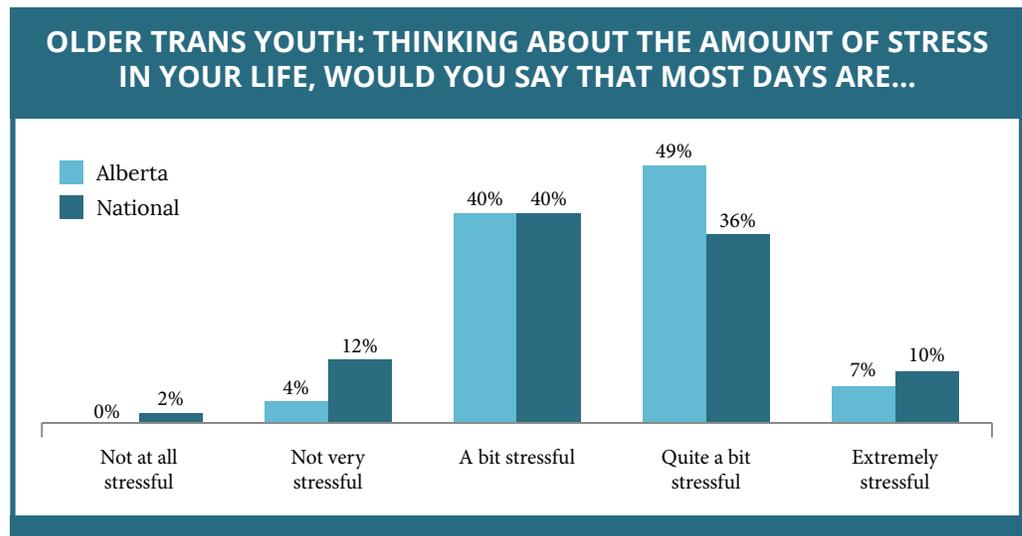
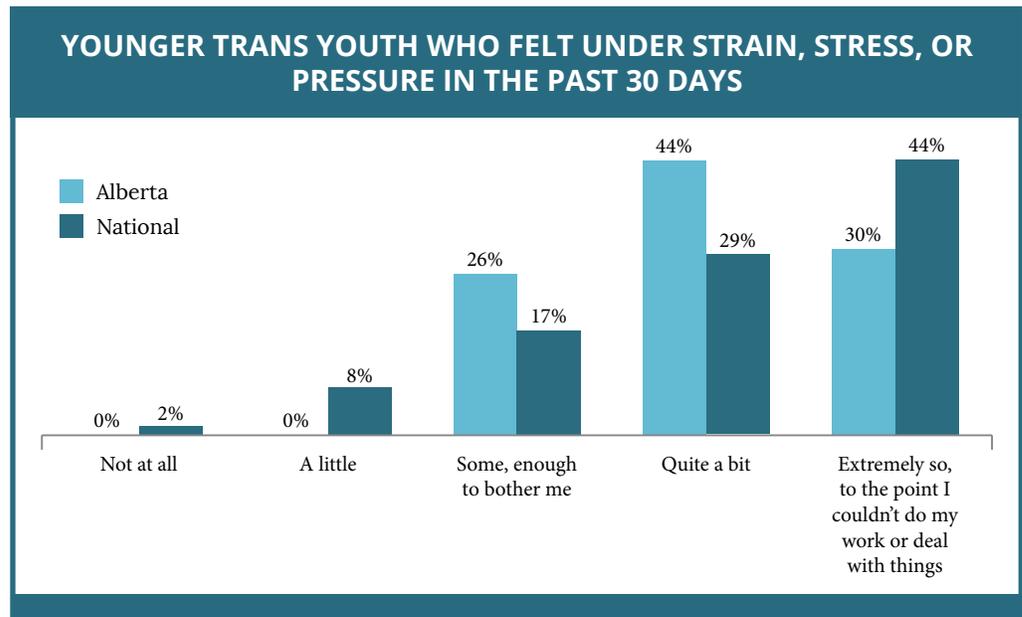


35

STRESS

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

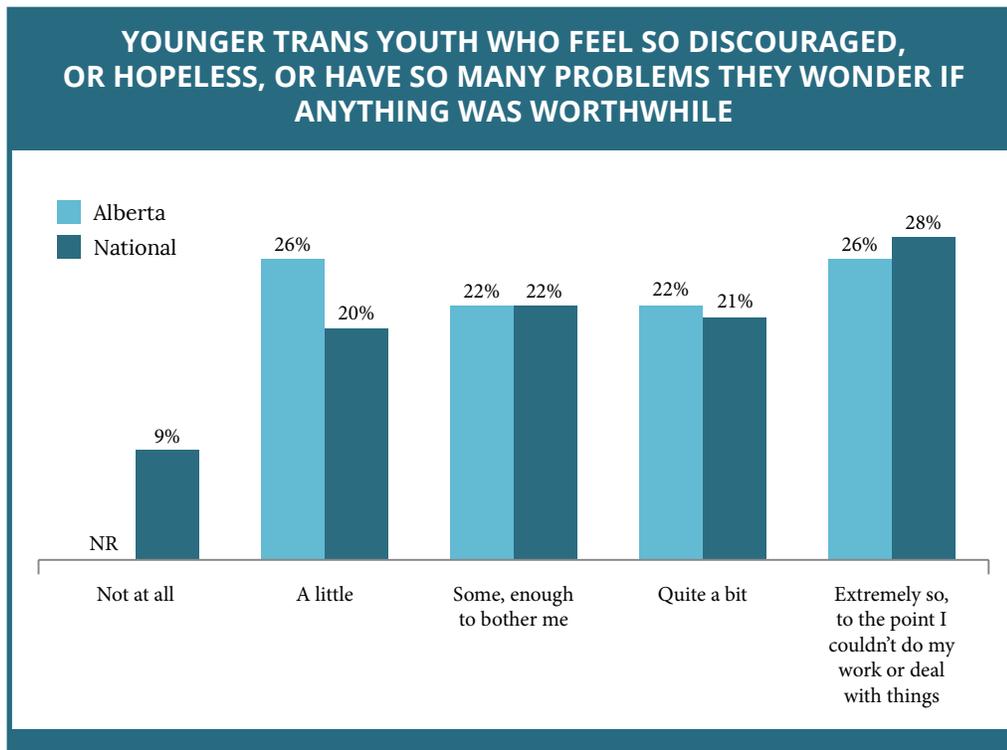
We asked older youth a slightly different question.



EMOTIONAL DISTRESS

Younger youth responded to several questions about how they had felt in the last 30 days. They reported how stressed, sad, worried and discouraged they felt. More than half of younger youth in Alberta reported feeling discouraged, or hopeless, or have so many problems they wonder if anything was worthwhile. On an emotional distress scale Alberta youth rate a 6.3 out of 10, whereas the national average was 5.4.

Older youth answered questions about depression and anxiety, such as “Have you felt sad or depressed in the last month?” Most older youth had felt depressed or sad (49%) most or all the time, while 42% reported feeling sad or depressed some of the time, and 9% reported that they felt this way none or a little of the time.

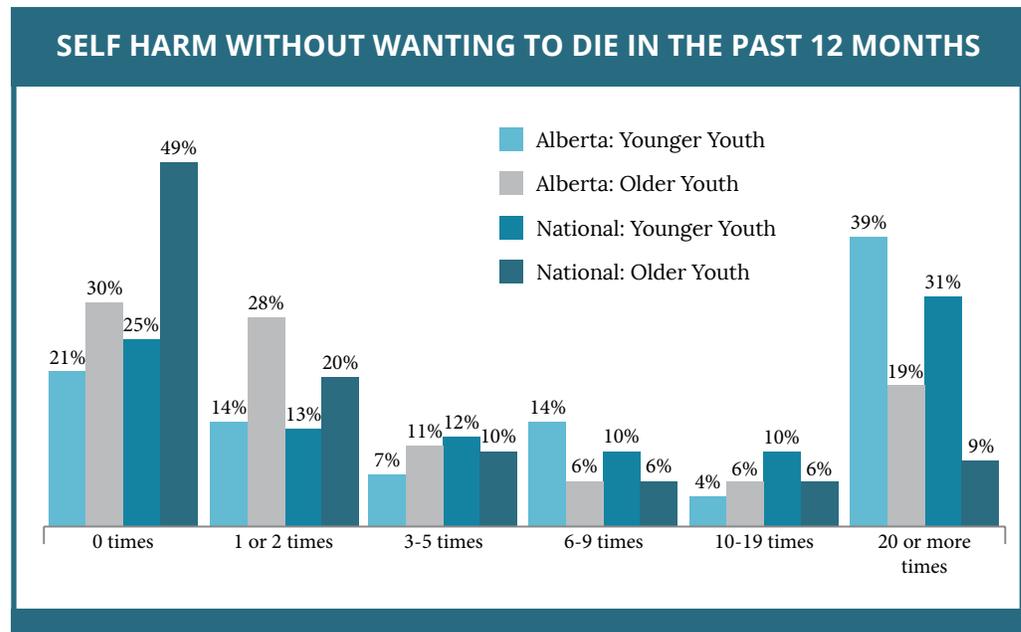


NR: Not releasable due to small number of responses.

