Needs Assessment of LGBTTTIQQ Youth in Peel Region

Final Report

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For:
Associated Youth Services of Peel (AYSP)

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1. EXECUTIVE SUMMARY

This Needs Assessment study was initiated by Associated Youth Services of Peel (AYSP) to understand some of the key issues and service needs and gaps from the perspective of youth, between the ages of 13-18, living in Peel region and who identify as Lesbian, Gay, Bisexual, Transgendered, Transsexual, Two-Spirited, Intersex Queer and Questioning (LGBTTTIQQ).

Data collection took place during the fall of 2008 using a mixed methodology consisting of a survey, interviews and a focus group. A total of 44 surveys were completed and 15 youth participated in an interview or focus group. Most of the youth who responded lived in Mississauga or Brampton and had lived in Peel for 10 years or more. Sixty-nine percent of survey respondents and 60% of interview participants were female; three survey respondents (6.8%) identified as transgendered. Almost half (43%) of respondents identified their ethnic background as "White-Canadian" or "White-European"; 36 % identified across a range of ethnocultural backgrounds, including South East Asian, East Asian, Aboriginal, South Asian, and more. Twenty per cent identified as white and one or more other ethno-cultural backgrounds.

Selection and recruitment were based on a convenience sample due to time and resource constraints. The challenges of reaching diverse youth in an area as large as Peel Region did not allow for focused and intensive outreach to multiple marginalized and 'hard to reach' groups (i.e. trans, homeless, racialized or newcomer youth). Therefore, the respondents cannot be said to be representative of diverse youth living in Peel Region. Nonetheless, the findings from this study provides an initial snapshot of the key issues and service needs and gaps faced by LGBTTTIQQ youth living in Peel Region. Selected findings and recommendations are summarized below according to theme. Please refer to the full report for detailed findings and recommendations.

Identity and Sense of Community
- *Key Findings*
  o Respondents primarily go to their peer networks for support, but need more safe spaces in which to develop queer and trans positive peer networks.
  o Respondents most commonly identified as bisexual (48% of survey respondents and 40% of interview participants), followed by lesbian, gay and questioning; 86% were 'out' about their sexual orientation to somebody.
  o Most of the interview/focus group participants felt some sense of community (e.g., at school) although respondents' opinions were

mixed in terms of whether they identified with an LGBTTTIQQ community in Peel.

- *Key Recommendations*
  o Outreach strategies must be sensitive to those who may be questioning or choose not to be 'out' to others.
  o Given that school is an important setting for many youth in this age group, it is important to build awareness and action around queer and trans positive initiatives in Peel schools.

Health

- *Key Findings*
  o Most survey respondents rated their physical health as good or excellent.
  o Most survey respondents said they were 'quite' or 'very' happy. However, one in five were "very worried" about stress/anxiety and sadness/depression.
  o Forty-five percent of survey respondents report being sexually active. Some expressed concerns about sexually transmitted infections (STI's) and the lack of education around STI's and sexuality in school.
  o Some interview participants indicated that doctors and other service providers are not able to meet their health care needs due to lack of knowledge.
- *Key Recommendations*
  o Raise the awareness of relevant service providers and public health workers about the mental health risks that LGBTTTIQQ youth face.
  o Work with youth to develop mental health promotion strategies to proactively address factors leading to stress, anxiety and depression.
  o Engage in further consultations and research to better understand the causes of high mental health concerns for LGBTTTIQQ youth.
  o Advocate to health care providers to learn about LGBTTTIQQ youth health issues and to deliver better care to LGBTTTIQQ youth.

Safety

- *Key Findings*
  o Respondents reported feeling most safe at home, in stores/malls and at work. They felt least safe at recreation/fitness centres, on the street or sidewalk and using public transit.
  o Eighty percent of respondents reported that they had experienced bullying or harassment within the last month. Verbal harassment was by far the most common form; some described normalization of homophobic slurs at school, in public places and on-line.
  o A small number reported experiences of physical assault and some reported constant threats of physical assault, and disproportionate discrimination against individuals perceived to be transsexual.
- *Key Recommendations*

o Make Youth Beyond Barriers (YBB) program materials available in Peel Region schools and provide training to all youth, as well as to teachers and parents, on responding effectively to homophobic and transphobic bullying and harassment.

o Work with school boards, teachers, police, parents and policy makers to make safety for youth a top priority. Encourage school boards and schools to review the effectiveness of their anti-discrimination policies and practices and to promote increased protection for students against all forms of harassment and discrimination.

Coping strategies

- *Key Findings*
  o Respondents frequently look to friends or partners to help them cope with their problems. Many also deal with problems by spending time alone, surfing the web or engaging in creative activities.
  o Most respondents, especially males, rarely call helplines/crisis lines nor are they likely to discuss problems with their parents or extended family members.

- *Key Recommendations*
  o Expand peer based support groups/systems, including online/virtual networks.
  o Develop web based help/crisis programs; work with relevant stakeholders to increase awareness and use of telephone based help line/crisis line.
  o Build the capacity and awareness of parents and family members with respect to supporting LGBTTTIQQ youth; e.g., establish/expand Parents, Friends & Families of Lesbians and Gays (PFLAG) groups within the region.
  o Raise awareness about gender differences in coping strategies used by LGBTTTIQQ youth in order to create gender sensitive systems of support.

Community Programs and Services:

- *Key Findings*
  o Programs/services rated most important by participants are: youth drop-ins, Gay-Straight Alliances (GSA's)/other clubs at school, queer positive employment services, support groups and groups or events specifically for people who share their identity (e.g., gay, lesbian, trans).
  o The most important program/service characteristics identified are: convenient location, free, sensitivity of staff to LGBTTTIQQ issues, staff are close to them in age, and privacy/confidentiality.

- *Key Recommendations*
  o Expand anti-racist / anti-oppression based LGBTTTIQQ youth programs to additional locations in both Brampton and Caledon.

o As the demand for these programs increases, explore the potential of establishing programs for specific subgroups of youth based on sexual orientation, gender identity, age, hobbies/interests, etc.

o Advocate for school boards to promote and expand GSA's and other queer and trans positive initiatives as well as to provide mandatory training to teachers and staff on LGBTTTIQQ issues and on challenging homophobia and transphobia.

o Expand training opportunities for service providers in Peel region, including staff from health clinics, sexual health clinics and employment agencies.

o Implement institutional audits (in partnership with Canadian Mental Health Association (CMHA), Centre for Addiction and Mental Health (CAMH) or Peel Public Health) to assist agencies and service providers in becoming more queer and trans-positive.

o Develop and distribute a simple resource brochure or sheet that highlights relevant programs, services and resources currently available in Peel (including key on-line resources). Involve LGBTTTIQQ youth in the selection of these resources.

Increasing Social Inclusion

An underlying theme that emerges from the findings of this Needs Assessment and from the broader literature is that many LGBTTTIQQ youth feel socially excluded from mainstream services and systems. Mainstream institutions often do not have clear anti-racist / anti-oppression, and anti-homophobia/transphobia policies and/or do not provide sensitivity training to their staff. Social exclusion is compounded by intersecting marginalities of sexual and gender identity, ethno-racial identity, and social factors such as poverty and homelessness.

▪ *Key Recommendations*

o Identify strategies to improve outreach to and engagement of diverse youth including trans youth, youth that are homeless or marginally housed, racialized youth and newcomers.

o Establish one or more youth advisory committees to guide outreach activities, the enhancement of existing programs and the development of new ones.

o Create a website for LGBTTTIQQ youth living in Peel region to facilitate communication among youth from across the region and to promote awareness of events, programs and services.

o Explore the potential of establishing a 'speaker's bureau' consisting of individuals who would be willing to speak publicly (to schools, faith groups, service providers, at community events, etc.) about issues and concerns facing LGBTTTIQQ youth.

o Engage parents in a constructive dialogue around LGBTTTIQQ youth and social inclusion.

2. SCOPE AND FOCUS OF THE NEEDS ASSESSMENT

Background

This Needs Assessment study was initiated by Associated Youth Services of Peel (AYSP) to understand the key issues and service needs and gaps faced by Lesbian, Gay, Bisexual, Intersex, Trans, Two-Spirited, Queer and Questioning (LGBTTTIQQ) youth, between the ages of 13-18, living in Peel region. The project was commissioned in response to the following concerns:

- lack and omission of LGBTTTIQQ youth services in Peel Region
- systemic homophobic & transphobic attitudes and how they impact LGBTTTIQQ youth
- the lack of reach and services to LGBTTTIQQ youth from diverse ethno-racial communities and newcomers and challenges associated with engaging these populations

This Needs Assessment builds upon an Environmental Scan conducted in 2007 that documented the capacity and existing service of providers in Peel Region to serve LGBTTTIQQ communities. The scan was coordinated by East Mississauga Community Health Centre and the Peel HIV/AIDS Network under the name "Q-Xposure". A community event was also organized in October 2007 that brought together LGBTTTIQQ community members and service providers from Peel Region and the GTA to discuss LGBTTTIQQ issues and service needs. Among the findings of these initiatives were:

- Only about one-third (37.5%) of local service providers reported that they offered specific programming for queer and trans individuals, while 46% indicated they did not
- Only 39% of respondents believed that their organization could cater to the needs of queer and trans newcomers
- Two-thirds of service providers had not participated in any homophobia or transphobia training in their current job and 74% indicated that they would like to receive such training
- Two-thirds of respondents did not have or did not know if their organization had an anti-homophobia policy
- Participants in the community forum identified multiple barriers to health care and accessing health resources, including discrimination based on sexual and gender identities and ethno-cultural background
- Forum participants also emphasized the importance of providing better training for doctors and other service providers on working with LGBTTTIQQ communities and cultural competency, promoting queer and trans-positive school environments, support groups for youth and their parents (among many other recommendations).

As a follow up to these activities, AYSP contracted Access Alliance Multicultural Health and Community Services (Access Alliance) to conduct this Needs Assessment of youth in Peel Region.

Acknowledgements:
The project team consisted of Andrew Koch, Data and Evaluation Coordinator, Rabea Murtaza, Research Coordinator, Marc Simcox, Youth Beyond Barriers Program Coordinator at AYSP, Nicole Ghanie-Opondo (project coordinator, hired to do outreach and data collection), and two placements students at Access Alliance (Corrine Alstrom and Theon Harrichand). The team would like to thank all the research participants for their time and willingness to share. The team would also like to thank everyone who gave their feedback and helped with outreach and recruitment.

Design and Methods

The Needs Assessment employed a mixed methodology consisting of a survey, focus groups and interviews in order to capture general trends/issues that LGBTTTIQQ youth face as well as qualitative knowledge about how the key issues and service needs intersect with the everyday realities and experiences of these youth.

Terms and Definitions

'Youth'
This Needs Assessment focussed on LGBTTTIQQ youth between the ages of 13 and 18. This age range was established due to the mandate of the agency/program funding the study, as the program is funded to service children and youth up the age of 18. This project relied on conducting outreach through social as well as organized networks that were established enough for LGBTTTIQQ youth to feel safe in. These spaces appeared to be more limited for youth between the ages of 13 to 18 than for youth older than this. When doing outreach to smaller numbers of harder-to-reach groups, such as marginalized LGBTTTIQQ youth, the designated age range limited the pool of available and accessible voices.

'LGBTTTIQQ'
The study was initiated to understand the key issues and service needs and gaps faced by the broadest cross-section feasibly possible of diverse Lesbian, Gay, Bisexual, Transgendered, Transsexual, Two-Spirited, Intersex, Queer and Questioning (LGBTTTIQQ) youth. The methodology and recruitment strategies were accordingly designed to identify and reach out through diverse networks. Please see 'Respondent Characteristics,' and 'Sexual

Orientation' to see the breakdown of participants and Appendix F for a glossary of terms.

Instrument Development

The survey and focus group and interview guides were designed to cover the following themes:
- socio-demographic characteristics and identity
- health
- safety
- social support and coping
- community services needs and gaps.

The detailed 20 question survey was designed using Survey Monkey software. Several questions were developed specifically for this survey; others were drawn from a number of sources such as the *Toronto Teen Survey* (Planned Parenthood, 2007) and the *Safety Needs of LGBTTIQQ2S women and trans communities* survey (METRAC).

Where appropriate, open-ended questions were included in the survey to generate some qualitative narratives. Questions were also added at the end of the survey to allow respondents to provide feedback about their experience of completing the survey.

Prior to hosting the survey on-line, several youth from the Youth Beyond Barriers (YBB) Program at AYSP agreed to 'pilot test' the survey to ensure that the questions were clear and that it could be completed within a reasonable period of time (15-20 minutes). These participants reported that the survey was easy to understand and complete; they did not suggest any major changes.

Recruitment and Data Collection

Survey
The survey was administered on-line using Survey Monkey web platform. A link to the survey site was posted on the AYSP website, along with some general information about the project. Outreach materials contained the link to the AYSP page.

Survey outreach was conducted to various organizations and agencies throughout Peel as well as on-line. Some examples of recruitment activities include the following:
- Emails and phone calls to teachers responsible for Gay-Straight Alliance (GSA) student clubs at schools.
- In-person visits to GSA student meetings.

- Posters in libraries, community centres, drop-ins and agencies to reach youth not engaged in GSA's or who access fitness or sports programs or library clubs.
- A promotion and information booth at Square One shopping mall in Mississauga.
- Emails to 'key contacts' identified through existing networks (e.g., QXposure)
- Posts on several Facebook pages as well as Craigslist.

A total of 70 responses were logged in the project's Survey Monkey platform between September 10 and November 7, 2008. Of these, 26 were excluded because they did not meet the criteria for participating in the survey (see Section 3 for more information).

Focus Group and Interviews
Many of the outreach activities described above were also used to recruit participants for focus groups and interviews. In the original design, focus groups were the preferred method of data collection. However, recruiting for focus groups proved to be difficult. One focus group was held with six participants in the Youth Beyond Barriers Program at AYSP. One focus group became a one-on-one interview when only one youth showed up. Another scheduled focus group was cancelled when no youth turned out.

As a result of low focus group turnout, the project recruitment strategy shifted from organizing focus groups to holding workshops at GSA's in order to arrange one-on-one interviews by phone or close to school, and to encourage interested youth to fill out the survey online. The project team conducted 8 interviews by telephone.

All interview and focus group respondents were provided with an overview of the project and asked to sign an informed consent form which emphasized the confidentiality of the data and the voluntary nature of the project. Respondents were also asked to complete a 2-page socio-demographic questionnaire. Respondents received a $30 honorarium for their participation.

The focus group and in-person interviews were recorded on a digital recorder and transcribed. For the phone interviews, two researchers took part: one as the interviewer and the second as a note-taker.

Data Analysis

Survey

A total of 70 responses were logged in Survey Monkey between September 10 and November 7, 2008. Of these, 26 were excluded because they did not meet the criteria for participating in the survey as defined by AYSP:

- 10 responses were excluded because they were over 18 years old.
- 10 were excluded because they identified their sexual orientation as exclusively straight/heterosexual.
- 4 were excluded because they did not live in Peel region
- 1 was excluded because the survey was incomplete (respondent did not complete any of the non-demographic questions)
- 1 was excluded because it appeared to be a duplicate response (based on the date, IP address and responses to the demographic questions).

The survey data was initially analyzed using descriptive summaries and graphing in Excel. Subsequently, the data was entered into SPSS (Statistical Package for the Social Sciences). The sample size proved to be too small to explore meaningful differences in responses based on criteria such as age, location, ethnocultural background, trans gender identity, and sexual orientation. The sample size *did* allow for cross-tabulation analyses to explore response differences between those identifying as male and those identifying as female.