37

SELF-HARM

Almost three quarters (73%) of the youth reported they had hurt themselves on purpose without wanting to die in the last 12 months. Older youth were less likely than younger youth to have engaged in self-harm in the last 12 months (70% versus 79%).



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

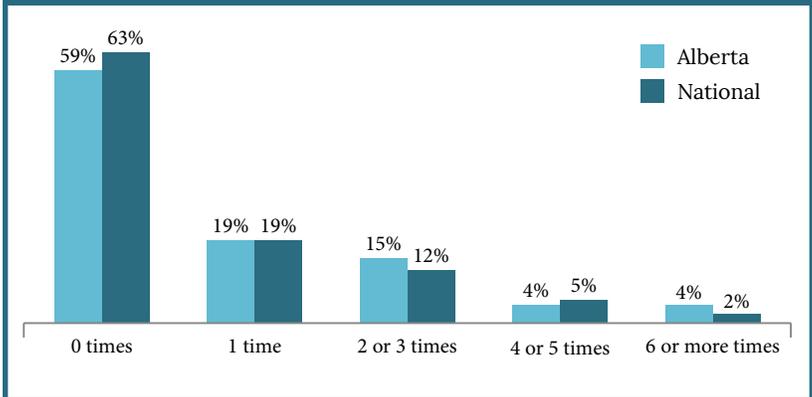
SUICIDE

Within the last 12 months, 67% of younger youth had seriously considered suicide. Just under 41% of them had attempted suicide at least once, and a small group (8%) had attempted suicide 4 or more times.

Similarly, more than half (63%) of older youth had seriously considered suicide at some point during their lives, and many of them (38%) had made at least one suicide attempt.

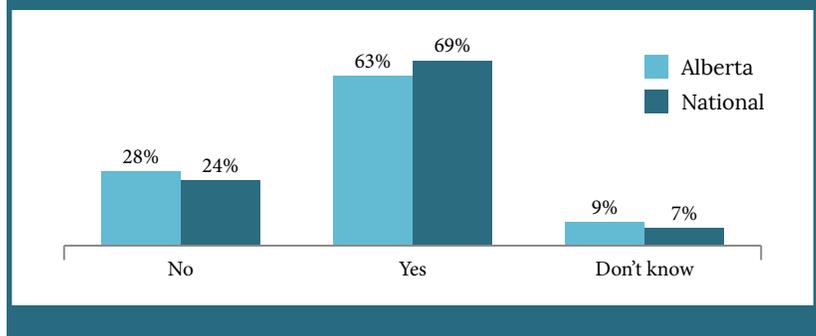
Among those who had attempted suicide within the last 12 months, almost 1 in 10 youth had required medical treatment by a doctor or nurse.

YOUNGER TRANS YOUTH WHO ATTEMPTED SUICIDE IN THE PAST 12 MONTHS

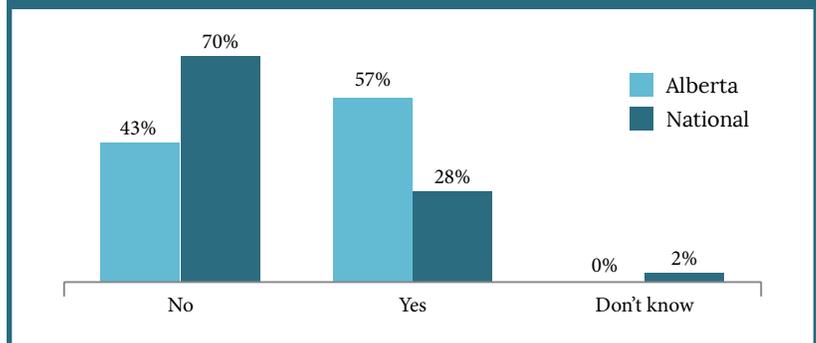


*Percentages may not add up to 100% due to rounding.

OLDER TRANS YOUTH WHO EVER SERIOUSLY CONSIDERED SUICIDE



OLDER TRANS YOUTH WHO ATTEMPTED SUICIDE IN THE PAST 12 MONTHS



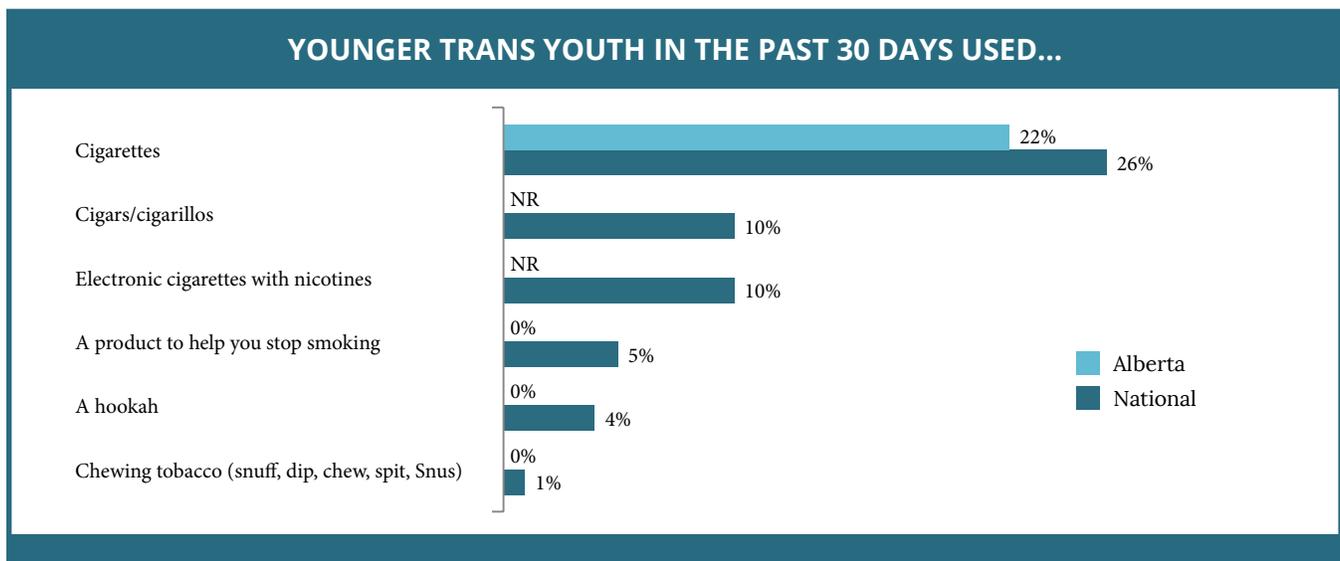
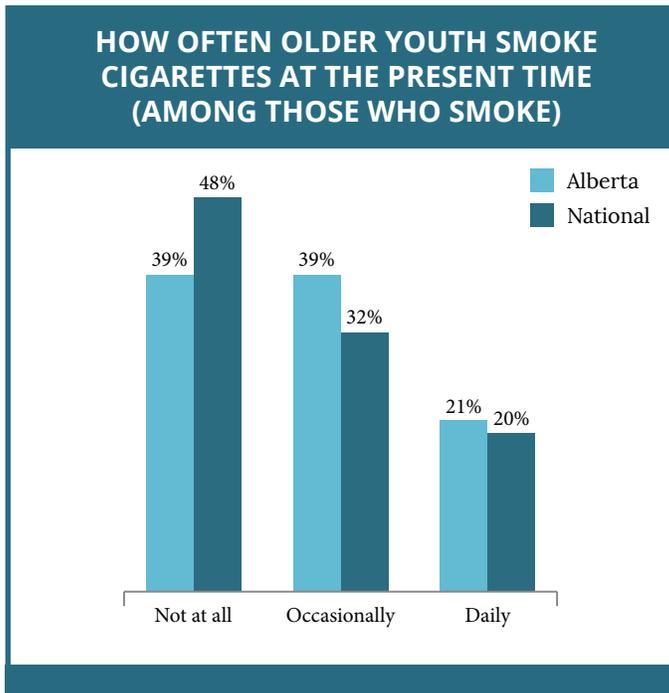
Substance abuse

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

TOBACCO

More than half of the older youth (57%) reported smoking a whole cigarette at some point in their lives. Of these youth, nearly three quarters had smoked a total of 100 or more cigarettes (about 4 packs) in their lifetime, and 21% were currently daily smokers. Of older youth who smoked, 39% had stopped smoking for at least 24 hours at least once in the past 12 months because they were trying to quit.

Over half of younger youth had ever tried tobacco (57%). Of those who smoked, 27% were younger than 13 years old when they smoked for the first time. Twenty two percent of younger youth had used cigarettes during the previous 30 days. Of younger youth who were currently smokers, half reported trying to quit at least once in the last 12 months.



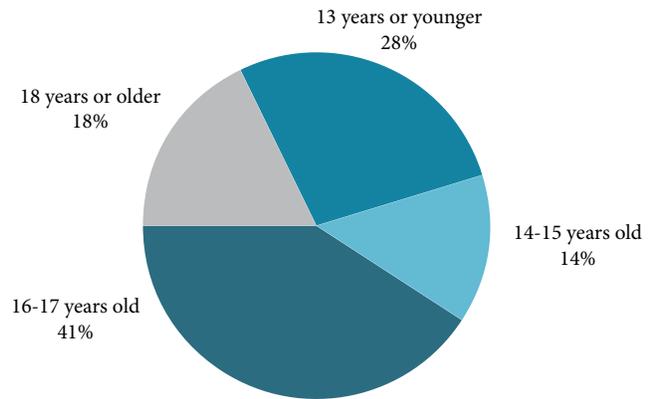
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ALCOHOL

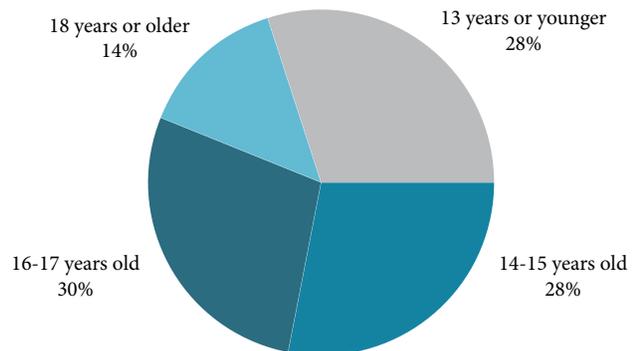
Almost three quarters of younger youth (73%) said they drank alcohol at least once in the last 12 months, with 14% drinking at least once a week. Over half younger youth (58%) reported binge drinking at least once in the past month (having 5 or more drinks of alcohol on the same occasion).

Most older youth (94%) drank alcohol in the last 12 months, and a quarter (22%) drank alcohol at least once a week. More than half (65%) of older youth had engaged in binge drinking within the last 12 months, with 23% binge drinking at least once a month over the last year.

ALBERTA: AGE WHEN OLDER TRANS YOUTH DRANK MORE THAN A SIP OF ALCOHOL

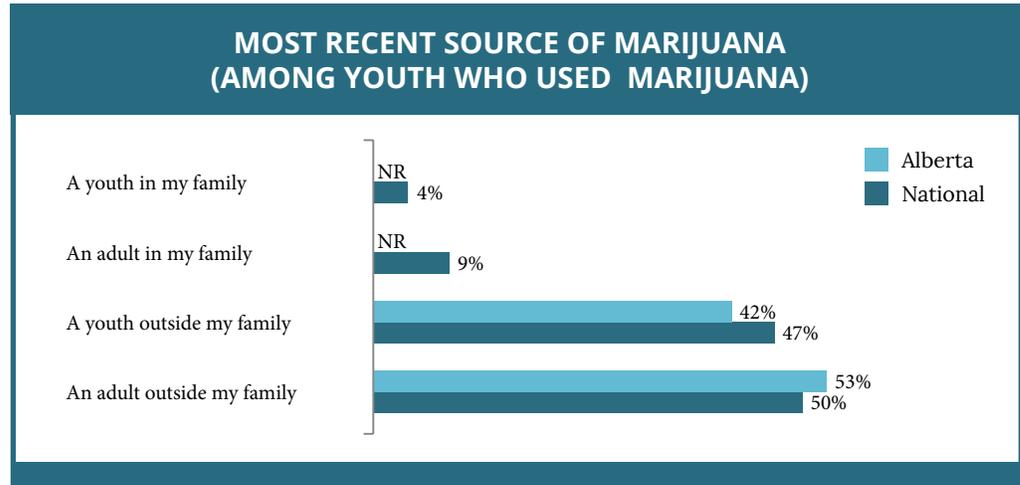


NATIONAL: AGE WHEN OLDER TRANS YOUTH DRANK MORE THAN A SIP OF ALCOHOL

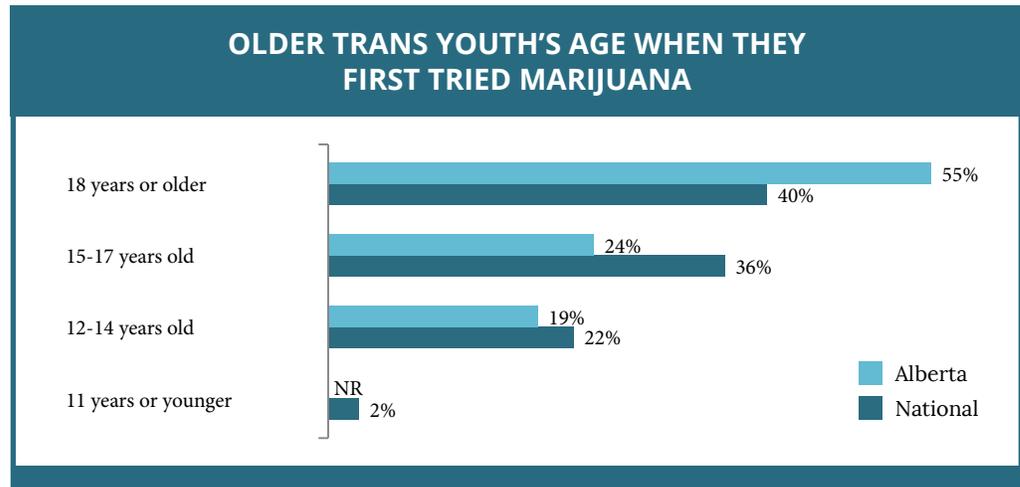


MARIJUANA

Of those who had ever used marijuana, more than three quarters of younger youth (82%) had used in the last 12 months. Three quarters of older youth (75%) had ever tried marijuana, and 14% had used on a daily basis over the last 12 months. Overall, 27% of youth who use marijuana did so on the previous Saturday night, including 14% of younger youth and 30% of older youth.



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

OTHER SUBSTANCES

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

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

We also asked younger youth about negative consequences of their drinking or drug use during the last 12 months. Many youth reported they had used alcohol or drugs and did not have any of these outcomes, but the most common negative outcome was being told they did something they couldn't remember.

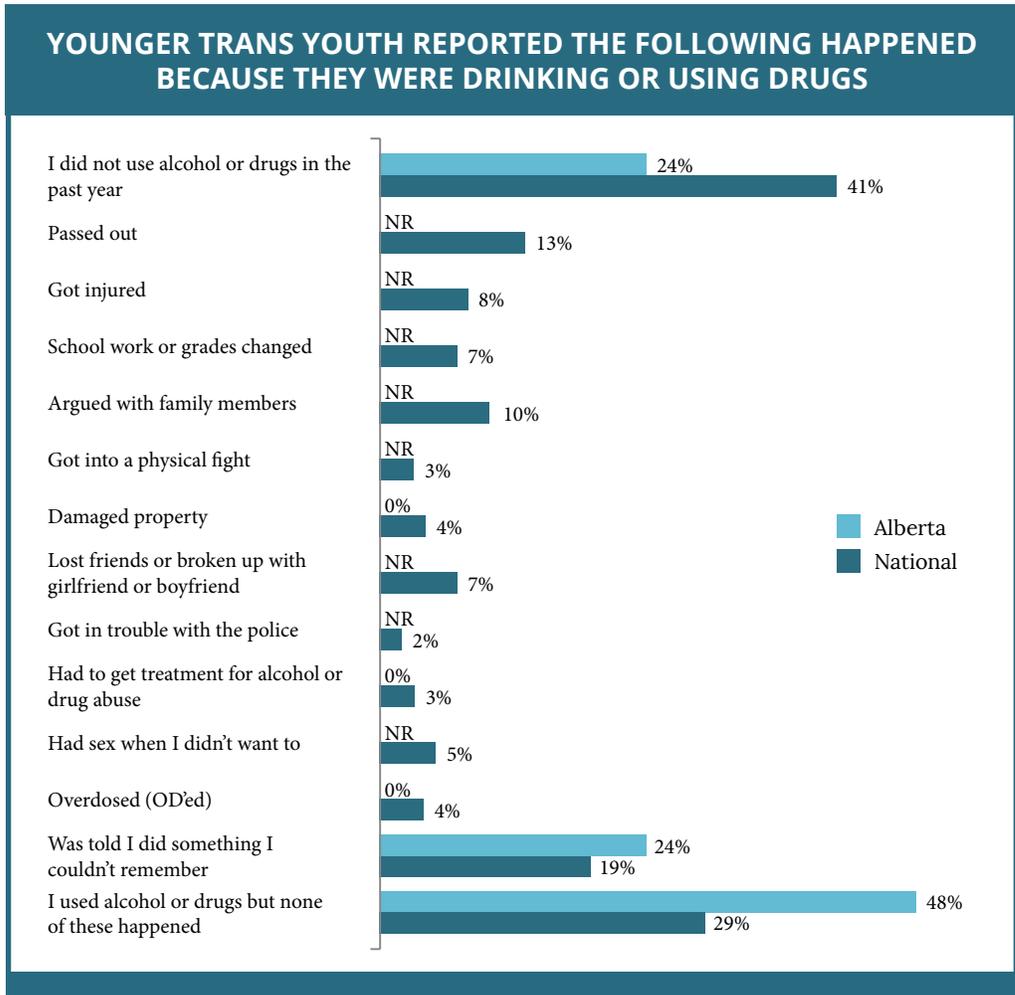
Older youth who used drugs were asked whether their drug use interfered with different aspects of their life in the last year. Youth most frequently reported that drinking and drug use interfered with home responsibilities, social life, and relationships.