Focus Group and Interviews

Transcripts and interview notes were reviewed using an iterative process of coding and analysis based on the key areas of interest (sense of community, health, safety, programs and services). Within each area of interest, prominent categories and themes were identified and respondent quotes were grouped accordingly. For each key finding drawn from the data, implications and recommendations were identified in consultation with AYSP staff.

Limitations of Research Methods and Recruitment

Selection and recruitment for this Needs Assessment was based on 'convenience sampling', as a result of time and resource constraints. The challenges of reaching diverse youth in an area as large as Peel Region did not allow for more focused and intensive outreach to multiply marginalized groups (i.e. trans youth, homeless LGBTTTIQQ youth, and newcomer LGBTTTIQQ youth) within the age range 13-18. Therefore, the findings from this study cannot be generalized to represent the full diversity of LGBTTTIQQ youth living in Peel Region.

As with sexual orientation, this survey allowed participants to select multiple ethnocultural backgrounds through a broad range of choices (using the

Planned Parenthood Toronto Teen Survey's list of options). Three survey respondents (7%) identified as South Asian; 5 respondents (12%) identified as Black; 5 (11%) as East Asian, 7 (16%) as South East Asian, and 3 (7%) as Aboriginal. Seven respondents (16%) identified as of mixed background. Nineteen (43%) of respondents identified with a white Canadian and/or white European background.

As of 2006, 50% of Peel's residents are visible minorities; the top visible minority groups in Peel are South Asian (23.6%), Black (8.3%) and Chinese (4.7%) (Social Planning Council of Peel, 2008). Aboriginal people make up less than 1% of Peel's population. In Peel Region 48.6% of residents are immigrants and 21% are recent immigrants (Social Planning Council of Peel, 2008).

The participants in this Needs Assessment are from ethnocultural backgrounds that are somewhat reflective of the diversity of Peel Region's population. Newcomer youth however are underrepresented in the sample. Plans for service delivery to diverse LGBTTTIQQ youth should include further research into ethno-specific and newcomer youth needs and issues.

The majority of interview participants were recruited through GSA's at several high schools. Many of these participants also reported that they completed the on-line survey. Thus, the data collected probably under-represents youth who are not in high school and those who have chosen not to reveal their sexual orientation to others at school.

A number of project stakeholders emphasized that successful outreach to youth both in general as well as for this project would require going to spaces where youth already congregate and feel safe. This perspective was underscored by the success of the focus group held with one of the only pre-existing Peel-based LGBTTTIQQ youth groups. The only other formally organized LGBTTTIQQ -friendly spaces for youth 13-18 years in Peel appear to be the school-based GSA's; but while the project was supported extensively by Peel Board of Education staff, both at Board and school level, according to Board policy it is not possible to hold research focus groups on school property without prior consent.

Most youth seemed to prefer telephone interviews over face-to-face interviews because of accessibility and ease of participating, as well as the way telephone interviews allow for greater anonymity (compared to face to face interviews or focus groups). While telephone interviews are not as personalized as face to face interviews and do not allow researchers to observe non-verbal expressions, we found this methodology to be more effective in encouraging LGBTTTIQQ youth to take part in the study.

The Needs Assessment did not engage LGBTTTIQQ youth in the process of designing and implementing the research study. The use of a more participatory process would likely have resulted in more effective outreach activities, more 'youth-friendly' data collection instruments and more relevant data.

The survey, focus group and interviews combined involve a total of 59 respondents recruited using convenient sampling; thus the findings cannot be generalized to represent the entire LGBTTTIQQ youth population in Peel. In spite of these limitations, the researchers believe that this Needs Assessment study has documented important issues and service needs for LGBTTTIQQ youth (between the ages of 13-18) in Peel region and therefore deserves careful consideration in planning programs and services for this population. In order to address the sampling and process limitations, further opportunities to reach out to and engage diverse LGBTTTIQQ youth should be pursued by AYSP and other organizations working with youth in Peel Region in the near future.

Recruitment and outreach was most successful when it involved going to places LGBTTTIQQ youth already congregate and feel safe. We anticipate that as the number and reach of services to this community grows, it will expand the possibility of consulting with greater numbers of LGBTTTIQQ youth, in a mutually reinforcing way, to further improve and refine services offered; at the same time, it is important to continue to reach out to the margins of who is engaged, including specific racialized groups, homeless or disabled LGBTTTIQQ youth.

3. SURVEY FINDINGS

Survey Respondent Characteristics

The following analysis is based on the 44 respondents that met the criteria for participating in the survey, with the exception of the 'survey feedback' section which incorporates feedback from all respondents that completed this section regardless of whether they met the criteria.

Location
Youth from all three of the major areas in Peel region completed the survey. The majority of respondents (61%) live in Mississauga. Most have lived in Peel region for 10 years or more.

Figure 3.1 – Survey Respondent's Location

Respondents' Location (n=44)
Caledon 7%
Brampton 32%
Mississauga 61%
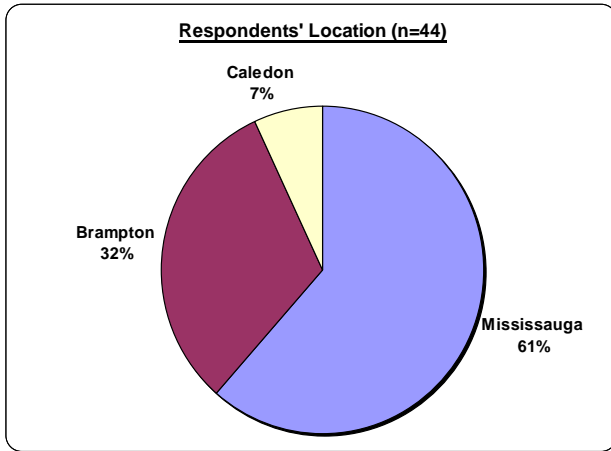
Figure 3.2 – Time Living in Peel

How Long Respondents have Lived in Peel (n=44)
4-9 years, 18%
1-3 years, 5%
Less than one year, 5%
10 years or more, 25%
My whole life, 47%
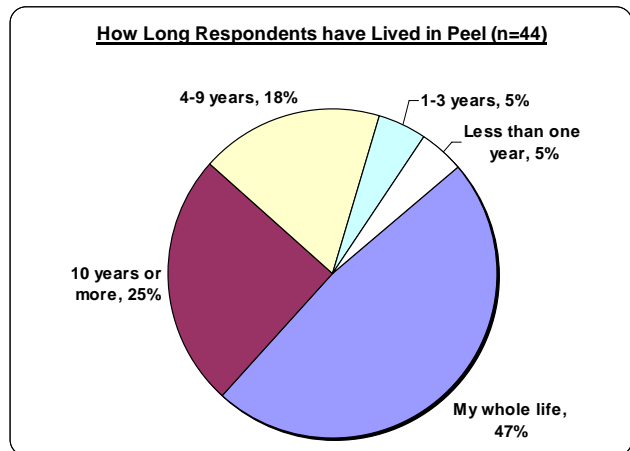
Age
The range of respondents' ages was 13-18 (those older than 18 were excluded from the analysis). The distribution of ages is shown in the chart below. The average age was 16.5.

Figure 3.3 – Survey Respondents' Age

Respondents' Age (n=44)
no resp 9%
13-14 9%
15-16 38%
17-18 44%
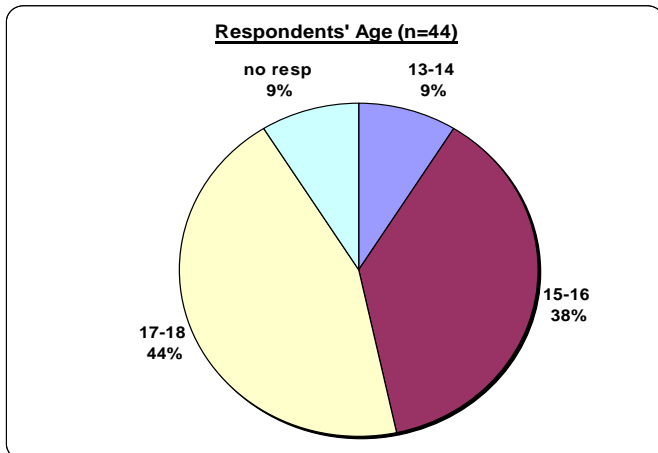
Note that four respondents did not enter their age, but were included in the analysis because they indicated that they were high school students.

Gender

Sixty nine percent of survey participants identified as female and 31% as male. All respondents selected male or female as one of their responses to the question *"How do you identify your gender? (Please select all that apply)"*. Four respondents selected multiple gender identities, as follows:

- Female, MTF and transsexual
- Female and "androgyne"
- Male, FTM and transsexual
- Male, FTM, transgendered and genderqueer

Sexual Orientation

The majority of survey respondents identified themselves as bisexual, gay or lesbian. 30% chose to select multiple responses. Responses are summarized in the table below:

Table 3.1 - Sexual Orientation (n=44, multiple responses allowed)	
Bisexual	48% (21)
Gay	20% (9)
Lesbian	20% (9)
Not sure/Questioning	16% (7)
Fluid/Unlabeled	14% (6)
Queer	11% (5)
Polysexual	7% (3)
Two-Spirit	5% (2)
Other - "Homoflexible", - "Just sexual"	5% (2)
Straight (Heterosexual)	2% (1)

86% reported that they are 'out' about their sexual orientation to somebody. Of those that are out:

- 97% are out to friends
- 58% are out to a brother or sister
- 53% are out to "other youth at school"
- 47% are out to their parents
- 47% are out "online" (e.g., on Facebook)
- 45% are out to a teacher
- 21% are out to people at work
- 16% are out to their doctor
- 13% are out to their extended family.

School and Work

Most respondents were attending high school or college/university. Only 2 were not in school.

Thirty six percent of respondents reported that they were working; all of these indicated that they were working part-time. Of the 64% respondents that reported that they were not working, half were looking for a job.

Figure 3.4 – Educational Status

Respondents' Educational Status (n=44)
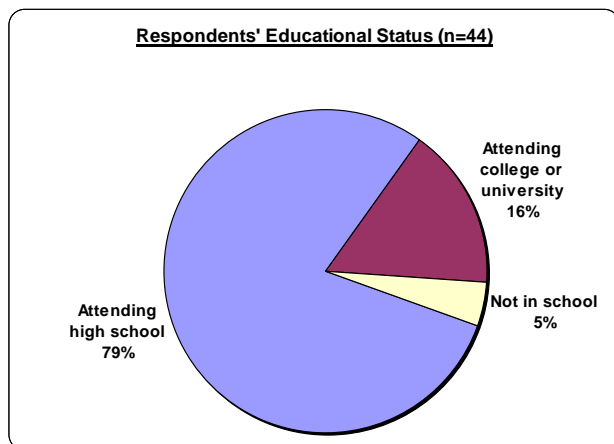
Figure 3.5 – Employment Status

Respondents' Employment Status (n=44)
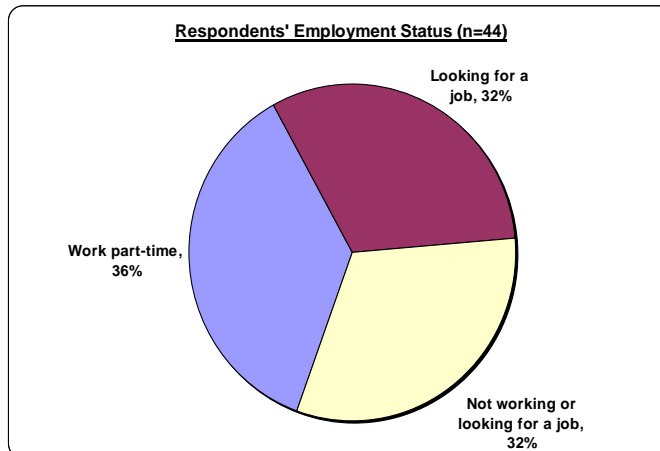
Newcomer youth/Country of Origin

Only 4 out of 44 youth reported living in Peel for three or less years. 84% of participants were born in Canada and 80% have lived in Canada their whole life[1]. Of those that were not born in Canada, the following countries of birth were indicated (one each):

- China, Ghana, Jamaica, Mexico, United Kingdom, United States and Vietnam

Ethnocultural background

The ethnocultural backgrounds that survey respondents identified as are shown in the table below. Almost half (43%) of respondents identified their ethnic background only as "White-Canadian" or "White-European"; 36 % identified across a range of ethnocultural backgrounds, including South East Asian, mixed backgrounds, East Asian, Aboriginal, South Asian, and more. Twenty per cent identified as white and one or more other ethno-cultural backgrounds.

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[1] By comparison, 29% of respondents to the 2005 Student Health Assessment Survey reported that they were born outside of Canada (Peel Public Health, 2005)

Table 3.2 – Ethno-Cultural Background
(n=44, multiple responses allowed)

White – Canadian	50% (22)
White – European	25% (11)
Asian – South East (e.g. Vietnam, Malaysia, Philippines)	16% (7)
Mixed background or other(s)	16% (7)
Asian – East (e.g. China, Japan, Korea, Taiwan)	11% (5)
Aboriginal/First Nations	7% (3)
Asian – South (e.g. India, Sri Lanka, Pakistan)	7% (3)
Latin American (e.g. Argentina, Mexico, Nicaragua)	7% (3)
Black – Africa (e.g. Ghana, Kenya, Somalia)	5% (2)
Black – Caribbean (e.g. Jamaica, Barbados)	5% (2)
Black – Canadian	2% (1)
Indian - Caribbean (e.g. Guyanese with origins in India)	2% (1)
Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)	2% (1)

Health

The majority of survey respondents rated their health as good or excellent and said they were quite happy or very happy. No respondents rated their health as "poor". There were no substantial differences noted between male and female responses or between white and other ethnocultural background responses for these indicators.

Figure 3.6 – Self-Rated Health (n=44)

O.K. (could be better), 23%
Good, 57%
Excellent, 20%
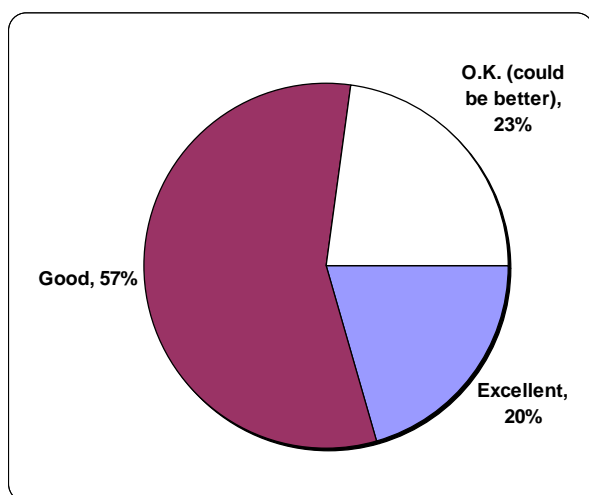
Figure 3.7– Life Satisfaction (n=44)

Not very happy, 14%
Not happy at all, 2%
Quite happy, 54%
Not sure/ No opinion, 23%
Very happy, 7%
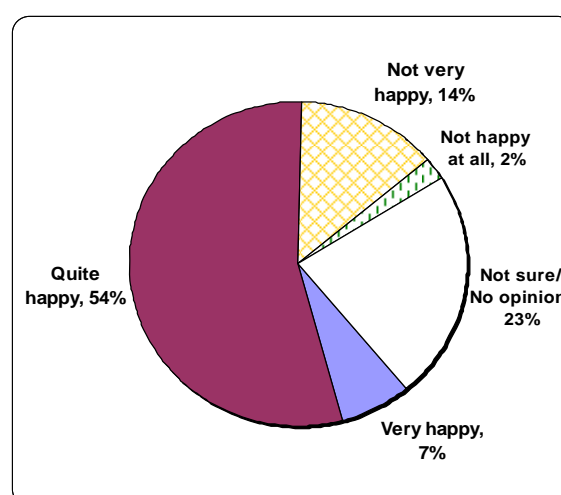
Mental health concerns figured prominently in the survey. More than half of respondents reported concerns about stress/anxiety and sadness/depression with one in five respondents indicating that they were "very worried" about these mental health concerns. Interestingly, females were more concerned

than males (70% compared to 50%) about stress/anxiety. Relatively few respondents expressed concerns about STI's and HIV/AIDS. Only 12% of respondents indicated concerns about smoking, alcohol or drug use.