YOUNGER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS		
	Alberta	National
Prescription pills without doctor's consent (e.g. OxyContin, Ritalin)	NR	17%
Cocaine (coke, crack)	0%	7%
Hallucinogens (LSD, acid, PCP, dust, mescaline, salvia)	NR	11%
Ecstasy/MDMA	NR	14%
Mushrooms (shrooms, magic mushrooms)	NR	11%
Inhalants (glue, gas, nitrous oxide, whippits, aerosols)	NR	11%

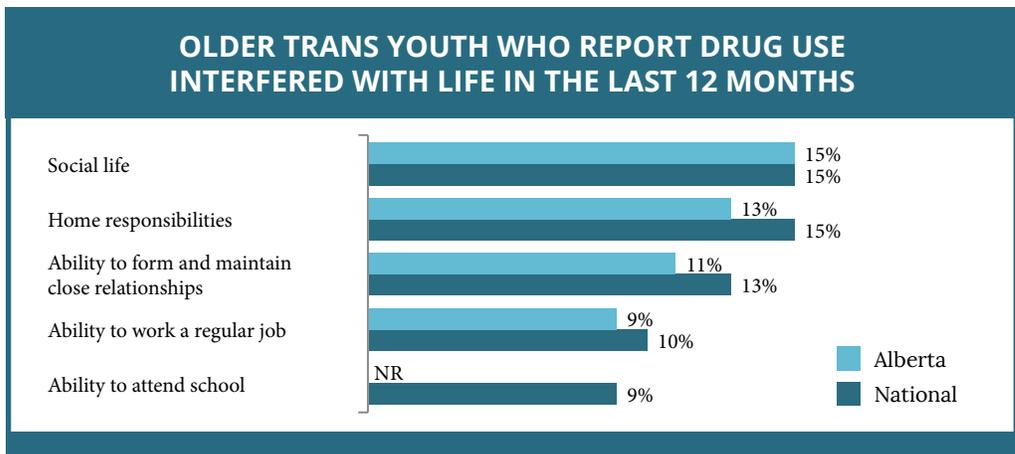
NR: Not releasable due to small number of responses.

OLDER TRANS YOUTH WHO EVER USED THE FOLLOWING DRUGS		
	Alberta	National
Cocaine or crack	10%	8%
Speed (amphetamines)	12%	6%
Hallucinogens PSP, or LSD (acid)	19%	12%
Ecstasy (MDMA) or other similar drugs	19%	14%
Glue, gasoline, or other solvents	NR	1%
Heroin	NR	1%

NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.



NR: Not releasable due to small number of responses.

Sexual health

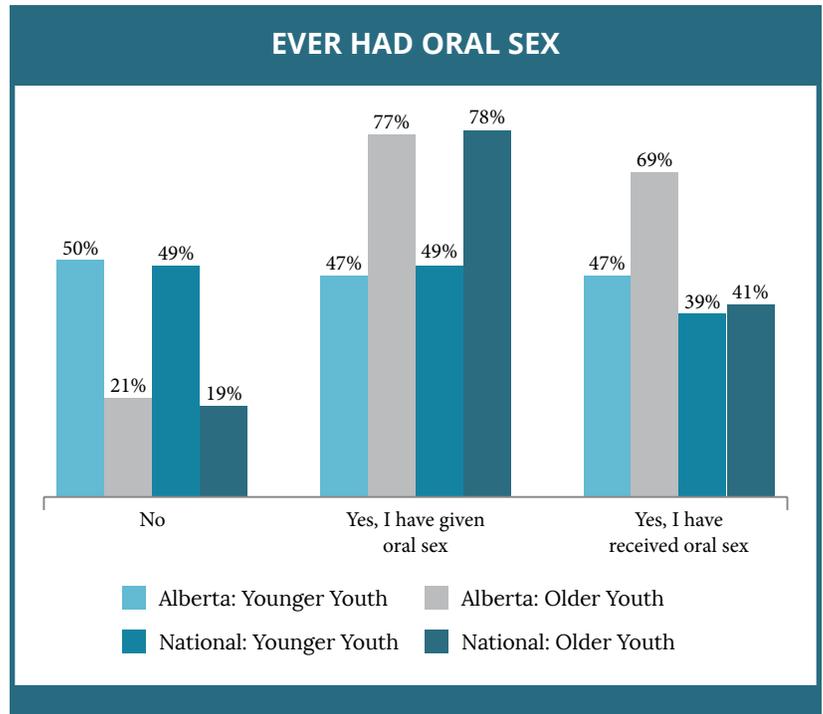
Sexual health is an important area of health for most young people. The onset of puberty and the emergence of sexual identity are major milestones of adolescence. For trans and gender diverse youth, navigating healthy sexual development may have some added complexity. This survey asked several questions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

ORAL SEX

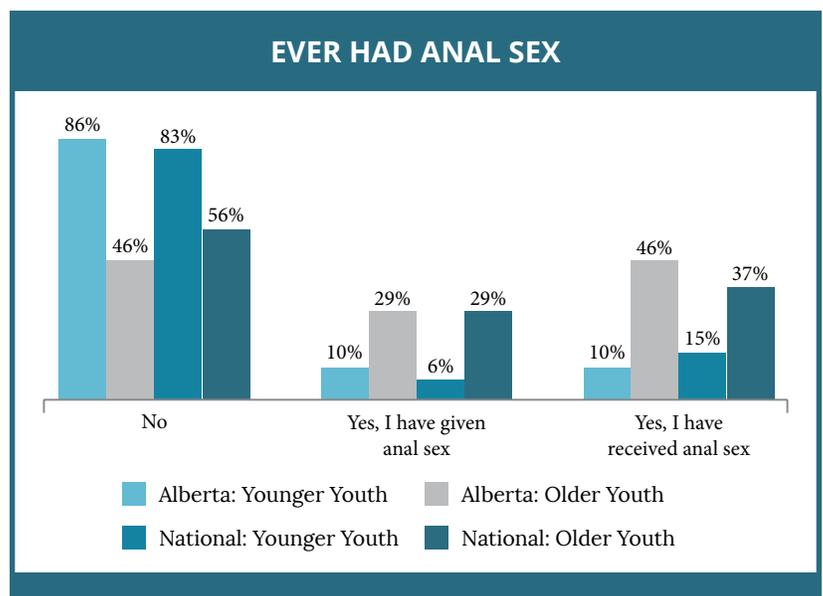
Many participants reported they had oral sex. More than half of all participants said they had given oral sex (66%), and slightly smaller percentage said they had received oral sex (61%). Older youth were more likely to have had oral sex than younger respondents (79% versus 50%). Among those who had ever had oral sex, most of them also reported having had oral sex in the past year.

ANAL SEX

In Alberta, 40% of trans youth report having anal sex. Again, older youth were more likely to report ever having anal sex than younger participants, both in having given and received anal sex.



Note: Youth could choose more than one response.



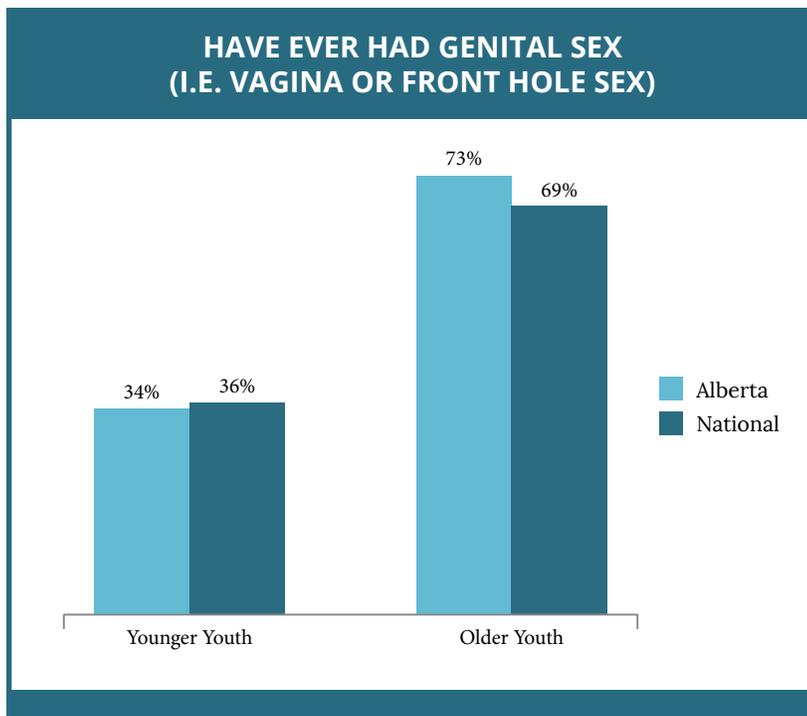
Note: Youth could choose more than one response.

45

GENITAL SEX

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

Over half of the participants reported they had genital sex. Older youth were more likely to report genital sex than younger trans youth (73% versus 34%). In the past 12 months, 67% of older youth had been the receptive partner in genital sex, and 59% said they had been the insertive partner.



AGE AT FIRST SEXUAL EXPERIENCE

We also asked youth how old they were the first time they had sexual intercourse, although the question was asked a bit differently for older and younger participants. Among the younger youth who had ever had sex, the average age at first sex was just under 15 years old. Among older youth who had ever had sex, the average age was a bit older, at 16 years. This is expected, because older youth include several youths who would first have had sex at age 19 or older.

ALCOHOL OR DRUG USE AT LAST SEX

Among those who had ever had sex, just over 1 in 5 reported they had used alcohol or drugs the last time they had sex. Older youth were much more likely to report having used alcohol or drugs compared to younger youth (27% versus 7%)

CONTRACEPTIVE USE AT LAST SEX

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

About half of youth chose “not applicable” (49%), but among those who reported one or more methods, most reported using effective methods, such as condoms, birth control pills, or an intra-uterine device (IUD), while some still reported using withdrawal or no method. Condoms were the most common method reported, followed by birth control pills.

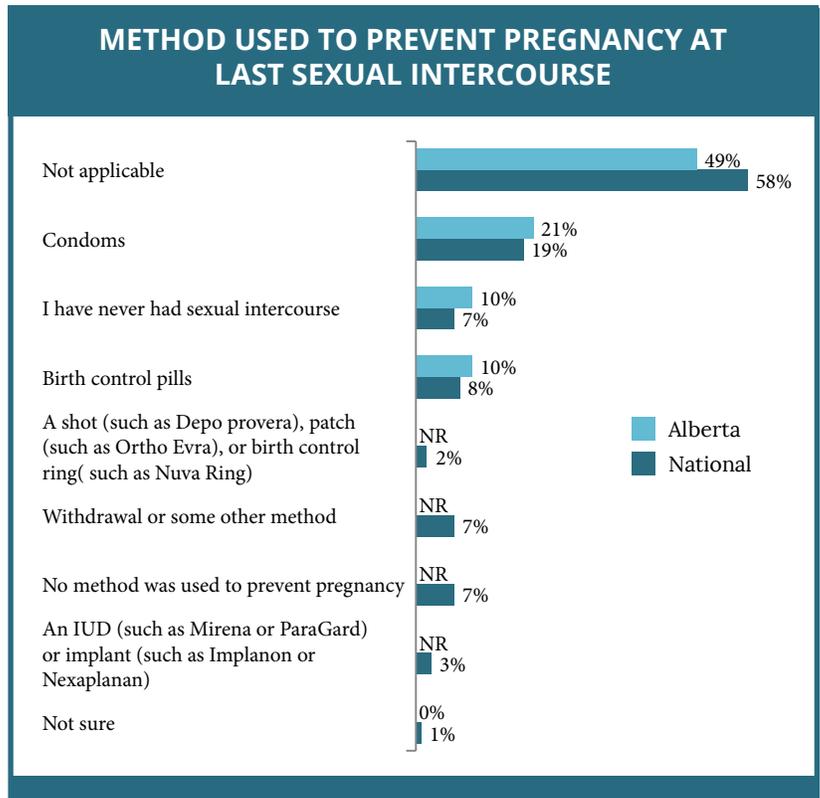
No younger youth reported withdrawal as method used the last time they had sex, while 8% of older youth stated that they had used the method. One younger participant reported not using any birth control method, while two of the older youth reported the same.

PREGNANCY INVOLVEMENT

Among those who have ever had sex, 6% reported ever being pregnant or causing a pregnancy once, all of whom were in the older group.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

The survey also asked whether youth had ever been told by a doctor or nurse that they had a sexually transmitted infection, with several examples of types of STIs. Although self-report is not as reliable as actual test results because people can have an STI without having symptoms, several adolescent health surveys ask this question. None of younger adolescents said they had been told by a doctor or nurse they had an STI, while 4% of older youth said they had been told they had an STI.



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

TRADING SEX FOR MONEY OR OTHER THINGS

In Canadian and international law, a youth under age 18 who trades sexual activities for money or other things like shelter is being sexually exploited. We asked both younger and older youth if they had ever traded sexual activity for money, food, shelter, drugs or alcohol. No younger youth reported ever trading sex, while 14% of older youth reported trading sex.

Safety, discrimination, and violence

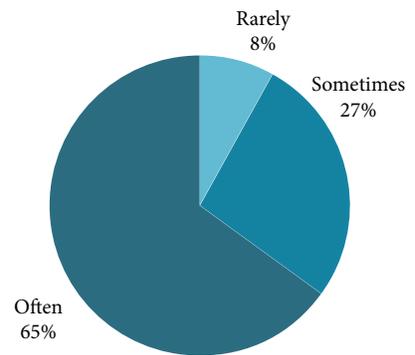
Violence exposure is a key determinant of health, and experiences of safety, discrimination, and violence can profoundly influence the health of all people. This survey asked youth several questions about perceptions of safety in different places, and experiences of discrimination and violence at home,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

SAFETY AND VIOLENCE AT HOME

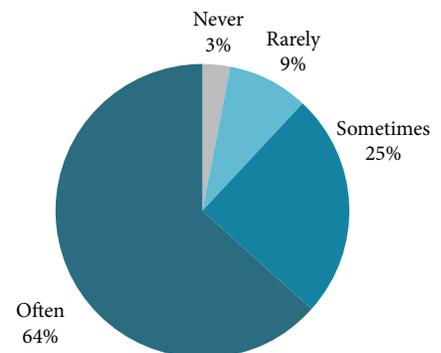
Most questions about family safety and violence were directed toward younger participants. One question asked youth how often they felt safe in their home.



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



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

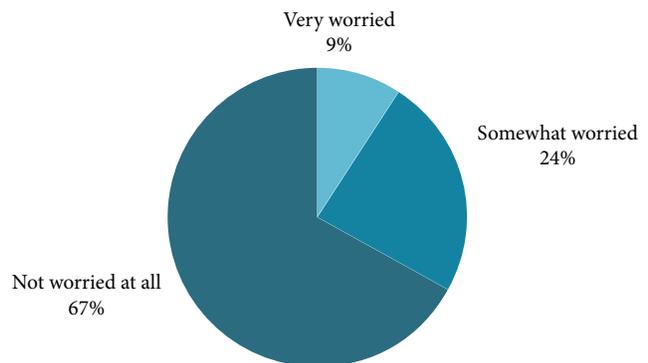


The majority felt safe at home often (65%), and none reported that they never felt safe.

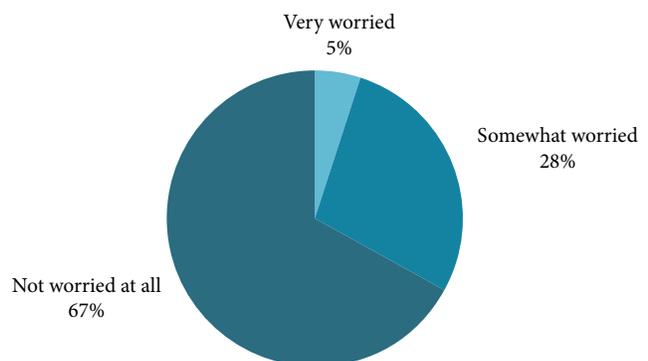
Older youth were asked a slightly different question about how worried they feel when alone in their home in the evening or at night. The majority felt not at all worried, while a few (9%) felt very worried.

The survey also asked about both being a victim of physical abuse and witnessing violence toward other members of the family. In the past year, 35% of younger participants said they had been physically threatened or injured, and 15% had witnessed family violence.

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



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



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ROMANTIC RELATIONSHIP/ DATING VIOLENCE

Most youth reported having been in a romantic or dating relationship (81% of older youth, 79% of younger youth). Among those who had ever had a romantic or dating relationship, 27% had been physically hurt by the person they were going out with. “Being hurt” included being shoved, slapped, hit, kicked, or forced into any sexual activity. Older youth were more likely to report relationship violence than younger ones (34% versus 14%).