Figure 3.8 –Health Concerns (n=44)
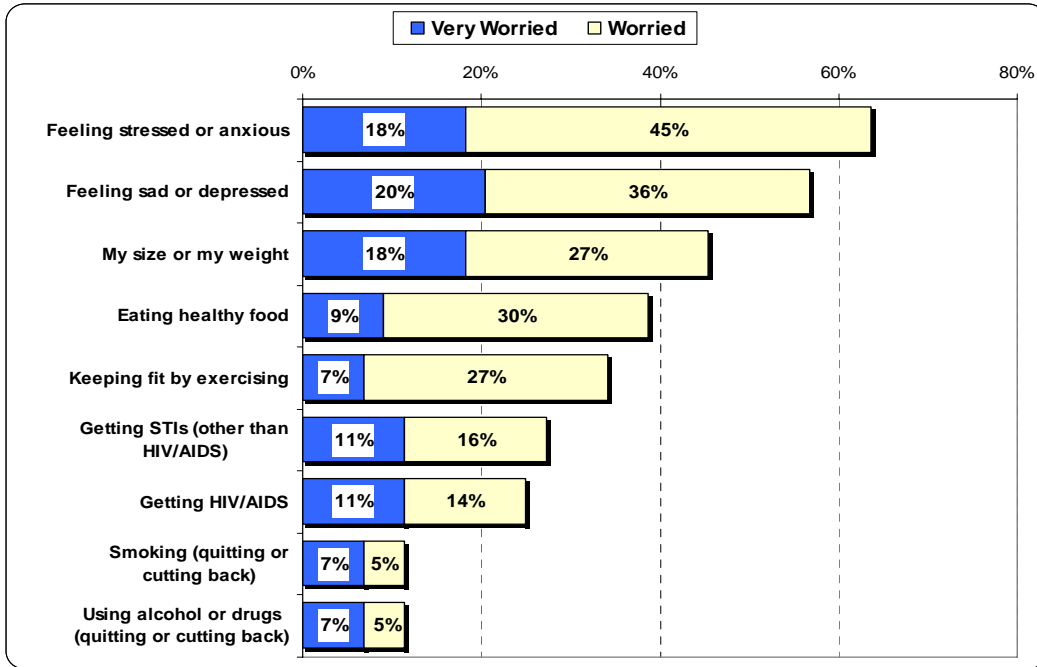
Figure 3.9 –Health Concerns by Gender
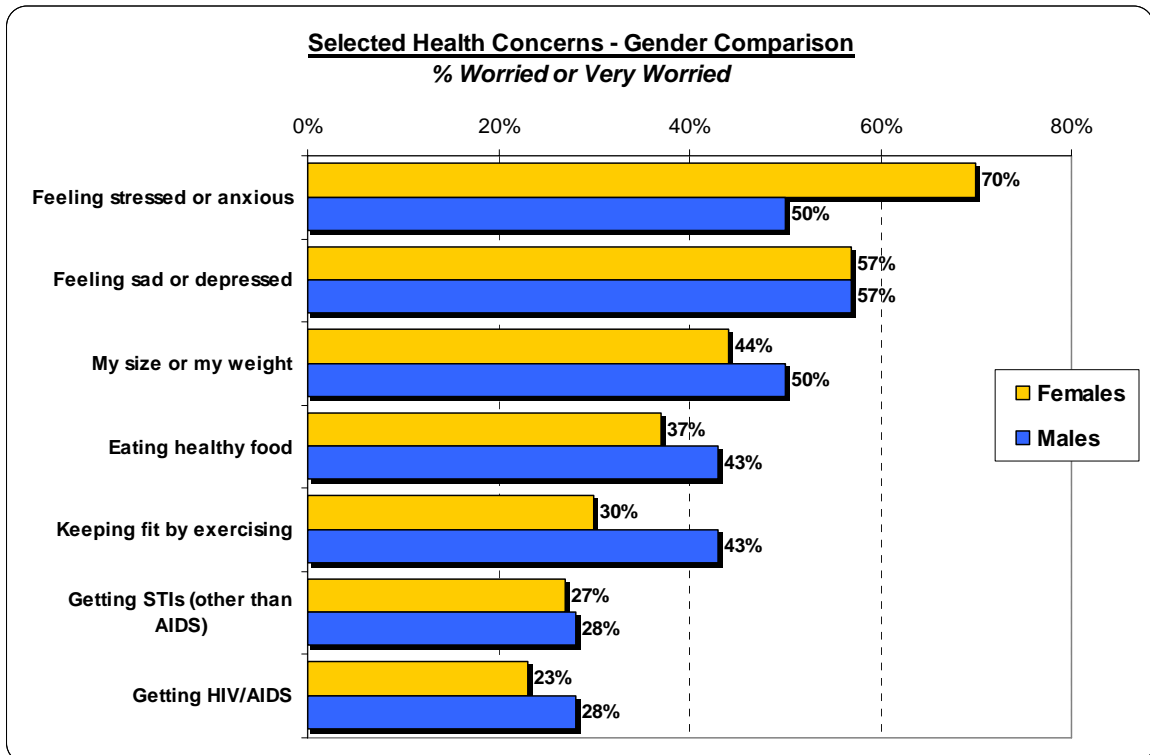
Other health concerns mentioned:
- "low iron because of a poor diet"
- "Not being able to access a doctor to get on hormone replacement therapy, and finding a trans-friendly counsellor to help me when I'm down or homeless"
- "I think I may have a sleeping disorder and mild OCD"

Sexual Activity

Forty-five per cent of respondents report that they have had sex. Of those that are sexually active, 25% report having one sexual partner within the past year and 55% report having had more than one partner within the past year. Male respondents were slightly more likely to report being sexually active and to having more than one sexual partner within the last year.

Safety

Overall, respondents indicated that they feel safest at home, in stores/malls and at work. They reported feeling least safe at recreation/fitness centres, on the street or sidewalk and using public transit. Compared to female respondents, a higher proportion of male respondents reported feeling safe at home, at work, in stores, malls and when using public transit. Only 50% of females indicated that they always or usually felt safe using transit.

Figure 3.11 – Places that Survey Respondents Feel Safe, by Gender
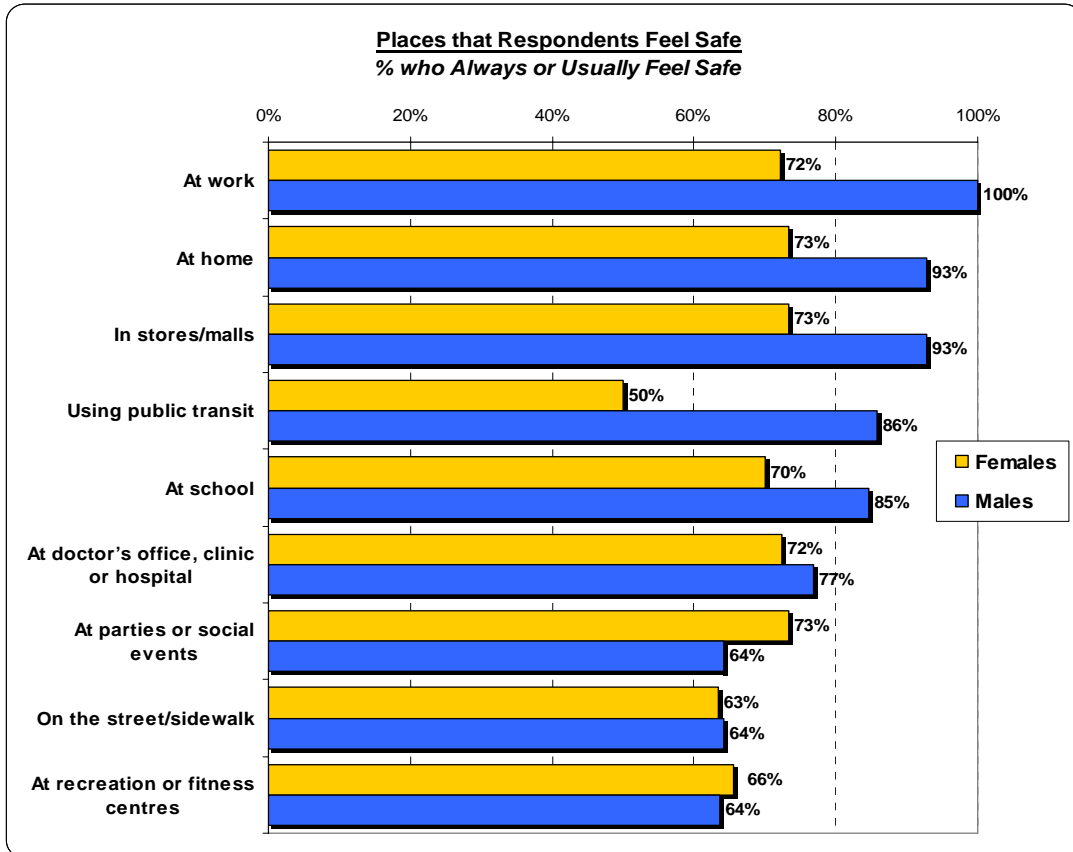
80% of respondents reported that they had experienced some sort of bullying or harassment within the last month. Verbal harassment was by far the most common form. Males were slightly more likely to report being bullied several times.

More female teens (33%) reported that they had received unwanted sexual attention or advances (only 9% of males reported this) and more females (27%) reported experiencing physical assault, compared to only 7% of males. At the same time, male and female respondents reported the same rates of being threatened with physical violence.

Figure 3.11 – Bullying or Harassment (Females) **Figure 3.12 – Bullying or Harassment (Males)**

Bullying or Harrassment, Last 12 Months - Females

Not at all, 10%
Don't know/Prefer not to say, 10%
Once or twice, 63%
Several times, 17%

Bullying or Harrassment, Last 12 Months - Males

Not at all, 14%
Don't know/Prefer not to say, 7%
Once or twice, 50%
Several times, 29%
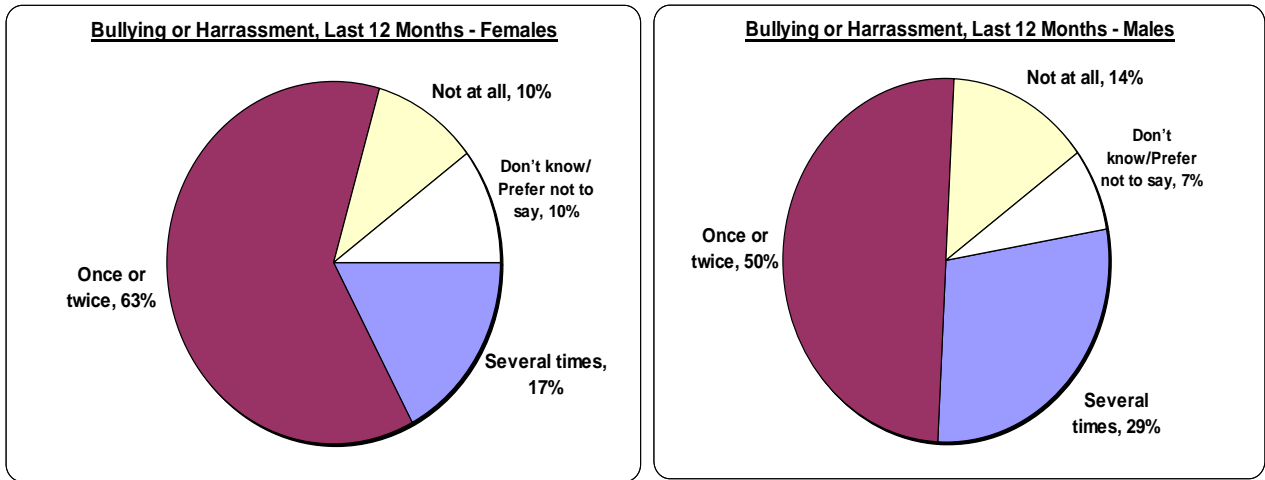
Table 3.3 - Experiences of Harassment and Violence Reported (n=44)			
	Total	Females	Males
I was verbally harassed (e.g., someone insulted me, spread rumours about me or made jokes about me)	80% (35)	77% (23)	86% (12)
Someone posted hurtful or inappropriate information about me online (e.g., on Facebook or MySpace)	25% (11)	27% (8)	21% (3)
I received unwanted sexual attention or advances	23% (10)	33% (10)	0%
I was physically assaulted (hit, slapped, pushed or beaten up)	20% (9)	27% (8)	7% (1)
I was threatened with physical violence	20% (9)	20% (6)	21% (3)
I was turned down for a job or promotion that I was qualified for	7% (3)	7% (2)	7% (1)
I was sexually assaulted	5% (2)	7% (2)	0%
Someone at a store, restaurant or café refused to serve me	2% (1)	--	--

In the open-ended section of the survey, one of the participants expressed his/her concern about threat of violence in the following way: "My bioparents always made me feel like shit and told me to go kill myself, especially when

they would threaten to kick me out. So I guess you could call that emotional abuse."

Survey results indicate that 84% of respondents who experienced harassment violence indicated that they told someone about it. The youth who responded were most likely to tell a friend or partner. Less than a quarter told a family member, teacher or police. Males were somewhat more likely to confide in a family member or a social worker.

Table 3.4 - Who survey respondents told about harassment or violence they had experienced			
(n=38)	Total	Females	Males
A close friend	79% (30)	81% (21)	75% (9)
My boyfriend, girlfriend or partner(s)	45% (17)	46% (12)	42% (5)
My parent or caregiver	24% (9)	19% (5)	33% (4)
My brother/sister	21% (8)	15% (4)	33% (4)
A social worker or counsellor	21% (8)	12% (3)	42% (5)
A teacher or coach	18% (7)	19% (5)	17% (2)
Another family member	11% (4)	12% (3)	8% (1)
A police officer	8% (3)	12% (3)	0%
Called an anonymous telephone helpline	8% (3)	12% (3)	0%
My boss or someone at work	5% (2)	8% (2)	0%
Posted about it somewhere on-line	5% (2)	0%	17% (2)

Figure 3.13 – Outcome of Telling Someone about Harassment or Violence

Good outcome, 59%
Nothing/ felt ignored, 38%
Bad outcome, 3%
(n=32)
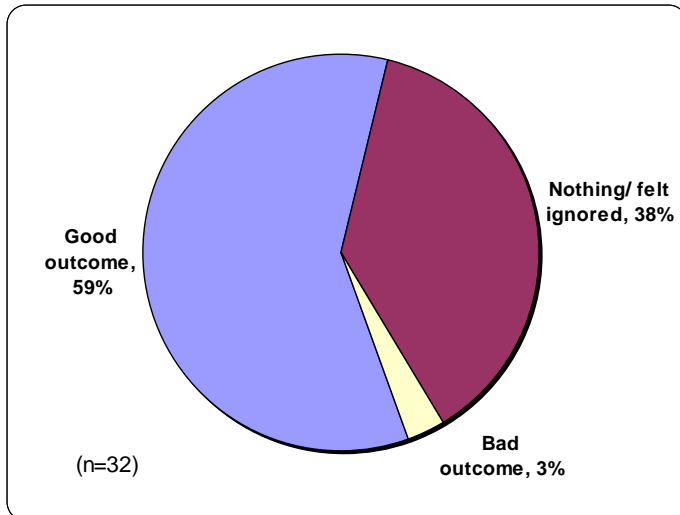
Open-ended responses: "Ya the police didn't do anything but tell me to leave my parents house when I refused to leave because I had no place to sleep in the winter, because my friend's parents wouldn't let me stay with them. Also my doctor didn't do anything because he said it was because of who I am. FYI: I don't go to him anymore, but haven't been to another doctor since either."