SAFETY AND VIOLENCE AT SCHOOL

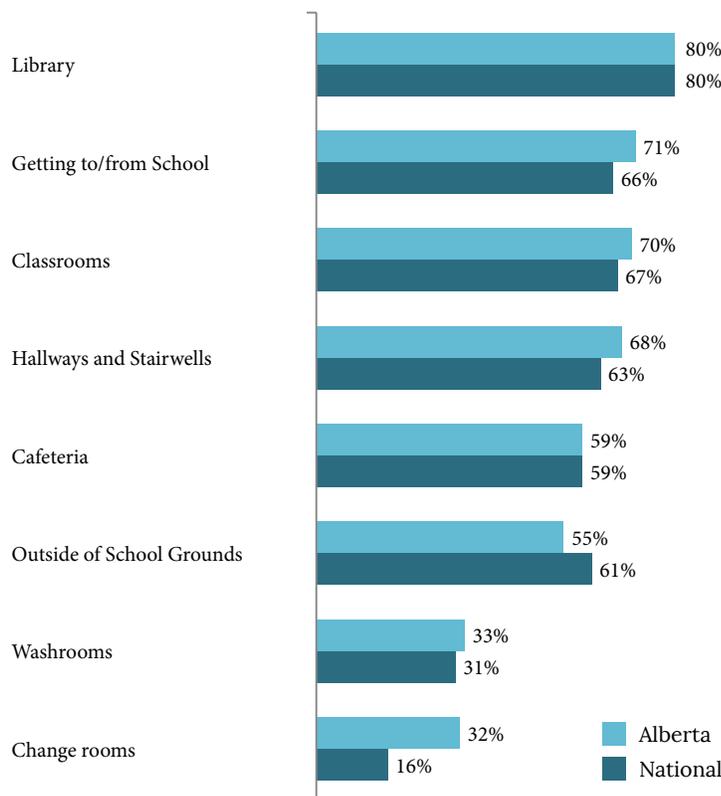
It is difficult for anyone to learn when they do not feel safe at school. We asked several different questions about experiences of safety, bullying, or violence at school.

Among younger youth, we asked a series of questions about how safe they felt in different parts of the school or on the grounds outside of school. These questions together can form a scale of perceived safety overall, and each question provides useful information about where most students feel safest or least safe. On average, trans students felt relatively safe at school: on a scale of 0 to 10, where 0 means a student never feels safe, and 10 means a student feels safe always, the average score was 5.0. Students felt the least safe in changing rooms and washrooms, and the safest in the library, getting to and from school, and the classrooms.

We also asked younger participants how many times they had been bullied at school in the past year, defined as being repeatedly teased, threatened, kicked, hit or excluded. Just under half had not been bullied at all (41%). Just under 1 in 5 (15%) reported being bullied 1 to 3 times, and 11% had been bullied 12 or more times in the past year.

We also asked them separately about different types of bullying at school. Just over one in three (35%) of younger participants reported they had been physically threatened or injured in the past year, and 12% had been threatened or injured with a weapon.

YOUNGER YOUTHS’ LEVELS OF FEELING ALWAYS OR USUALLY SAFE AT SCHOOL

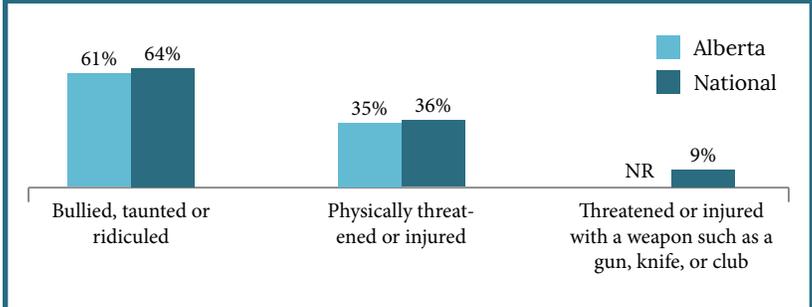


Almost 2 in 3 reported being taunted or ridiculed (61%).

We also asked about bias-based harassment, or whether someone had said something bad about various characteristics. Youth were most likely to report people had said something bad about their gender identity, followed by body shape or appearance, sexual orientation. While harassment based on race or culture was less frequently reported most participants were white and born in Canada.

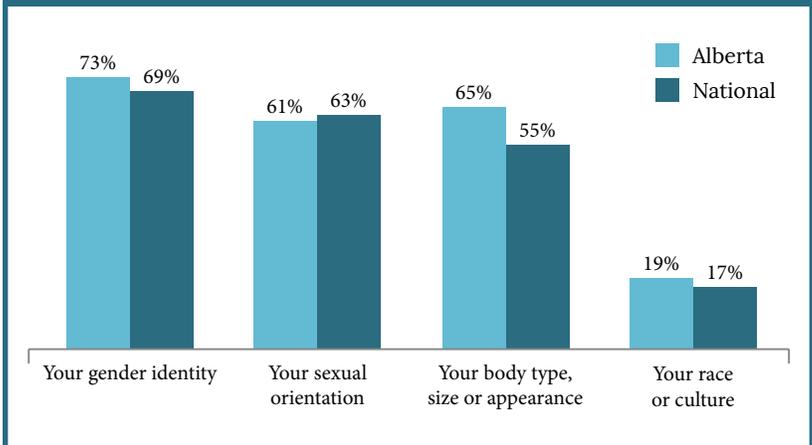
Some young people who feel unsafe may carry weapons to school. Among younger participants who had attended school in the past 30 days, 10% reported sometimes carrying a weapon to school. Older participants were asked a slightly different question, and 19% said they routinely carried something to protect themselves or alert another person.

TYPES OF BULLYING YOUNGER YOUTH EXPERIENCED AT SCHOOL IN THE LAST 12 MONTHS



NR: Not releasable due to small number of responses.

YOUNGER TRANS YOUTH WHO REPORTED PEOPLE SAID SOMETHING BAD ABOUT



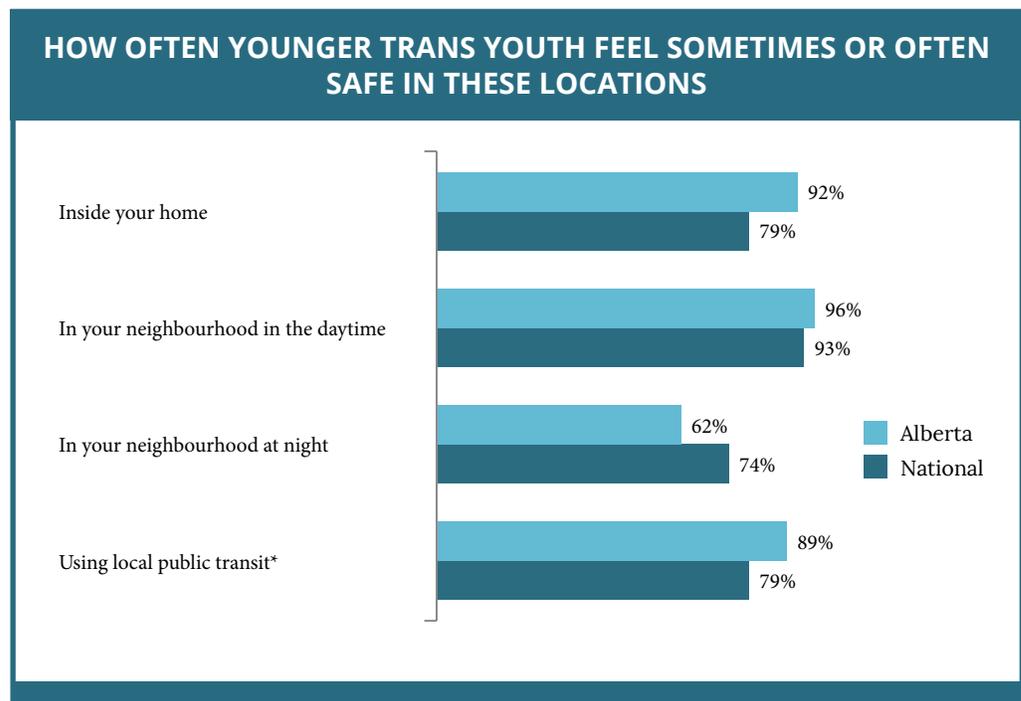
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SAFETY AND VIOLENCE IN THE COMMUNITY

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

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

Older participants were asked how often they walked alone in their area after dark: 26% said almost never, but 12% said nearly every day. When asked, 42% said that they would walk alone after dark more often if they felt safer from crime, and 21% said they still would not. Among those who used public transit, 16% said they felt very worried while waiting alone for public transit after dark, but nearly half (40%) were not at all worried.