"the police tell me when I am experiencing homophobia - to get off and ride another bus!! that's so unreasonable"

Coping Strategies

The survey asked respondents about the ways in which they "deal with problems" in their lives. Respondents indicated that they most frequently look to friends or partners to help them cope. Many also noted that they like to spend time alone, surf the web or engage in creative activities.

Figure 3.14 – Most Common Ways of Coping with Problems
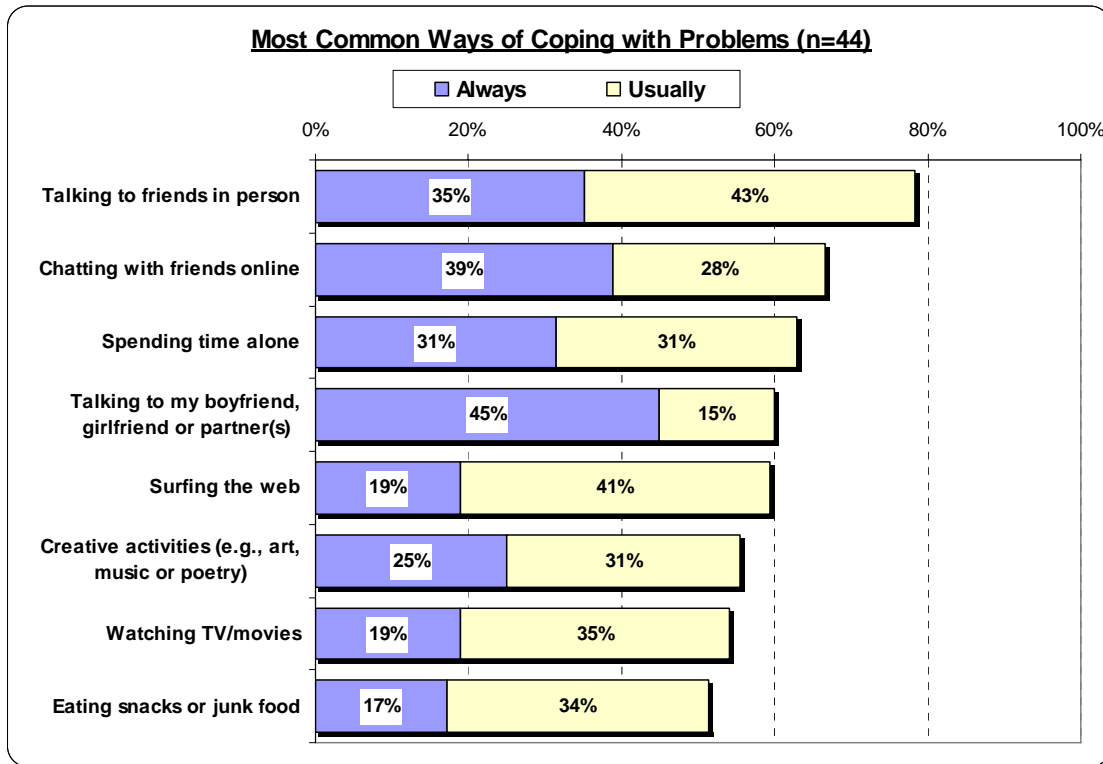
There are some notable differences between young male and female-identified respondents in terms of the ways that they report dealing with problems. Female respondents reported the use of a wider range of coping strategies overall and are somewhat more likely to talk with friends, and engage in other activities such as exercise, reading and creative activities. Most respondents, especially males, rarely call help/crisis lines or discuss problems with their parents or extended family members.

Most Common Ways of Coping with Problems - By Gender
% Indicating Always or Usually

Way of Coping	Females	Males
Talking to my friends in person	88%	55%
Chatting with friends online	64%	73%
Spending time alone	60%	70%
Talking to my boyfriend, girlfriend or partner(s)	57%	67%
Surfing the web	54%	73%
Creative activities (e.g., art, music or poetry)	60%	45%
Watching TV or a movie	58%	45%
Eating snacks or junk food	52%	50%
Sleeping in or taking a nap	58%	10%
Reading books or magazines	50%	27%

Least Common Ways of Coping with Problems - By Gender
% Indicating Rarely or Never

Way of Coping	Females	Males
Calling a helpline/crisis line	68%	100%
Talking to my parents/caregiver(s)	43%	82%
Talking to someone in extended family	75%	80%
Praying, meditating or other spiritual practices	72%	73%
Exercising or playing sports	25%	70%
Using alcohol/other drugs	40%	67%

25

Community Programs and Services

The survey asked questions about both the satisfaction level of the perceived availability of selected programs and services as well as the importance of these programs and services to respondents. Responses are summarized in Tables 3.5 and 3.6.

Table 3.5 - Satisfaction with Availability of Programs and Services				
Program/Service	**Very Satisfied**	**Satisfied**	**Satisfied or Very Satisfied**	**%**
Somewhere I can talk to a counselor or social worker about my problems	8	14	**22**	56%
Gay-Straight Alliances or other LGBTTTIQQ clubs at school	9	9	**18**	46%
A support group where I can talk to other LGBTTTIQQ people around my age about our problems	7	6	**13**	34%
A sexual health clinic where I feel safe and comfortable being LGBTTTIQQ	3	6	**9**	24%
A medical/health clinic where I feel safe and comfortable being LGBTTTIQQ	3	5	**8**	22%
An employment service where I feel safe and comfortable being LGBTTTIQQ	3	5	**8**	22%
Somewhere I can meet and hang out with other LGBTTTIQQ people around my age outside of school (e.g. drop-in centre, youth group)	2	5	**7**	18%
Groups or events **specifically** for people around my age who share my identity (e.g., gay, lesbian, trans)	1	6	**7**	19%
A mentorship program (having an older LGBTTTIQQ teen or adult to talk about stuff with)	2	4	**6**	16%
Somewhere I can work on hobbies or art with other LGBTTTIQQ people around my age (e.g., knitting, writing, drawing, photography, computers, music)	3	2	**5**	13%
Somewhere that I can volunteer with other LGBTTTIQQ people around my age	1	4	**5**	13%
Somewhere I can meet and hang out with LGBTTTIQQ people around my age who share my culture or religion	1	3	**4**	10%
Somewhere I can play sports or work out with other LGBTTTIQQ people around my age	1	2	**3**	9%
Shelters or hostels where LGBTTTIQQ teens/young adults can feel safe and comfortable	1	1	**2**	5%
Self-defense classes for LGBTTTIQQ people around my age	1	0	**1**	3%

Table 3.6 - Programs and Services Rated as Very important or Important				
Program/Service	**Very Important**	**Important**	**Important or Very Important**	**%**
Gay-Straight Alliances or other LGBTTTIQQ clubs at school	22	10	**32**	82%
Somewhere I can meet and hang out with other LGBTTTIQQ people around my age outside of school (e.g. drop-in centre, youth group)	19	11	**30**	77%
An employment service where I feel safe and comfortable being LGBTTTIQQ	16	11	**27**	75%
A support group where I can talk to other LGBTTTIQQ people around my age about our problems	14	13	**27**	73%
Groups or events **specificall**y for people around my age who share my identity (e.g., gay, lesbian, trans)	12	14	**26**	74%
A medical/health clinic where I feel safe and comfortable being LGBTTTIQQ	16	9	**25**	69%
A sexual health clinic where I feel safe and comfortable being LGBTTTIQQ	15	10	**25**	69%
Somewhere I can talk to a counselor or social worker about my problems	11	13	**24**	67%
A mentorship program (having an older LGBTTTIQQ teen or adult to talk about stuff with)	11	12	**23**	64%
Somewhere I can work on hobbies or art with other LGBTTTIQQ people around my age (e.g., knitting, writing, drawing, photography, computers, music)	7	15	**22**	61%
Somewhere that I can volunteer with other LGBTTTIQQ people around my age	9	11	**20**	59%
Shelters or hostels where LGBTTTIQQ teens/young adults can feel safe and comfortable	12	8	**20**	56%
Somewhere I can play sports or work out with other LGBTTTIQQ people around my age	8	11	**19**	58%
Somewhere I can meet and hang out with LGBTTTIQQ people around my age who share my culture or religion	9	7	**16**	48%
Self-defense classes for LBGTQ people around my age	6	6	**12**	35%

In order to identify top needs in terms of programs and services, those programs/services rated as most important may be looked at in relation to the level of satisfaction with their availability. Table 3.7 shows those programs and services rated as important by a large percentage of respondents but that were low or moderate in terms of perceived availability.

Table 3.7 - Programs and Services Rated by Unmet Need			
Program/Service	**Importance**	**(Perceived) Availability**	**Rating of Unmet Need***
Somewhere I can meet and hang out with other LGBTTTIQQ people around my age outside of school (e.g. drop-in centre, youth group)	Very High 77%	Very Low 18%	**Very High**
An employment service where I feel safe and comfortable being LGBTTTIQQ	Very High 75%	Very Low 22%	**Very High**
Groups or events **specifically** for people around my age who share my identity (e.g., gay, lesbian, trans)	High 74%	Very Low 19%	**Very High**
Gay-Straight Alliances or other LGBTTTIQQ clubs at school	Very High 82%	Moderate 46%	**High**
A support group where I can talk to other LGBTTTIQQ people around my age about our problems	High 73%	Low 34%	**High**
A medical/health clinic where I feel safe and comfortable being LGBTTTIQQ	High 69%	Low 22%	**High**
A sexual health clinic where I feel safe and comfortable being LGBTTTIQQ	High 69%	Low 24%	**High**
A mentorship program (having an older LGBTTTIQQ teen or adult to talk about stuff with)	Moderate-High 64%	Very Low 19%	**High**
Somewhere I can work on hobbies or art with other LGBTTTIQQ people around my age (e.g., knitting, writing, drawing, photography, computers, music)	Moderate-High 61%	Very Low 13%	**High**
Somewhere I can talk to a counselor or social worker about my problems	High 67%	Moderate 56%	**Medium-High**

Table 3.8 - Program/service characteristics: Chosen as Top 5 (n=38)	
The location is close to where I live or easy to get to	87% (33)
It's free	71% (27)
People who work there are sensitive and know a lot about LGBTTTIQQ stuff	53% (20)
People who work there are close to my age	53% (20)
It's private and confidential	45% (17)
They can refer me to other services that I might need	29% (11)
It is easy to ask questions about sex there	26% (10)
People who work there speak my language	24% (9)
It's available on weekends	24% (9)
They provide bus tickets for me to get there and back home	21% (8)
The location is discreet	21% (8)
It's available in the evening	21% (8)
People who work there understand my culture or religion	13% (5)

Additional responses:
- Free refreshments
- There is fun stuff to do that makes me feel like I'm part of my community (trans ppl) and Caledon.

Table 3.9 - Program/service characteristics: Weighted Ranking (n=38)						
Characteristic	**1st**	**2nd**	**3rd**	**4th**	**5th**	**Weighted Score**
The location is close to where I live or easy to get to	11	11	4	4	3	122
It's free	11	6	3	5	2	100
People who work there are close to my age	2	8	1	7	2	61
People who work there are sensitive and know a lot about LGBTTTIQQ stuff	3	3	6	1	6	53
It's private and confidential so I don't have to worry about anyone else finding out that I go there	4	1	5	4	3	50
It's available on weekends	1	3	4	0	1	30
People who work there speak my language	2	1	3	1	2	27
The location is discreet	3	1	1	1	2	26
It's available in the evening	0	1	4	2	1	21
They provide bus tickets for me to get there and back home	0	2	3	0	3	20
It is easy to ask questions about sex there	1	0	1	4	4	20
They can refer me to other services that I might need	0	0	0	5	6	16
People who work there understand my culture or religion	0	0	2	2	1	11

4. INTERVIEW AND FOCUS GROUP FINDINGS

Respondent Characteristics

In total, 15 youth took part in an interview (9) or a focus group (6).

Location
The majority of respondents (73%) lived in Mississauga and the rest lived in Brampton.

Age and Gender
The range of respondents' age was 15-18. The average age was 16.3.

60% of survey participants identified as female and 27% as male. One participant was unsure and one chose not answer.

Sexual Orientation
40% of respondents identified themselves as bisexual and another 40% as lesbian. The remainder (20%) said they were gay.

Ethno-cultural background
80% of respondents were born in Canada and have lived in Canada their whole life. 47% of participants identified as 'white', 20% as 'mixed' and 33% were 'racialized' (visible minorities). Therefore, interview and focus group participants were slightly more ethno-culturally diverse than the survey respondents.

Sense of Community

Defining Community
In general, there were two different understandings of community that respondents identified. Some viewed community as a physical location where you live and go to school.

> "Community is where you live and a little bit around it."

Another understanding of community was one that is created by a group of people with common lifestyles and values.

> "based on preferences, lifestyle, and choices, who you relate to, and values."

Most of the youth who were interviewed felt like they were part of a community whether at school, in the area they live, as part of sports teams, or a religious group. Some participants felt that they were part of a

LGBTTTIQQ community, often at their school. The presence of a Gay-Straight Alliance (GSA) appeared to contribute to a sense of community at school. Others did not identify the LGBTTTIQQ community in their definitions of community, and others pointed to the elusiveness of such a community in Peel.

> "LBGTQ community: possibly there is one; I just don't know where it is. Don't know how to get there or where it is."

Social Acceptance of LGBTTTIQQ Population in Peel

A few respondents pointed to the difference in the level of social acceptance they felt as LGBTTTIQQ youth in Peel compared to Toronto, which they saw as more accepting:

> "It is amazing how like Brampton, Toronto and Mississauga all, kind of, Peel is different from Toronto. Feels like a completely different country. You are okay to be gay over there, but back here…"

> "Everyone [in Toronto's LGBTTTIQQ community] is so accepting, friendly. It's busy--you can talk to anyone even if you are lost. Or if you're on Church Street, everyone's gay…If you go to a restaurant even the waiters are gay."

Health

Most of the youth interviewed defined health quite broadly and holistically. Included in their definitions were physical health issues like being fit and eating right, and mental health issues like depression, connecting with emotions, and being happy.

> "[Being healthy is] when you are physically healthy, eating right and exercising, mentally healthy – happiness."

Mental Health

Like in the survey, depression was a significant mental health issue identified by many respondents, and some indicated having experience of depression. Some participants also expressed anxiety regarding their sexual orientation and school.

> "I used to deal with depression and insomnia. I had gone through a lot of stuff at one time. I had gone through a lot of things since grade 7 and I had to deal with them."

> "Depression. I think it's not related to sexual orientation, it's more because we're teenagers and it's about what we're going to be and what we want to do."

"I worry especially about whether I am mentally sound. I worry about what I am going to do in life. I worry about if I'm actually gay. I don't give too much time to thinking about [being gay]. I don't know what it means to be gay. I kinda like guys so I'm gay right? I don't like labels though, so I avoid it if I can."

Sexual Health

Sexual health issues were identified by some respondents. Some expressed concerns about sexually transmitted infections and the lack of education around STI's and sexuality in school.

"I know a lot of people that sleep around and it isn't healthy. Awareness isn't enough, they tell us a couple of people get STDs so people think it's a joke and that they don't think it can happen to them."

"More information on gay sex in sex education class. Normally if it's mentioned people just laugh, it's not taken seriously. I'd like to learn more about sexual health and gay sex information."

Body Image

Only one respondent mentioned pressures related to body image:

"There is 'gay' pressure to be a certain way. Body image etc. I don't feel that way. I am comfortable with who I am. I don't feel those pressures. Although the pressures are real."

Other Health Issues

Relatively few physical health concerns were identified during the interviews/focus group. A few were concerned about smoking and others mentioned chronic diseases such as cancer and diabetes.

Support Systems for Health Issues

Many of those interviewed said they would go to parents, teachers, guidance counsellors, GSA participants, and doctors to get support for health issues. A small number of respondents expressed their preference to discuss issues with their peers rather than with adults:

"We go to each other. We don't feel comfortable with adults. After a while of not being able to sleep well and having emotional struggles, but it took me a long time to talk to an adult. My friend told me if I don't go there, then no one is going to be able to help me. If it's an emotional health issue I would go to guidance counsellor. If it's physical, I look it up online first and then decide if I should be concerned about it. Research it for a week after school online."

"I went and told the social worker that everything is better in my family because I didn't like going any more. It was help, but then I don't know, I just didn't want to go any more. My teacher I always talk to, I don't tell him everything any more either. I talk to a friend I met at camp, about everything."

One youth spoke about a sexuality clinic as an example of a positive service that they were able to access discreetly during school hours:

"One of my friends had a concern and didn't want parents to find out so we went to a healthy sexuality clinic during school hours with school permission."

By contrast, some respondents indicated negative experiences with and mistrust of doctors.

"I don't like going to doctor and have them use all these terms I don't understand and give me the entire story."

"I will probably get a gay doctor when I'm older though. Now that I'm 18. Although generally all doctors should know. I'd want a gay doctor…umm..just 'cause you know, like women prefer female doctors, you want someone who has that personal experience and understanding view."

"My family doctor knows I'm gay. He is fine with it. Although I knew someone whose family doctor tried to give them a shot of something when they came out to them because they were gay. Not sure what that was about."

Discrimination and Violence

Focus group and interview findings suggest a high prevalence of discrimination and violence in the lives of the youth. Many respondents talked about the fear, ostracism and forms of violence that they experienced, as well as the interplay and interconnection of the reasons: their sexual orientation, their sexuality, their gender or gender performance, how they are racialized, the degree to which they conform to social norms, the way they dress, whether they wear brand names and where they hang out. They seemed to generally feel the need to hide or minimize their orientation in certain spaces and situations, such as in school, on public transit, or when giving information to potential employers.

"I don't feel safe when I walk home from school sometimes. Other kids looking at me. Looking up and down at me. I wonder whether they know I am gay or not. Sometimes I hope no one is going to look at me. I feel safer with friends or parents. Walking any street can sometimes be scary. I hope people aren't going to punch me for being gay."

Verbal Harassment/Abuse

Verbal harassment and abuse was a key issue mentioned by many respondents, with many female respondents describing sexualized forms of verbal harassment, linked to their sexual orientation, in particular. Some pointed to the normalization of verbal discrimination with slurs referring to members of the LGBTTTIQQ population. In school and in public space, respondents felt that this kind of verbal discrimination was all around them.

> "But I still hear 'that's so gay' at least a thousand hundred times a day. And also like guys joke around like 'you're gay, you're gay'. It's like why is that a derogatory term?"

> "You hear the threats all the time. Fag and homo and dyke and stuff like that. Mostly at parties when people are drunk and hopped up on hormones they are just getting angry. Words like that are part of everyone's vocabulary."

Verbal comments also conveyed sexist messages where the relationship between females was sexualized more than between males.

> "One of my friends commented once that it was a thing in the school that it was bisexual girls are known to be really slutty and stuff, and he was surprised that I'm not."

> "Gay guys [are] made fun of more than lesbians. With girls they are more kinky about it. With guys they are more likely to be like 'what a fag'".

Online Abuse

Focus group and interview respondents also expressed strong concern of online discrimination. For example, one respondent reported receiving invitations on Facebook which indicated LGBTTTIQQ attendees were not welcome at the event. Another reported that they had received harassing messages from fake email addresses. Some downplayed the seriousness of online forms of discrimination, in spite of the content of the messages:

> "There's like an honesty box on Facebook that I got a lot of crude comments on, from both males and females, mostly females, saying things like 'you're a dirty lesbian' and I've gotten death threats on there too. So, but I didn't really take them really seriously because it's on Facebook honesty box."

Physical Abuse

Respondents also identified physical violence that they or LGBTTTIQQ youth they know have experienced. Several interviewees reported cases of theft involving physical assault. One youth mentioned a shooting that occurred because of the exchange of Valentines between two males. Aside from

personal experiences of physical assault, there seems to also be constant threats of physical assault, and disproportionate discrimination against individuals perceived to be transsexual:

> "Ya, just recently my friend, he's very openly gay, he dresses very feminine, wears make-up, he went to M-- but he moved to H--. But in the first week I was hearing stories about people wanting to beat him up because they thought he was transsexual. They didn't like it, they felt uncomfortable, and a lot of violent threats were made at his account. I was very worried about his health."

Unsafe Spaces/Places

Many respondents clearly identified that certain public spaces can be unsafe and threatening. In particular, several respondents indicated public transit and streets as unsafe places. Some respondents feared violence because of their orientation, or because of their sexual orientation in combination with their gender and racialized identity. Respondents who may have had a bad experience in a public place they passed through repeatedly reported feeling afraid or even terrified as a result on a daily basis. Schools were identified as both safe and unsafe spaces depending on whether or not the school as a whole was accepting of LGBTTTIQQ youth. Several respondents indicated that the relative safety of schools seemed to depend on the support of teachers, guidance counselors, and whether or not GSA's were formalized.

> "People shout 'fag' at me all the time at bus stops and on buses. There is still a lot to do and be done. Also at the public library I get called names and lots of verbal abuse does happen on less busy streets."

> "Sometimes if I'm walking, maybe I look gay, if I'm walking out my neighbourhood, people will yell out fag from their window. One time when I was walking back from getting a haircut, these people yelled out queer at me."

Safe Spaces/Places

Aside from supportive schools and GSA's, safe spaces for respondents include home and the various extra-curricular activities they are involved in, though there were also reports of negative experiences in these spaces. Respondents also indicated that whenever you have supportive friends or family around, spaces became safe.

> "Positive places include: home, school, where I have friends who know me, so that I can be myself; sometimes the mall is a safe space if I'm with friends. It feels safe being with people who know me and therefore who know I'm not being obnoxious but just me."

Support for Youth Experiencing Discrimination and Violence

Many of the youth interviewed said they would go to parents, friends, GSA or teachers for support if they experienced discrimination or violence. When talking about support systems outside of school, responses suggest that there is a lack of specific support that people were aware of for LGBTTTIQQ in the community regarding discrimination and violence.

> "I'm not aware of any support/help for LBGTQ in the community if anyone faces discrimination."

Programs and Services

Respondents described being involved in a range of activities, including bowling, swimming, soccer, church groups, arts-based activities such as theatre, dance or visual arts programs, and school-based gay-straight alliances.

Gay-Straight Alliances

Many respondents highlighted the importance of Gay/Straight Alliances (GSA) in their lives regarding helpful programming and other benefits. Within the GSA, a number of participants mentioned the particular programs that the GSA has that were particularly helpful to them. The Day of Silence, in particular, seemed to be a deeply meaningful program for participants, where students of all backgrounds at one school participated, honouring gay and lesbian history and commemorating those who have lost their lives.

> "We actually right now have a history, like gay and lesbian history because October's the gay and lesbian history month which a lot of people didn't know. We have like a whole board set up and we change pictures of like gay and lesbian celebrities and people that are known through history. So, a lot of people stop and look at that and there's the reasoning for the pink triangle and history on it so that educates kids more about [it]. Last year the Day of Silence was a complete success. More than 600 students had signed up for it. It was more than double what we had thought so it worked out very nicely. I was really surprised by the Day of Silence."

Benefits of GSA and Other Programs

Respondents also noted how GSA's have the ability to provide LGBTTTIQQ youth with a support network that is hard to find elsewhere in the community, especially if there is a lack of support at home or with friends. GSA's were seen as an essential program with a suggestion that a community-based GSA be set up for youth who go to schools where a GSA is absent.

"GSA's really help a lot of people. A lot of people weren't given supportive parents and friends, so to have other people who have been through what you're going through and getting a side of it that you need to hear what you're not getting at home or on your team they can get at GSA. I'm a huge believer in getting people you can talk to, like friends."

Respondents also noted an added benefit to these programs as they could build awareness about issues and possible acceptance within the larger community.

"I went to Dufferin Peel conference last year, and someone talked about being transgendered people, everyone who was there was so much more accepting after. Now even I have three trans friends."

Desired Characteristics of Community Programs/Services

The youth interviewed described their ideal program for LGBTTTIQQ youth in Peel in terms of program ideas, accessibility, membership, and atmosphere.

Program Ideas
When respondents were asked to indicate services they would be interested in, ten youth identified a Drop-in/Relaxed Social Group and five identified Sexual Health Clinics sensitive to LGBTTTIQQ Youth as their top choices. One youth had even started planning a home-based drop-in program, but seemed to need supports to make it happen. Other ideas for community programs varied from youth to youth, with ideas put forward like dance classes, drama classes, a support group, a community-based GSA for youth who don't have one at their school, and just a general place where youth can come to meet and talk.

"Drop in youth group - because it would be less political, more fun, be nice just to hang out and listen to music, just more fun and safe space."

"I would like to see a meet and greet group. A drop in. A comfortable place. It would be better outside of school, to expand my friends etc."

"Definitely, safe sex clinics. Is definitely a place... I have never heard of a safe sex clinic in Brampton for... I know that Toronto has a lot near Church St. but I don't know of any in Brampton or Caledon or Mississauga in that area."

Accessibility
Respondents indicated that they wanted a space that is easily accessible by public transport (perhaps with bus fare paid for), held at convenient times (after school, but not too late), and free or cheap (under $100 for a series of dance classes).

"Location is really important. I can't drive, so it would need to be something I could easily get to on transit. As long as I had someone else I knew that was going with me, I would like to go with them until I got to know some of the other people in the community."

"If I can't get there on a regular basis. My mom doesn't have a car so if I go it has to be by bus or train. If it is not in Peel it might as well not exist."

Membership

With respect to membership of groups, there were mixed responses by the youth interviewed as they liked the idea of both restricted groups that based membership on gender or religion and groups that catered to all youth.

"GSA is cool because it's mixed. And I like to talk to girls because I can talk about random stuff and be supported."

Atmosphere

When describing the atmosphere of their ideal program, the responses from respondents were much more uniform. Youth described a space that is positive, welcoming, and non-judgmental.

"If I don't feel comfortable coming there are all, then I won't go. If I don't feel comfortable talking, then I won't."

"I come out with a smile, able to talk without worrying about people judging me. True friendships, connect with people. Connected in a way that you always know each other's there."

Respondents talked about their desire for spaces that are fun. Some strongly emphasized their need for open social spaces where they can meet other LGBTTTIQQ youth both for friendship and as potential romantic interests, so are not limited to considering only the few other out LGBTTTIQQ youth they might know. Their experiences indicated the need for places that are sex-positive and encourage healthy relationships.

Some respondents also strongly emphasized their need to celebrate their identities and sexual orientation, and wanted services that promoted pride.

Respondents also talked about the powerful role music plays for them in coping as well as in coming together.

"Get a bunch of gay people together and just play music."

Website

Several interviews included the discussion of a website devoted to the LGBTTTIQQ youth community in Peel. Some respondents indicated that a website was a good idea and a way to provide valuable information and promote awareness of local programs services and events. Some suggestions were made about the possible content and functionality of such a site. The most important feature was a message board or forum where youth could communicate with others in the community to draw support. Some liked the anonymity that such a forum would provide. Respondents also wanted certain information contained on the website like sexual health info, a map with services by postal code, a calendar of events, information about the community in general, local news and stories about the LGBTTTIQQ community in Peel. Some ideas brought by respondents included having a straightforward layout. Given many respondents' experiences of online harassment, there was discussion of whether a website should openly be about LGBTTTIQQ youth issues. On the other hand, some respondents spoke about their need for services that are open and proud about LGBTTTIQQ identity through visuals such as rainbows.

> "Calendar of events. Stuff to volunteer for. Someone where you can ask anonymous questions…Having stories from the gay community, local news."

> "Very straight forward layout - info right on front page. Description of what it's about, not that we are a service open to this and this - straightforward very clear…I want to know what to expect."

5. DISCUSSION AND RECOMMENDATIONS

Although it is not comprehensive enough to be applicable to the entire LGBTTTIQQ youth population in Peel region, this Needs Assessment has generated some rich, initial information about some of the issues and service needs and gaps that LGBTTTIQQ youth (13-18) living in Peel Region face. More in-depth research is required to better understand the prevalence, intensity and impact of the issues raised. Nevertheless, findings from this study can begin to inform the planning of new and enhanced programs and services for this population.

The design and data collection process itself was also informative and carry important implications about gaps in connections with LGBTTTIQQ youth, lack of services, and limitations in provider capacity; our experience also bears several lessons about conducting research with LGBTTTIQQ youth. The process of outreach and engagement for this study revealed that there are very few programs, networks, or groups through which LGBTTTIQQ youth in Peel can be reached. It was also difficult to engage staff from community-based agencies: in many cases staff did not respond to emails and phone calls from the Project Coordinator. This indicates an important opportunity for AYSP to build stronger linkages and partnerships with other organizations serving youth, particularly around issues related to LGBTTTIQQ youth. Similarly, AYSP would benefit from stronger relationships with ethnocultural agencies; through project outreach to diverse communities and organizations it emerged many of them were unaware of AYSP's services and the groundwork for partnership building, which would be mutually beneficial, was not yet in place.

The findings of this Needs Assessment study have been categorized into 6 broad themes: (i) Identity and Sense of Community; (ii) Health Issues; (iii) Safety, Bullying and Harassment; (iv) Coping Strategies; (v) Service Availability, Access and Quality; and (vi) Social Inclusion. Recommendations for action are listed within each of these themes.

The recommendations outlined below are believed to be practical and actionable by AYSP and other youth-serving agencies in Peel over the short to medium term (1-3 years). The implementation of these recommendations will require that AYSP and partner agencies (i) secure funding for dissemination, advocacy, and community engagement activities and (ii) collaborate with other community agencies, local government departments and school boards.

Identity and Sense of Community

The findings from this Needs Assessment highlight the important role that sense of identity and community plays for LGBTTTIQQ youth and affirms that the years between 13-18 are a crucial time when youth are exploring and defining their intersecting sexual, racial, gender identities, orientation, and community. The study also generated interesting findings about how and with whom LGBTTTIQQ youth communicate about their sexual identities.

Approximately half of the respondents in this study chose to identify themselves as bisexual or questioning instead of (or in addition to) gay or lesbian. This appears to be consistent with other research conducted on LGBTTTIQQ youth (Williams, Connolly, Pepler & Craig, 2003, Darwich, Hymel & Waterhouse, 2008[2]). This finding underscores that the late teens are an important period where youth are actively exploring, questioning and developing their sexual orientation (not to negate or suggest otherwise, the fact that bisexuality is a permanent and not a transitioning sexual orientation).

The findings from this study also indicate that many youth at this age may choose not to be 'out' about their sexual orientation or to be very selective about to whom they choose to be 'out.' The reality of diverse and changing identities during this phase and the finding that many youth may choose not to be 'out' presents challenges for planning programs and services. For example, youth identifying as 'questioning' or as bisexual may or may not want to access LGBTTTIQQ -specific programs and services even if such services were widely available. This also has implications for communication and outreach activities.

Findings from this study also suggest that LGBTTTIQQ youth first and foremost seek support from their peers, indicating an important service could be to develop safe spaces where youth could be themselves and develop important relationships with others, free of stigma and discrimination.