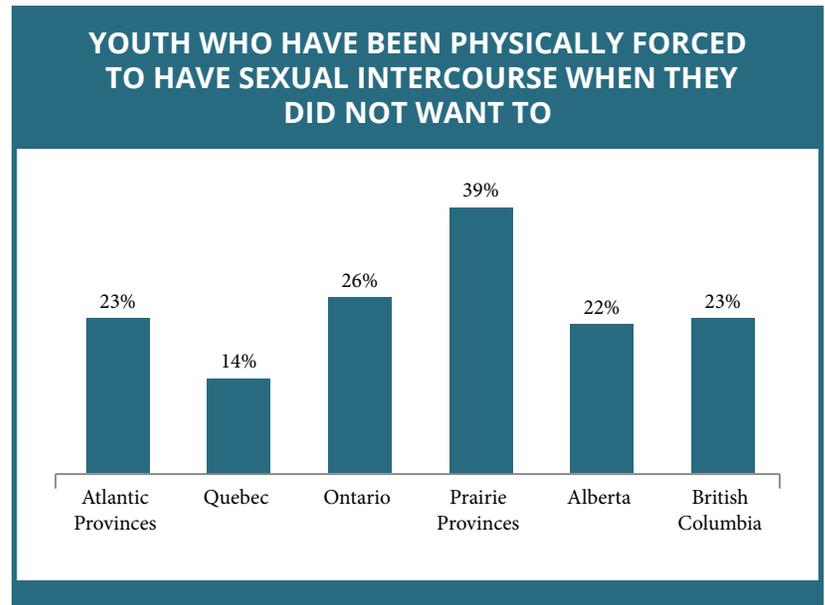


*Among those who used public transit.

SEXUAL VIOLENCE

The survey for younger participants included questions about sexual harassment in the past 12 months. Over two thirds of youth (69%) said they had experienced unwanted sexual comments, jokes or gestures directed at them. Physical sexual harassment was equally common, as 54% of younger participants said another person had touched, grabbed, pinched or brushed against them in a sexual way that they did not want.

Sexual assault is a serious form of violence that can lead to a variety of health issues, including sexual health problems such as unwanted pregnancy or sexually transmitted infections. Nearly 1 in 4 participants (22%) reported being physically forced to have sexual intercourse when they did not want to.



CYBER SAFETY AND CYBERBULLYING

Bullying and violence do not just happen in person. There is growing concern over the risks of identity theft, potential sexual luring, and cyberbullying via the Internet or text messaging. Among younger participants, in the past year 2 in 5 (38%) had been asked for personal information over the Internet, such as names, addresses, and phone numbers, and 35% said someone had made them feel unsafe when they were in contact with them on the Internet. As well, over 1 in 3 (38%) said they had been bullied or picked on through the Internet in the past year.

Among older youth, the questions were slightly different, and were about ever experiencing the different forms of cyberbullying rather than the past year only. Just over a third (37%) reported they had received threatening or aggressive emails or instant messages. As well, 48% had been the target of hateful comments on the web, in email or instant messages, and 8% reported someone else had sent out threatening emails using their identity. Another 41% reported being cyberbullied in ways other than those already mentioned.

DISCRIMINATION

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

Most youth reported experiencing discrimination because of their sex or their gender identity, appearance, sexual orientation, and age, with smaller percentages reporting discrimination because of ethnicity/culture, religion, or disability. Again, this is in part influenced by the demographics of our sample (73% of youth who identified as white).



PERCENTAGE OF YOUNGER YOUTH WHO HAVE EXPERIENCED DISCRIMINATION OR UNFAIR TREATMENT BY OTHERS IN CANADA IN THE LAST YEAR BASED ON :

	Alberta	National
Your gender identity	71%	60%
Your sexual orientation	56%	47%
Your sex	55%	46%
Your age	52%	51%
Your physical appearance (other than skin colour)	50%	43%
For some other reason	38%	33%
A disability	NR	18%
Your ethnicity or culture	NR	13%
Your race or colour	NR	10%
Your religion	NR	10%
Your language	0%	7%

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

PERCENTAGE OF OLDER YOUTH WHO HAVE EXPERIENCED DISCRIMINATION OR UNFAIR TREATMENT BY OTHERS IN CANADA IN THE LAST YEAR BASED ON:

	Alberta	National
Your sex	68%	63%
Your sexual orientation	68%	59%
Your gender identity	67%	70%
Your physical appearance (other than skin colour)	67%	60%
Your age	55%	49%
For some other reason	55%	34%
A disability	37%	25%
Your ethnicity or culture	20%	15%
Your race or colour	18%	13%
Your religion	15%	10%
Your language	NR	12%

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

Supportive relationships

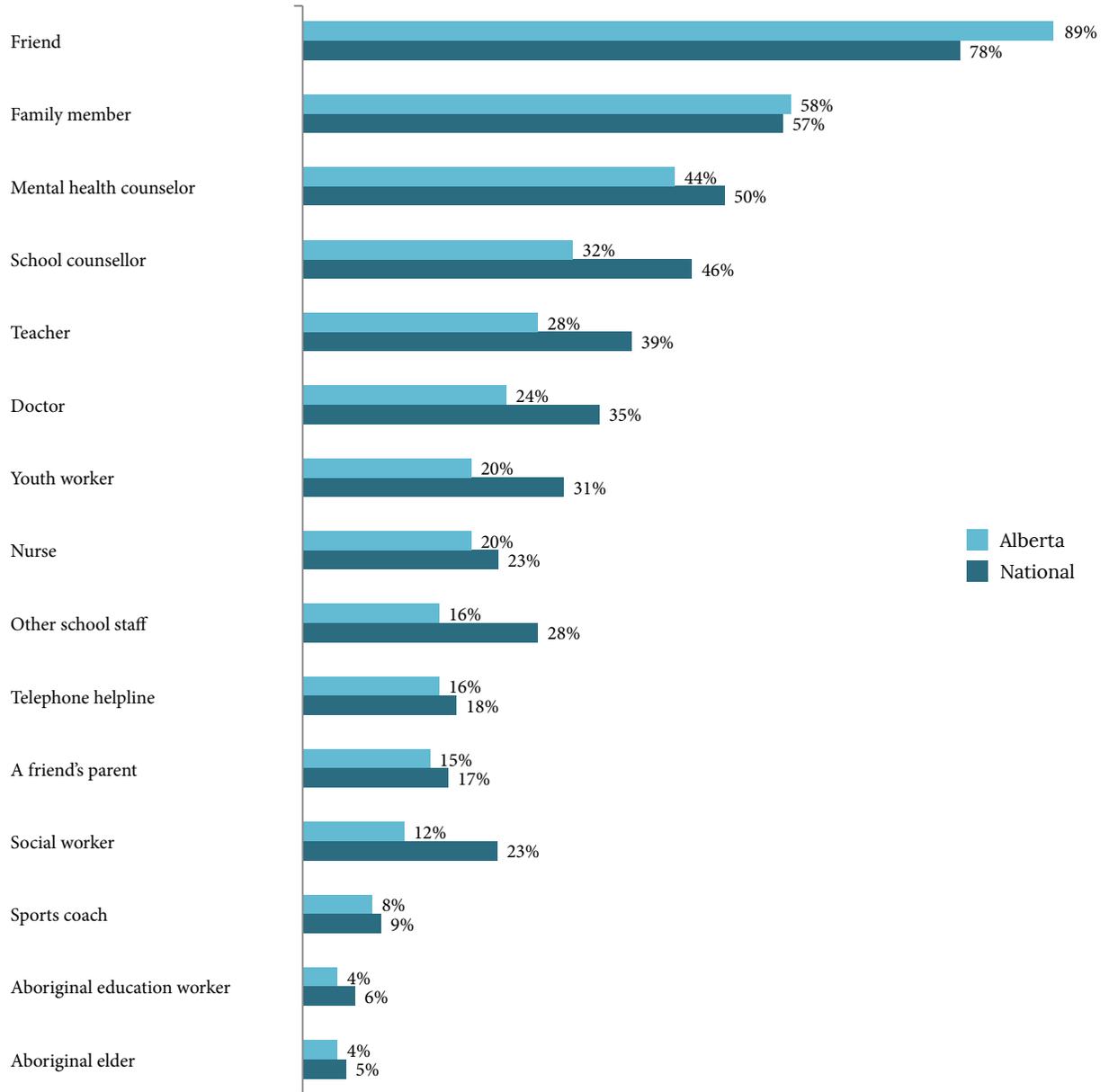


Supportive relationships, whether at home, at school or in the community, are important for overall health and wellbeing. We asked youth both where they looked for support and where they found it.

One third of younger youth (33%) had no adult that they could talk to if they were having a serious problem. Another third had an adult in their family that they could go to for support, and 44% had an adult outside their family they could go to for support.

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

WHO YOUNGER YOUTH ASKED FOR HELP



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Among those who asked for help from people, the people they found most helpful were nurses, friends, youth workers, and other school staff.