Finding a sense of community and belonging (within the multiple and changing identities that people hold) is another important aspect of adolescence. As noted in the findings section, most interview/focus group respondents did not feel part of a LGBTTTIQQ community. This may be partly because many youth themselves are in a questioning phase; but more importantly it may be due to wide spread homophobia and lack of safe space for the development of LGBTTTIQQ youth networks and community. It may also reflect a lack of LGBTTTIQQ focused services and support groups or the

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[2] A large school-based study in British Colombia revealed that 12% identified their sexual orientation as lesbian/gay, bisexual or questioning. Respondents were much more likely to identify as questioning or bisexual, than lesbian or gay.

failure of existing services/support groups to connect to this group of youth. Some respondents did say they feel part of an LGBTTTIQQ community and most identified their school as the setting for this community. Given the significant amount of time that youth spend at school, it is therefore a critical space where youth may or may not develop a sense of belonging along with feeling safe and connected (Darwich, Hymel & Waterhouse, 2008). Thus, creating LGBTTTIQQ -friendly school environments (for students and staff) and LGBTTTIQQ support groups (such as GSA's) may be one of the most effective ways to support youth in exploring, accepting and expressing their sexual orientation.

Recommendations related to Identity and Community:

➢ Work with LGBTTTIQQ youth to create safe, fun, social spaces for youth to be themselves, connect with others and develop peer networks that are stifled in other venues of their lives.
➢ Increase the awareness of service providers, school counsellors, teachers and parents about the importance of exploring, questioning and developing sexual, gender and racial identity that occurs during adolescence; work together with these stakeholders to develop supportive programs that help to decrease vulnerability and enhance capacity for youth during this phase.
➢ Develop youth programming based on openness and fluidity, respecting how youth choose to self-identify. Programs for LGBTTTIQQ youth should consider how to effectively and sensitively reach out to and involve youth who are questioning.
➢ Meet with school board diversity officers to review the report findings and to emphasize the importance of GSA's and other queer and trans-positive initiatives within the local school boards.
➢ Share report findings with LGBTTTIQQ youth and GSA coordinators/leaders and encourage them to establish a dialogue about the findings and ideas about ways to respond to the findings.

Health Issues

A key objective of this study is to better understand the health needs and concerns of LGBTTTIQQ youth. During adolescence, many youth begin to experiment with sex, smoking, alcohol, drugs and other risky activities. Adolescence is also a period of significant changes in terms of physical and emotional development as well as the pressure associated with defining one's identity, 'fitting in', finding part-time work and planning for the future. These pressures increase teenagers' vulnerability to anxiety and depression.

The majority of Needs Assessment respondents reported that their physical health was good or excellent; mental health however is an important concern for LGBTTTIQQ youth respondents. As noted in the findings section, 63% of

respondents indicated that they are worried or very worried about stress/anxiety and 57% are worried or very worried about feeling sad or depressed. Other studies have also found mental health issues to be of significant concern to youth. For example, a 2004 school-based study of youth in Peel conducted by Peel Public Health found that roughly one half of high school students said they "felt under stress" and roughly one quarter "felt unhappy and depressed" (Peel Public Health, 2005). This Needs Assessment study indicates that LGBTTTIQQ youth are at higher risk of being affected by stress, anxiety, and depression than other youth.

More in-depth research is needed to understand the causes and implications of these mental health issues. Concerns about stress/anxiety and depression among LGBTTTIQQ youth may be related to the high rates of homophobic and transphobic verbal harassment and bullying/harassment that respondents in this study reported they were experiencing. The lack of queer and trans-positive services, environments, and support groups present a further challenge and stressor for LGBTTTIQQ youth. This study also reveals that some youth may be hesitant to seek out help for these issues if they feel that others may judge or disapprove of their sexual orientation and/or gender identity; this in turn can create additional stress.

Physical health issues related to body weight/size, eating well and exercising were the next set of health issues that was of concern to some respondents; over one-third of the respondents indicated that they were worried or very worried about body image, exercise and eating habits. Males and females are both concerned about these issues. Relatively few respondents, male or female, expressed concerns about STI's including HIV/AIDS. This latter finding may be related to the fact that less than half of respondents said they were sexually active. It could also suggest that some respondents underestimate their own risk of getting an STI.

While no respondents rated their health status as being poor, a quarter of respondents self-rated their health status as being just "OK (could be better)." Further research and consultation is recommended to investigate why a quarter of LGBTTTIQQ youth feel their health status could be better and get input from these youth for services and support that can improve their health status.

Findings from the interviews reveal a distinct mistrust of service providers, doctors in particular. It is not clear whether this distrust is related to teens' negative experiences with doctors and other providers or their perception that these providers would not be able to help them with their health concerns. These findings however suggest that it is important for service providers to make a conscious effort to create a safe environment for

LGBTTTIQQ youth and take proactive steps to build connections and trust with them.

Recommendations related to Health:

➢ Raise awareness among relevant service providers about the high mental health risks that LGBTTTIQQ youth face and work with them to develop proactive mental health promotion strategies to overcome determinants of stress, anxiety and depression among LGBTTTIQQ youth;

➢ Engage in further consultation and research to better understand the causes of high mental health concerns for LGBTTTIQQ youth.

➢ Meet with representatives of Peel Public Health to identify ways in which public health programs—and sexual health services in particular—could be made more relevant, appropriate and accessible to LGBTTTIQQ youth.

➢ Work collaboratively (with Peel Public Health, Peel HIV/AIDS Network, African-Caribbean Council on HIV/AIDS in Ontario), to implement a targeted sexual health campaign aimed at LGBTTTIQQ youth living in Peel:
   o Develop and distribute brochures or resource sheets on sexual health issues, tailored for key ethnospecific communities as well.

➢ Determine whether Peel Public Health is planning to conduct a follow up to the School Health Assessment Survey conducted in 2004. Encourage them to collect data on students' sexual orientation and gender identities in order to better understand the health needs of diverse youth.

➢ Meet with representatives of the Local Health Integration Networks to discuss ways that they can support health service providers to better meet the needs of LGBTTTIQQ youth, taking proactive steps to address the kinds of negative experiences LGBTTTIQQ youth have with health providers.

Safety, Bullying and Harassment

Some important safety concerns and experiences of bullying and harassment were highlighted by this Needs Assessment. While a majority of respondents felt safe at work, home and school, only two thirds 'always' or 'usually' felt safe on the street or at fitness/recreation centres. Only half of female respondents 'always' or 'usually' felt safe while taking public transit. These findings imply that many LGBTTTIQQ youth feel unsafe or threatened in certain public places, they experience their safety or lack of safety in gendered ways, and that this may affect their choices about where/how to get around in their community. Also, it is important to examine further the experience of safety for racialized LGBTTTIQQ youth when designing and delivering services.

A key finding of this study is that majority of respondents (80% for both male and female) reported experiencing bullying or harassment in the last 12 months. Almost one third of the male respondents (and 17% of female respondents) reported that they had experienced bullying or harassment

"several times" in the 12 months. High rates of bullying and harassment against LGBTTTIQQ youth have been reported in U.S. studies as well (Cianciotto & Cahill, 2003). Further, the preliminary results from a national Canadian study conducted by Egale Canada (2008) support this data: of 1200 participants, two-thirds reported they felt unsafe at school; over half reported they had been verbally abused and over a quarter reported having been physically assaulted because of their sexual orientation. Verbal harassment was commonly reported by respondents in this Needs Assessment. The qualitative component of this study underscored the pervasiveness of homophobic taunts and name-calling in the daily experience of many queer and trans youth. One-third of female respondents reported that they had experienced unwanted sexual attention. A quarter of female respondents reported that they had been physically assaulted while one-fifth indicated that they had been threatened with physical violence. The disturbingly high incidence of harassment, sexualization of bisexual and lesbian young women, bullying and sexual and physical assault documented in this study (even within the small sample size) highlight that promoting safety, particularly in public spaces and spaces where youth hang out, must be made a key priority.

The impacts of bullying and harassment are well-documented and may include truancy, dropping out of school, depression, and engaging in behaviors that put their health at risk, including alcohol and substance abuse and unsafe sexual practices (Cianciotto & Cahill, 2003).

Mainstreaming or not reporting incidences of harassment, bullying and assault, or failing to seek help/support, put LGBTTTIQQ youth at further risk. While young bisexual and lesbian respondents reported feeling threatened and targeted by being aggressively sexualized in public or in schools, they tended to feel they needed to tolerate it and did not note it as a form of bullying or harassment unless probed to talk about their experiences further. LGBTTTIQQ youth who identified as racialized or of non-European background reported feeling different and excluded for multiple and intersecting reasons. In terms of reporting, respondents from this study indicated that they are most likely to tell a friend or partner about harassment or violence they experienced. Less than a quarter of respondents told a parent or family member and very few confided in a teacher, coach or police officer. Forty percent of respondents indicated telling someone about these incidences resulted in "nothing" or even a bad/negative outcome. In particular, very few youth reported to police officers and at least one who did indicated that this led to a negative or neutral outcome. More in-depth study is required to understand the gendered and racialized barriers and challenges that LGBTTTIQQ youth face in reporting experiences of harassment, bullying and assault.

In general, these findings speak to the importance of bullying and violence prevention strategies which recognize sexual orientation and gender identity in combination with other forms of oppression as a basis of harassment, and which advocate for a gendered approach to addressing youth violence. Such strategies may include enhanced training for teachers, counsellors, police officers and others who work with youth to identify and respond to bullying and harassment in appropriate ways. These findings also suggest that consideration must be given to providing safe ways of reporting these incidents, e.g., through anonymous phone lines. Creative methods for engaging parents who are allies in discussions about identifying and responding to signs of bullying/harassment are also required. Finally, diverse LGBTTTIQQ youth need safe spaces in which to develop or further strengthen the queer and trans-positive peer support networks that currently are the primary sources of support when it comes to issues of harassment and bullying.

Recommendations:

➢ Make YBB program materials available in Peel Region schools and provide training to all youth, as well as to teachers and parents, on responding effectively to homophobic and transphobic bullying and harassment.

➢ Work with school boards, teachers, police, parents and policymakers to make LGBIT2QQ youth safety a top priority. Encourage school boards and schools to review the effectiveness of their anti-discrimination policies and practices and to promote increased protection for students against all forms of harassment and discrimination, including sexual identity.

➢ Work with Peel Regional Police to raise community awareness of the recently established LGBT hate crime hotline. Activities might include the following:
  - post the phone number prominently on the AYSP website and encourage other youth-serving organizations to do the same
  - request speakers from PRP to present at schools and community events
  - put up posters in places frequented by youth and distribute cards/brochures.

➢ Work with Peel Regional Police to increase their capacity to effectively address complaints about harassment and assault on LGBIT2QQ youth. Request that they regularly publish statistics on LGBIT2QQ hate crimes reported/investigated, including the numbers involving youth, in order to encourage youth to report experiences of harassment and assault and other safety concerns.

Coping strategies

This study has generated some interesting insights about coping strategies used by LGBTTTIQQ youth. Talking to friends in person, chatting online with peers, and talking to boyfriend/girlfriend/partners appear to be the most common ways of coping. There are notable differences between young male and female-identified respondents in terms of the ways that they report dealing with problems. Female-identified respondents reported the use of a much wider range of coping strategies. They are somewhat more likely to talk with friends, parents, or call a helpline than males. There are also some that report regularly engaging in other activities such as exercise, reading and creative activities. Most respondents, especially males, rarely call help lines/crisis lines or discuss problems with their parents or extended family members.

The fact that most LGBTTTIQQ youth respondents in Peel reported looking to their friends for support to cope with problems highlights the important role that peers play in the lives of youth. Thus, peer support groups and systems should be funded and expanded. This study suggests it is less common for LGBTTTIQQ youth to go to their parents and family for support. More in-depth research and engagement is required to understand and address the barriers preventing LGBTTTIQQ youth from seeking support from their parents and family.

Interestingly, it appears that internet based peer support and helpline may be an effective way to provide support to LGBTTTIQQ youth. At the same time, one needs to look at how to increase awareness about and use of telephone and in-person based help lines/crisis lines.

> **Recommendations related to Coping/Support:**
>
> ➢ Expand open and non-judgmental opportunities for LGBTTTIQQ youth to meet other LGBTTTIQQ youth and develop their social networks and support one another.
> ➢ Work with relevant stakeholders to increase awareness and use of telephone based help line/crisis line (while recognizing gender differences in the ways males and females use these). Develop web based help/crisis programs.
> ➢ Build capacity and awareness of parents and family members to be able to provide support to LGBTTTIQQ youth, including supporting Parents, Friends and Families of Lesbians and Gays (PFLAG) groups within the region.
> ➢ Raise awareness about gender differences in coping strategies used by LGBTTTIQQ youth in order to create gender sensitive systems of support.

Service Availability, Access and Quality

This study has generated several relevant findings about service needs and gaps for LGBTTTIQQ youth in Peel as well as produced some ideas on how to increase access and quality of services. Many respondents noted the importance of peer support programs/groups, such as GSA's, and the benefits that these provide including a sense of belonging and community. In addition to expanding peer support programs in schools, like GSA's, it is recommended that LGBTTTIQQ peer support groups/programs be created outside of school as well. Outside of the schools, it appears that there are only few programs and services geared towards LGBTTTIQQ youth in Peel and relatively low levels of awareness of programs that do exist (e.g., Youth Beyond Barriers).

Community-based programs must also cater to the needs of youth who do not attend school or who may be marginalized in different ways (e.g., homeless). Mentorship programs (having an older LGBTTTIQQ teen or adult to talk to) were identified as a service that was not very available but of relatively high need.

The importance of employment services to respondents stood out in the findings. This might be expected given that most respondents were between 15-18, an age at which many teens start to look for a job. Also, work is a setting in which youth may be hesitant to reveal their sexual orientation and/or gender identity due to concerns that it may affect their employment status. By contrast, one interview participant spoke about a positive experience she had working for an employer that was accepting of her sexual identity. Thus, there are opportunities to promote LGBTTTIQQ -positive environments in employment service agencies and in workplaces, particularly those that employ youth.

The need for health clinics and sexual health clinics where LGBTTTIQQ youth feel "safe and comfortable" was also identified as being of high unmet need. This study also suggests that while most LGBTTTIQQ youth are aware of the services that counselors provide, they do not necessarily seek assistance from counsellors when facing problems including harassment and bullying.

Based on the desired characteristics of services identified by respondents, it becomes evident that access and utilization of services for LGBTTTIQQ youth can be improved by providing free or affordable programs that are easy to get to, directed by LGBTTTIQQ youth, sensitive to LGBTTTIQQ youth issues, and responsive to youth feedback.

The large geographical size of Peel region and time needed to travel between locations presents a major challenge, from the perspective of doing outreach

and from the perspective of planning programs and services for youth. Careful consideration must therefore be given to choosing locations for programs and services that are close to where youth work and live, that are accessible by public transit and offered at convenient/flexible times. There is also a tremendous opportunity to make better use of on-line networks and tools to link LGBTTTIQQ youth (particularly those living in rural parts of Caledon) with each other and with relevant programs and services.

Recommendations related to Services:

Drop-in/Support Programs
➢ Expand anti-racist / anti - oppression LGBTTTIQQ youth programs like Youth Beyond Barriers to additional locations in both Brampton and Caledon.
➢ As demand for these programs increases, explore the potential of establishing programs for specific subgroups of youth based on sexual orientation, gender identity, age, hobbies/interests, etc.

School-Based Programs
➢ Share the report findings with school board diversity officers and emphasize the importance of GSA's and other queer and trans positive initiatives within both school boards.
➢ Share report findings with GSA coordinators/leaders and encourage them to establish a dialogue with their students about the findings and ideas regarding ways to respond to the findings.
➢ Advocate to the school boards to implement mandatory workshops on LGBTTTIQQ issues and anti-homophobia and anti-transphobia for all teachers and staff.

Employment Services
➢ Share the findings with agencies that provide employment services to youth and highlight the importance of their services to LGBTTTIQQ youth.
➢ When conducting outreach for AYSP's service provider training, specifically target agencies that provide employment services to youth.

Training and Capacity Building (within youth-serving organizations in Peel)
➢ Expand training opportunities for service providers in Peel region, including staff from health clinics, sexual health clinics and employment agencies.
➢ Develop and implement a process to conduct institutional audits (in partnership with CMHA, CAMH or Peel Public Health) of agencies and service providers to help them become more queer positive.

Strategies to Increase Social Inclusion

An underlying theme that emerges from the findings of this Needs Assessment and from the broader literature is that many LGBTTTIQQ youth feel socially excluded from mainstream services and systems. Many

mainstream institutions have not established clear anti-racist / anti-oppression and anti-homophobia and anti transphobia policies and/or do not provide sensitivity training to their staff. In fact, staff working with youth (at schools, hospitals or other organizations), may themselves not feel comfortable about revealing their sexual or gender identity to coworkers and clients.

Social exclusion may be compounded by intersecting marginalities of sexual and gender identity, ethno-racial identity, and social factors such as poverty and homelessness. Referring to research on the experiences of American LGBTTTIQQ youth of colour, Cianciotto & Cahill (2003) suggest:

> LGBT youth of color may confront a "tricultural" experience: they face homophobia from their respective racial or ethnic group, racism from within a pre-dominantly white LGBT community, and a combination of the two from society at large. Feeling that they must choose between various aspects of their lives must be [incomplete quote] (p. 17).

Homeless LGBTTTIQQ youth also face considerable challenges with respect to health risks as well as in accessing appropriate programs and services (Abramovich, 2008, Ray, 2006).

Clearly, more extensive research and community engagement efforts are needed to reach the most marginalized LGBTTTIQQ youth living in Peel Region.

Recommendations for Outreach and Youth Engagement:

➢ Identify strategies to improve outreach to marginalized LGBTTTIQQ youth including transgendered youth, youth that are homeless or marginally housed, as well as newcomer and racialized youth.
  o build equitable relationships and partnerships with diverse community agencies with established connections to diverse communities; involve leaders from diverse communities beyond just asking for help with outreach
  o use a community engagement/community development model of partnership building, for example with the South Asian community, to enable unique and appropriate anti-homophobic/transphobic strategies to emerge, owned by the community
  o recognize that outreach and engagement strategies will differ for different ethnoracial communities and require different types and levels of resources.
  o explore the use of a 'peer educator' programs in which older youth who have lived experience as members of one or more of the above communities are hired to do outreach to their 'peers' (see http://www.metrac.org/programs/info/speakers.htm for an example of a local peer educator program aimed at young women).

➢ Establish a LGBTTTIQQ youth advisory committee to guide outreach activities, the improvement of existing youth programs and the development of new ones.

➢ Explore the potential of a leadership development program for LGBTTTIQQ youth, in partnership with other youth-serving agencies and/or local school boards.

Recommendations for Outreach and Youth Engagement (continued)

➢ Develop and distribute a simple resource brochure or sheet that highlights relevant programs, services and resources currently available in Peel. Involve LGBTTTIQQ youth in the selection of these resources.

➢ Create a website for LGBTTTIQQ youth in Peel region to facilitate communication among youth from across the region and to promote awareness of events, programs and services. Draw from the ideas provided by interview respondents in this Needs Assessment as well as from engaging additional youth.

➢ Explore the establishment of a 'speaker's bureau' consisting of individuals who would be willing to speak publicly (to schools, faith groups, service providers, at community events, etc.) about issues and concerns facing LGBTTTIQQ youth.

➢ Identify opportunities to engage parents in a constructive dialogue around LGBTTTIQQ youth and social inclusion.

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6. CONCLUSION

This Needs Assessment is an important first step towards developing an understanding of the concerns and program/service priorities of LGBTTTIQQ youth living in Peel Region. The findings provide an initial snapshot of LGBTTTIQQ youth perspectives on issues such as health, safety and coping strategies. They also suggest a clear need for new and expanded programs and services in Peel that are sensitive to and supportive of youth identifying as LGBTTTIQQ. Participants in this study emphasized the importance of programs and services that would allow them to meet, interact with, and reciprocally support other youth in their community. The findings also highlight the value of ensuring that programs and services are offered at convenient locations, are free and that are staffed by people who are sensitive to their needs and close to their age. The study also found that LGBTTTIQQ youth require spaces that are safe, welcoming, non-judgmental and fun.

Drawing from the findings of the Needs Assessment process, this report makes a number of specific recommendations to AYSP and other youth-serving agencies in Peel that can be implemented over the short to medium term. The implementation of these recommendations will require that AYSP and partner agencies (i) secure funding for dissemination, advocacy, and community engagement activities that build upon this work; and (ii) collaborate with other community agencies, local government departments, school boards and police services. There is also a tremendous opportunity for agencies serving youth in Peel to engage diverse LGBTTTIQQ youth directly in program planning and implementation.

The Needs Assessment process also highlighted some challenges in doing outreach to diverse LGBTTTIQQ youth living in Peel Region. To ensure that a wide range of voices is heard and understood, agencies that serve youth will need to explore and initiate creative and focused strategies for reaching out to and meaningfully engaging youth (e.g., training peer outreach workers or using on-line networking tools). Future research, community engagement and/or advocacy initiatives should strive to involve the most marginalized LGBTTTIQQ youth including those that are transgendered or transsexual, those that are homeless or marginally housed, as well as newcomer and racialized youth.

APPENDIX A: Survey Questions

Introduction

GREETINGS!

Welcome to the first ever survey designed to understand the opinions and needs of youth in Peel Region who consider themselves to be Lesbian, Gay, Bisexual, Transgendered, Transsexual, Intersex, Two-Spirited, Genderqueer, Queer, or Questioning (LGBTTI2GQQ). (To keep it simple, we'll just say LGBTQ).

Who can complete this survey?

The survey was designed to be completed by teens and young adults, ages 12-18, who are living in Peel Region (Brampton, Caledon or Mississauga) and who identify as LGBTQ.

Who created this survey?

The survey was created by staff and researchers from several agencies based in Peel and Toronto (including Associated Youth Services of Peel) and Access Alliance Multicultural Health and Community Services). Some questions were adapted from Planned Parenthood's Toronto Teen Survey, and METRAC's Safer Spaces for LGBTTIQQ2S Women and Trans Communities in Toronto survey, because they were awesome surveys. We also asked a few youth to try the survey first and to give us suggestions about how to make it better and easier to fill out.

What is this survey about?

The survey covers a bunch of different topics about you and your life. There are questions about who you are and your identity. There are some questions about how healthy you feel and about how safe you feel in different places. There are also some questions about the types of community services that are available and those that should be available to youth living in Peel.

How does it work?

It will take between 15 and 30 minutes to complete the survey online. For most of the questions, you just click one or more boxes. There are no right or wrong answers. Answer each question in the best way that you can. We would really appreciate it if you go through the whole survey, but you don't have to answer any questions that you do not feel comfortable about.

How will the information from the survey be used?

We expect to use what you tell us to improve the services that are provided to LGBTQ youth by community agencies (like AYSP) and to identify new services that youth want to have access to. Once the information is summarized, we will share it with other organizations that work with youth in Peel and with governments who give funding for youth programs and services.

If you're interested, you can also check out the summary when we put it up later this fall at aysp.ca.

Will my answers be private and confidential?

Yes. You will not be asked to give your name. Only the members of the research team (who work for community agencies in Peel and Toronto) will be able to read your answers. They will not be able to find out who you are or how to contact you. The final report will include summary information (statistics) about the youth that responded — it will not include any information that could be used to identify you or anyone else that completed the survey.

At the end of the survey, there will be instructions on how to clear your browser history so that others using this computer can't tell that you visited this site.

Who can I contact if I want more information or need help completing the survey?

We have created a confidential email address which you can use to contact the project coordinator with any questions that you have about the survey: peelyouth2008@gmail.com. We will respond discreetly by email unless you provide some other way for us to contact you. You can also call Marc Simcox at 905-890-9990, extension 267 with questions about the survey.

Who can I contact if I need information or help about something other than this survey?

Lesbian Gay Bi Trans Youth Line
The Lesbian Gay Bi Trans Youth Line is a toll-free Ontario-wide peer-support phone line for lesbian, gay, bisexual, transgender, transsexual, 2-spirited, queer and questioning young people.
The phone lines are open 4:00pm to 9:30 pm, Sunday through Friday.

http://www.youthline.ca/
1-800-268-9688 or askus@youthline.ca

Kids Help Phone
Canada's only toll-free, 24-hour, bilingual and anonymous phone counselling, referral and Internet service for children and youth. The service is completely anonymous and confidential.

http://www.kidshelpphone.ca
1-800-668-6868

Centralized Intake Services / Crisis Line Peel Region
For Peel Children's Centre and Nexus Youth Services: (905) 451-4655, 9:00a.m. to 4:30p.m., Monday to Friday. Messages left after hours are returned the next business day.

If you are in Brampton, Caledonia, and Mississauga, you can now call 211 from any phone to get information about community services in your area.

TO BEGIN THE SURVEY, CLICK "CONTINUE"!

PART ONE: Please tell us a little bit about yourself!

1. How old are you?

2. What part of Peel do you live in?

- ❑ Brampton
- ❑ Mississauga
- ❑ Caledon
- ❑ I don't live in Peel (please specify what city you live in)

3. How long have you lived in Peel Region (Brampton, Mississauga or Caledon)?
- ❑ Less than one year
- ❑ 1-3 years
- ❑ 4-9 years
- ❑ 10 years or more
- ❑ My whole life
- ❑ I do not live in Peel region

4. What are the first three digits of your postal code (for example, L4Z)?
We collect this info to help us figure out what kind of services each neighbourhood might need. If you don't know your postal code or don't want to provide it, please skip this question.

5. Who do you live with? (Please select all that apply.)
- ❑ My boyfriend, girlfriend or partner(s)
- ❑ I live at a group home
- ❑ I live alone or with a roommate
- ❑ At least one parent (including adopted parents, stepparents, and caregivers)
- ❑ My children
- ❑ Foster parents
- ❑ I'm staying in a shelter/hostel
- ❑ Extended family/other relatives
- ❑ Unchecked
- ❑ A friend
- ❑ Other (please specify)

6. Are you currently attending school?
- ❑ Yes, I'm in high school.
- ❑ Yes, I'm at college or university, full-time.
- ❑ Yes, I'm at college or university, part-time.
- ❑ No, I'm not currently attending school.

7. Are you working right now?
- ❑ Yes, I work full-time.
- ❑ Yes, I work part-time.
- ❑ No, but I'm looking for a job.
- ❑ No, and I'm not looking for a job.

PART TWO: Please tell us about your identity

1. How do you identify your gender? (Please check all that apply.)
- ❑ FTM
- ❑ Two-Spirited
- ❑ Female
- ❑ Male
- ❑ Transgendered

❑ Intersexed
❑ MTF Transsexual
❑ Genderqueer
❑ Other/None (please specify):

2. How do you identify your sexual orientation? (Please check all that apply.)
❑ Gay
❑ Not sure/Questioning
❑ Lesbian
❑ Straight (Heterosexual)
❑ Two-Spirit
❑ Queer
❑ Fluid/Unlabeled
❑ Polysexual
❑ Bisexual
❑ Other (please specify):

3. Some LGBTQ youth choose to be "out" (open about their sexual orientation).
Others feel that their sexual orientation is private. Does anybody but you know your sexual orientation?
❑ Yes
❑ No

4. If Yes, who are you "out" to about your sexual orientation? (Please check all that apply.)
❑ My parents/caretakers
❑ My extended family
❑ My brother(s) or sister(s)
❑ A counselor, social worker or youth worker
❑ My teachers or coaches
❑ Other (please specify):
❑ Friends I only know online
❑ Friends that I see in person
❑ It's posted publicly online (e.g. on my Facebook profile; I belong to LGBTQ Myspace groups)
❑ Other youth at school
❑ My doctor
❑ My boyfriend, girlfriend or partner(s)
❑ My boss
❑ People at work
❑ My faith community (e.g. people at church, mosque or temple)
❑ My cultural community

5. Were you born in Canada?
❑ Yes
❑ No (Please tell us what country you were born in):

6. How long have you lived in Canada?
❑ Less than one year
❑ 1-3 years
❑ 4-9 years
❑ 10 years or more

❑ My whole life

7. Which of the following do you feel best reflect(s) your ethnic background? (Please check all that apply.)
   ❑ Aboriginal/First Nations
   ❑ Asian – East (e.g. China, Japan, Korea, Taiwan)
   ❑ Asian – South (e.g. India, Sri Lanka, Pakistan)
   ❑ Asian – South East (e.g. Vietnam, Malaysia, Philippines
   ❑ Black – Africa (e.g. Ghana, Kenya, Somalia)
   ❑ Black – Canadian
   ❑ Black – Caribbean (e.g. Jamaica, Barbados)
   ❑ Indian -Caribbean (e.g. Guyanese with origins in India)
   ❑ Latin American (e.g. Argentina, México, Nicaragua)
   ❑ Middle Eastern (e.g. Egypt, Iran, Israel, Saudi Arabia)
   ❑ White – Canadian
   ❑ White – European (e.g. England, Italy, Portugal, Poland)
   ❑ Mixed background or other(s). (Please specify):

8. What languages are most often spoken in your home? (Please check all that apply)
   ❑ Arabic
   ❑ Cantonese
   ❑ English
   ❑ Farsi
   ❑ French
   ❑ Greek
   ❑ Hindi
   ❑ Italian
   ❑ Korean
   ❑ Mandarin
   ❑ Polish
   ❑ Portuguese
   ❑ Punjabi
   ❑ Tagalog
   ❑ Tamil
   ❑ Urdu
   ❑ Other (please specify)

9. Are you…? (Please check all that apply.)
   ❑ Aboriginal/First Nations spirituality
   ❑ Agnostic
   ❑ Atheist/No religion
   ❑ Baha'i
   ❑ Buddhist
   ❑ Catholic
   ❑ Hindu
   ❑ Jewish
   ❑ Muslim
   ❑ Pagan
   ❑ Protestant Christian (e.g. Anglican, Baptist, Seventh-Day Adventist)
   ❑ Sikh
   ❑ I don't know
   ❑ Other (please specify):

PART THREE: Questions about your health

1. Would you say that your health is:
   ❑ Excellent
   ❑ Good
   ❑ O.K. (could be better)
   ❑ Poor

2. Everyone has certain health issues that they worry about once in a while—some issues may be more important than others. For each of the health issues listed below, check one box to show how worried or concerned you are about it:
[options: Very Worried; Worried; Not Very Worried; Not at all Worried; Not sure]

- ❑ Eating healthy food
- ❑ Keeping fit by exercising
- ❑ My size or my weight
- ❑ Smoking (quitting or cutting back)
- ❑ Feeling stressed or anxious
- ❑ Feeling sad or depressed
- ❑ Using alcohol or drugs (quitting or cutting back)
- ❑ Getting HIV/AIDS
- ❑ Getting other Sexually Transmitted
- ❑ Infections (like Gonorrhea, Herpes or Chlamydia)
- ❑ Other sexual health stuff (like periods, problems with intercourse, orgasms)
- ❑ Please tell us about any other health issues that you are worried about:

3. In general, how do you feel about your life?
- ❑ Very happy
- ❑ Quite happy
- ❑ Not sure/No opinion/Neutral
- ❑ Not very happy
- ❑ Not happy at all