PERCENTAGE WHO YOUNGER YOUTH REPORTED WERE HELPFUL		
	Alberta	National
Nurse	100%	67%
Friend	83%	84%
Youth worker	80%	67%
Other school staff	75%	51%
Telephone helpline	75%	43%
Social worker	67%	44%
Doctor	67%	59%
Family member	64%	57%
Mental health counsellor	64%	68%
Sports coach	50%	53%
Teacher	43%	62%
A friend's parent	25%	50%
School counsellor	13%	57%
Aboriginal elder	0%	NR
Aboriginal education worker	0%	NR

NR: Not releasable due to small number of responses.

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

We also asked older youth which supportive people would be available to them if they were in need. More than half had someone they could get most kinds of help and support from, but a substantial number (21%) felt they did not have someone who would understand their problems.

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

	Alberta	National
Someone to help you if you were confined to bed?	57%	51%
Someone who shows you love and affection?	75%	68%
Someone to give you advice about a crisis?	61%	57%
Someone to confide in or talk to about yourself or your problems?	58%	60%
Someone to take you to the doctor?	64%	53%
Someone to have a good time with?	67%	61%
Someone to prepare your meals if you were unable to do it yourself?	56%	52%
Someone who hugs you?	60%	53%
Someone to help with daily chores if you were sick?	60%	49%
Someone who understands your problems?	46%	44%

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PARENT CONNECTEDNESS

Parent relationships are key for the wellbeing of trans youth. All youth were asked about the closeness, caring, warmth and satisfaction they felt in their relationships with their parents, or those people they considered to be their parents.

FAMILY CONNECTEDNESS OF YOUNGER YOUTH

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

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

“there are still many challenges to be faced and overcome, but feeling confident in being out and generally having people be receptive to my explanations of gender (and lots of folks respecting my request for neutral pronouns even if it is a challenge), and being able to inspire others to feel safe in being out, has had a very positive impact on my life. that combined with attending a psycho-skills group for dialectical behavioural therapy, and also in being connected with activist/queer/radical communities and making a chosen family, has given me hope for the future.”

- AGE 23

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

	Alberta	National
Cares about your feelings	62%	47%
Understands you	81%	69%
Has fun together	42%	51%
Respects your privacy	39%	43%
Pays attention	35%	35%

USING CORRECT NAME AND PRONOUNS

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

When it comes to their family, 3 out of 5 youth had asked their parents to use a different name and pronoun, while just over half of youth had asked their sibling(s) to call them by a different name or pronouns. Just under a third of youth had made the request to their extended family (approximately, 1 in 5 youth were planning to ask).

Trans youth were most likely to have asked their trans friends and people online to use a name or pronoun that reflects their gender identities. Among trans youth who had a spouse/partner or roommates, youth were very likely to have asked these people to use a different name or pronoun. Younger participants were less likely to have told their roommate(s).

Trans youth were least likely to have asked their children, and cultural and/or religious communities to use a different name and pronoun. Older participants were more likely to have asked their cultural community, and younger participants were more likely not to be planning on doing so.

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

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

	Alberta	National
My parent(s)	60%	60%
My sibling(s)	58%	57%
My spouse or partner	79%	80%
My child(ren)	25%	20%
My extended family	30%	36%
My roommates	51%	62%
My trans friends	83%	86%
My non-trans friends	75%	78%
People online	88%	85%
My church/temple/mosque	28%	19%
My cultural community	26%	37%
My co-workers	47%	47%
My employer	44%	47%
My supervisor/boss	45%	48%
My teachers	43%	55%
My school staff	39%	50%
My classmates	47%	52%

the additional barrier that people tend to be unfamiliar with gender-neutral pronouns, which can complicate the process of asking people to use different pronouns.

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

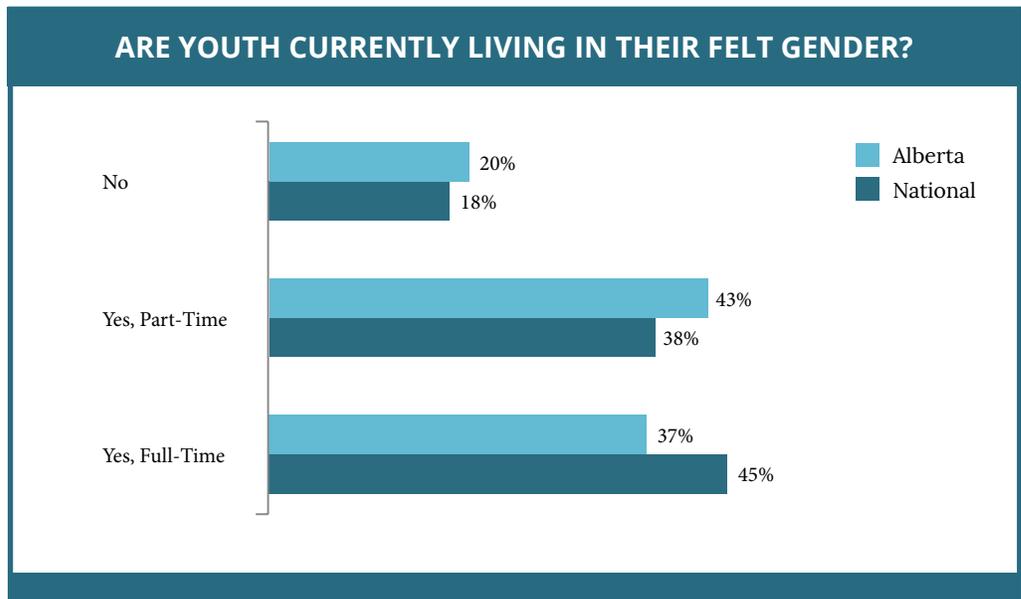
- AGE 20

BEING ABLE TO LIVE IN FELT GENDER

Being able to live in one’s felt gender – in the gender that feels the most right – is positively linked with trans youth’s health. Just over a third of the participants reported living in their felt gender full time.

SENSE OF BELONGING

We asked older trans youth how they would describe their sense of belonging in their local community, from “very weak” to “very strong.” A quarter of older trans youth reported feeling a “somewhat strong” or “very strong” sense of belonging.



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

Conclusions and recommendations

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This survey, one of the first of its kind in Canada, provides an important picture of the health and well-being of trans youth in Alberta. There are serious concerns: many of these youth face rejection, discrimination and even violence, within their families, at school or work, in their community, and in health care settings. They report significant stress and mental health challenges, a profound lack of safety in navigating their daily lives, barriers to supportive health care, and worrying rates of poverty.

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

SUPPORT FOR FAMILIES OF TRANS YOUTH

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

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

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SAFER SCHOOLS

Youth spend most their time in school, so it is crucial that trans youth have positive school experiences. Schools need to become safer and more welcoming for trans youth, even before youth make themselves known to school staff. Schools and school districts should work proactively with trans youth, parents of trans youth, trans community leaders, and professionals to develop comprehensive policies, programs (like GSAs and QSAs), and inclusive curriculum that create inclusive and supportive school environments. Strategies could include:

- Adopting standalone comprehensive sexual orientation and gender identity policies and administrative regulations
- Providing mandatory professional development training for teachers, school counselors, and administrators on gender identity, gender expression, and gender-affirming approaches
- Making universal washrooms and change rooms available
- Developing protocols for students to change their names and pronouns on all school records
- Always protecting student confidentiality and privacy
- Appointing a designated safe contact at your school
- Developing inclusive library and classroom resource collections
- Including LGBTQ identities and histories in the curriculum
- Creating awareness campaigns and education for students (i.e. Trans Day of Remembrance, GSAs/QSAs, Pride Days, and guest speakers)
- Supporting the establishment of gender-sexuality alliance and queer-straight alliances (QSAs)

KNOWLEDGEABLE AND ACCESSIBLE HEALTH CARE SERVICES

The significant barriers faced by trans youth in accessing health care are troubling. Many missed out on needed physical or mental health care, and were uncomfortable discussing trans health issues with health professionals. Healthcare providers and clinics should work with trans communities to ensure adequate and timely access to gender-affirming healthcare for trans youth. As with school staff, professionals from all the different health care disciplines who deliver services to youth need further training to improve their competency in providing high quality care, which is



more than just “trans friendly” care. This should include general education about gender identity and barriers that trans people face in accessing health care, and discipline-specific training in appropriate protocols for addressing trans youth health issues. Young people especially need safe access to and support around hormone therapy, and mental health services to help them cope. Beyond individual providers and clinics, the health care system also needs changes in policies that create barriers to accessing age appropriate and supportive care for trans youth.

ENGAGE TRANS YOUTH AND THEIR FAMILIES IN THE SOLUTIONS FOR CHANGE

The 114 trans youth who shared their health issues and life experiences are the experts at identifying the barriers and challenges they face at home, at school or work, in their communities, and in health care settings. They also may offer creative solutions for addressing these challenges. They should have a voice in making changes in the environments they navigate, to support their being and their becoming, their growth and their transition to adulthood.