4. Different people choose to become sexually active at different times. Everyone defines "having sex" differently. Would you say that you have had sex?
- ❑ Yes
- ❑ No (Skip to the next page: Questions about safety)

5. If you answered yes to the last question, have you had a sexual encounter with a partner within the last year or so?
Yes, with one partner
Yes, with more than one partner
- ❑ No
- ❑ Not sure

PART FOUR: Questions about safety

1. Everyone deserves to feel safe in his or her community, but there are places where we may not feel safe all the time. How often do you feel safe in each of the following places in your community:
[options: Always; Usually; Sometimes; Rarely or Never; Doesn't apply to me]

- ❑ At school
- ❑ At home
- ❑ At work
- ❑ At parties or social events
- ❑ At recreation or fitness centres (e.g. gym, pool, parks)
- ❑ On the street or sidewalk

❑ Using public transit (e.g. bus, train)
❑ In stores or malls
❑ At the doctor's office, clinic or hospital

Please add any other comments about safety in your community:

2. The next few questions are about bullying or harassment that some youth experience. Some youth are bullied or harassed a lot, while others aren't at all. If you haven't been bullied, just say so. How often have you been bullied or harassed in the past 12 months?
❑ Not at all
❑ Once or twice
❑ Several times
❑ Don't know/Prefer not to say

3. Have you encountered any of the following in the past 12 months or so? (Please select all that apply.)
❑ I was verbally harassed (e.g., someone insulted me, spread rumours about me or made jokes about me)
❑ I received unwanted sexual attention or advances
❑ Someone posted hurtful or inappropriate information about me online (e.g., on Facebook or MySpace)
❑ I was physically assaulted (e.g., I was hit, slapped, pushed or beaten up)
❑ I was sexually assaulted
❑ I was threatened with physical violence
❑ Someone at a store, restaurant or café refused to serve me
❑ I was turned down for a job or promotion that I was qualified for
❑ I prefer not to say whether I have encountered any of these (Skip to the next page: Questions about community services)
❑ None of this has happened in the past 12 months (Skip to the next page: Questions about community services)
❑ Other (please specify):

4. Some people choose to talk about bullying or harassment with someone, while others prefer not to. Did you tell anybody about the incident(s)?
❑ Yes
❑ No

5. If Yes, who did you tell? (Please check all that apply.)
❑ My parent or caregiver
❑ My brother/sister
❑ Another family member
❑ A teacher or coach
❑ A close friend
❑ My boyfriend, girlfriend or partner(s)
❑ A police officer
❑ A social worker or counsellor
❑ My boss or someone at work
❑ I called an anonymous telephone helpline
❑ I posted about it somewhere on-line
❑ I told another person (please specify):

6. What was the result of telling someone about the incident(s)?
❑ Good outcome (e.g., I received help or support that made me feel better)

❑ Nothing/I felt ignored
❑ Bad outcome (e.g., I felt worse about what happened)

Do you have anything else to say about what happened when you told someone?

PART FIVE: Questions about community services

1. This section includes questions about community services in Peel Region.

In the first column, please tell us how satisfied you are with the availability of the following programs and services in your community. We are interested in your opinion, even if you don't currently use it.

In the second column, please tell us how important each of these programs or services is to you.

How satisfied are you with the availability of this program of service in your community?
[options: Very Satisfied; Satisfied; Not Very Satisfied; Not available in my community; Don't Know/No Opinion]

How important is this program or service to you?
[options: Very Important; Important; Not Very Important; Not Sure; Doesn't Apply to Me]

❑ Gay-Straight Alliances or other LGBTQ clubs at school
❑ Somewhere I can meet and hang out with other LGBTQ people around my age outside of school (e.g. drop-in centre, youth group)
❑ Somewhere I can meet and hang out with LGBTQ people around my age who share my culture or religion
❑ Somewhere I can talk to a counselor or social worker about my problems
❑ A support group where I can talk to other LGBTQ people around my age about our problems
❑ A mentorship program (having an older LGBTQ teen or adult to talk about stuff with)
❑ Somewhere I can work on hobbies or art with other LGBTQ people around my age (e.g., knitting, writing, drawing, photography, computers, music)
❑ Somewhere I can play sports or work out with other LGBTQ people around my age
❑ Groups or events specifically for people around my age who share my identity (e.g. other lesbians or gay guys, other bi women or bi guys, other trans people)
❑ Self-defense classes for LBGTQ people around my age
❑ Somewhere that I can volunteer with other LGBTQ people around my age
❑ Shelters or hostels where LGBTQ teens/young adults can feel safe comfortable
❑ A medical/health clinic where I feel safe and comfortable being LGBTQ
❑ A sexual health clinic where I feel safe and comfortable being LGBTQ
❑ An employment service where I feel safe and comfortable being LGBTQ

What other programs or services might you want to use if they were available?

2. Do you go outside of Peel for any of the above programs and services?
❑ Yes
❑ No
If Yes, please tell us which services they are and where you access them:

3. There are a lot of different things that might make you decide to use a program or service in your community. From the following list, please choose the five factors that are most important for you when you think about using a program or service. You can only choose one first choice, one second choice, etc.
[options: 1. Most Important; 2. Second Most Important; 3. Third Most Important; 4. Fourth Most Important; 5. Fifth Most Important]

- ❑ The location is close to where I live or easy to get to
- ❑ They provide bus tickets for me to get there and back home
- ❑ People who work there speak my language
- ❑ People who work there understand my culture or religion
- ❑ People who work there are close to my age
- ❑ It's private and confidential so I don't have to worry about anyone else finding out that I go there
- ❑ The location is discreet
- ❑ It's free
- ❑ It's available in the evening
- ❑ It's available on weekends
- ❑ People who work there are sensitive and know a lot about LGBTQ stuff
- ❑ It is easy to ask questions about sex there
- ❑ They can refer me to other services that I might need

Is there anything else that's important to you that wasn't included in this list?

PART SIX: Questions about community, social support and dealing with problems.

This is the last section. You're almost finished!!

1. The next question is about the kind of social support you get from people in your life. Select the response that best reflects how you feel about the statement:
[options: Strongly Agree; Agree; Disagree; Strongly Disagree; Not Sure]

- ❑ There is someone I trust whom I could turn to for advice if I had a problem.
- ❑ No one really understands me and my situation.
- ❑ I have someone in my life who gives me support and encouragement.
- ❑ There is no one I feel comfortable talking about my problems with.
- ❑ There are people that I can count on to help me when things are not going well in my life.

2. This question is about ways you deal with problems in your life. Everyone uses different methods to help them feel better when they're down, or at least to help them get through rough times. Please tell us how often you use each of these methods to help you deal with problems.
[Options: Doesn't Apply to Me; Always; Usually; Sometimes; Rarely or Never]

- ❑ Writing in a journal or blog
- ❑ Chatting with friends online
- ❑ Talking to my friends in person
- ❑ Talking to my boyfriend, girlfriend or partner(s)
- ❑ Talking to my parents/caregiver(s)
- ❑ Talking to my brother(s) or
- ❑ Using alcohol or other drugs
- ❑ Sleeping in or taking a nap
- ❑ Exercising or playing sports
- ❑ Making out, having sex or masturbating
- ❑ Doing something creative like making art, playing music or

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sister(s)
- ❏ Talking to someone in my extended family (aunt, uncle, cousin, etc.)
- ❏ Talking to a social worker, counselor or teacher
- ❏ Calling a helpline or crisis line
- ❏ Focusing on work or homework
- ❏ Spending time alone

writing poetry
- ❏ Eating snacks or junk food
- ❏ Cutting or injuring myself
- ❏ Praying, meditating or other spiritual practices
- ❏ Reading books or magazines
- ❏ Surfing the web
- ❏ Watching TV or a movie

Do you have anything else to say about ways that you deal with problems or hard times?

Wrap-up

THANK YOU for filling out our survey!

Before you go, here are some OPTIONAL questions about what it was like to fill out the survey.

1. How long did it take to fill out this survey?
- ❏ less than 15 minutes
- ❏ 15-20 min.
- ❏ 21-25 min.
- ❏ 26-30 min.
- ❏ 31-35 min.
- ❏ 36-40 min.
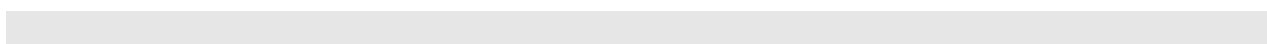- ❏ 41-45 min.
- ❏ more than 45 minutes

2. How easy was the survey to fill out?
- ❏ Very easy
- ❏ Mostly easy
- ❏ No opinion
- ❏ Difficult
- ❏ Very difficult

Please tell us which questions (if any) you found difficult to answer?

3. Did you find that any questions were offensive or annoying? If so, please tell us which one(s).

4. Please give us any other feedback you have about this survey:

APPENDIX B: Participant Feedback Regarding the Survey

Note that this section includes responses from all survey participants, including those that did not meet the criteria for inclusion in the survey.

Survey Difficulty

Most participants found the survey mostly easy or very easy to complete (see graph). Most (82%) indicated that they completed the survey in less than 20 minutes.

Survey Difficulty (n=55)
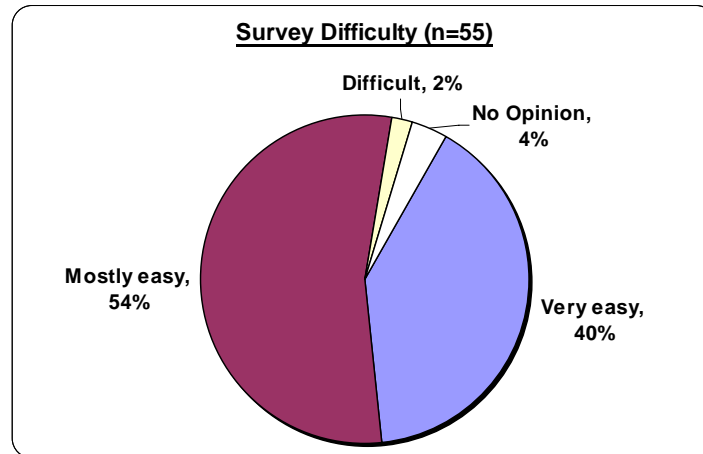
The following comments were provided with respect to the difficulty of the survey questions:

- So many options!
- the questions that reminded me of having been/being homeless and my parents abandoning me are making me cry and down
- Some questions took more thought
- The questions about who/whether I could talk to people about my problems (7/10). I wish you had included a comments section, because it really depends on what type of situation it is. (School related = my parents, Random stuff = my friends, "gay" stuff = mostly just myself, or checking the internet).
- Having to pick in order of importance only 5 of a possible 11+ possibilities
- The questions about what's available in my community. I find that my school is fairly equipped to deal with most of the problems I have so I don't find myself needing to go to outside sources and therefore do not know what's available in my community.

Offensive or annoying questions:

- Prioritizing accessibility of a centre. I don't even go to them.
- Just long. Annoying as in long.
- Some questions took a long time to answer, but none were particularly annoying. None were offensive.
- I don't like the question about masturbating or sex. What was that about.

- the last one in the chart that said having sex, making out, or masturbating (I found wrong to ask teens)
- yes the ones that required me to read a lot.
- no, very well worded.
- All good!
- No, they were all applicable to our lives.

Suggestions for Improvement:

- not everyone that is taking this survey is gay, bi, lesbian, etc. so if you could reword some of the questions that would be great
- I think it would be useful to mark the questions that do not have to be answered by heterosexual individuals to make the process faster.
- I think it should be shorter. People want a quick 20-question survey that covers a wide-range of topics. A general survey like that will work well. With a specific survey like this one, the main problem is that often people who are in hard situations (probably the people you are actually trying to connect to) are not that willing to open up. Keeping the survey general and concise while still providing you with a wealth of information is the way to go.

Other comments:

- Lovely. Please do something for the Bloor West area. Ha.
- It's good you are trying to figure out what youth need.
- this survey is very good (x2)
- This survey was fun!
- Great survey! =D
- it was very thorough and polite. :)
- Great survey. Easy to fill out, and has plenty of options.
- it's a great idea. I hope that programs grow. I know that it is tough to be in high school and i wish my school had a program at the time. There were one or two teachers there to help and few fellow students but to have a group would have been great.
- Very detailed!
- I really hope you can help trans people like me. Also, I went to a catholic high school which was so transphobic and homophobic, I wish there were more questions on that. Those were bad years of my life.
- It was great. I hope that some more LBGTQ activities start up.
- I thought it covered a large amount of information, enjoyed it.
- i liked it (x2).

APPENDIX C: Focus Group/Interview Guide

Note that many of the questions were modified or adapted for phone interview format.

Theme: ATTITUDES AND PERCEPTIONS OF THE LGBTQ COMMUNITY IN PEEL

We're going to ask some questions about community. What does community mean to you? Do you feel you have community in Peel? Do you feel you have LGBTQ community in Peel? If you do, do you feel like you belong in this community? (why/why not?)

Do you think there is LGBTQ community outside of Peel (e.g., Toronto etc.)? Do you identify with it/belong to it? (What is it about that place that gives it a sense of community?)

Theme: SPACES/PLACES and SAFETY

What are the places in your community that you like/can be yourself/that you consider to be positive places for you /your friends/LGBT youth? What is it about them that makes them positive for you?
-probes: the bus, bus stops, the street, school, the mall, community centres, gyms,

Are you or other LGBT youth you know concerned about discrimination or violence? What kinds of discrimination or violence?
[-probes: discrimination/violence can range from physical violence to feeling like you don't belong, being excluded, etc.]

[-probes: some people may feel they have been excluded because of their sexual identity; people can also be excluded because of their racial/ethnic background, or gender, or any number of reasons. Sometimes it's hard to tell why, and sometimes the reasons are combined. What are your thoughts about your experience?]

Where (if anywhere) in your community do you feel unsafe? What is it about that place that makes you feel unsafe?

If you or someone you know experienced discrimination or violence where could you or that person go for help or support? (Could you say a bit more about that?)

Theme: HEALTH

What does health mean to you? What (if any) health issues are you concerned about? What about other LGBT youth that you know?
[-probes: nutrition, body image, eating disorders, healthy relationships, sexual health, mental health issues such as depression & anxiety, smoking, alcohol/drug use, etc.]

If you or someone you know had a concern about a health issue, where could you or that person go for help or support? (Could you say a bit more about that?)
[-probes: using the examples they raise, ask if the person they would seek help from would be knowledgeable about health needs from an LGBT perspective]

Theme: COMMUNITY SERVICES IN PEEL

Have you been involved in stuff in your community? (Activities, groups, etc) Are there any that you think are really valuable? What are they?
[probes: youth groups, parks and rec classes, swimming, clubs, camps, etc]

Were you involved in anything that you felt was not sensitive to your needs? If you feel comfortable, please tell us about the experience you had there (you don't have to tell us the name of the program or group).
Display a list of services (from the survey) on a flipchart and ask participants to select 3-5 that they feel are most important to them (using rainbow dots). Then, continue with the following questions

Thinking about the ones that you selected, what makes these services important in your opinion?

What makes a service or program good in your opinion? (i.e., what are some of the things that would make you decide whether or not to use a particular program or service?)

Do you go anywhere outside of Peel? (Why?) *[optional question]*

What would be most important to you (people, places and resources)?

Wrap-Up

Thank you for participating. Please take some time to complete our on-line survey if you haven't already.

Distribute survey url, resource sheet, honoraria and bus tickets.

DEMOGRAPHIC INFO.

Basic demographic information was collected on a form.

APPENDIX D: Tips and Strategies for Service Providers Working with "GLBTQ" Youth

These tips and strategies come from *Creating Safe Space for GLBTQ Youth: A Toolkit[3]* (*G*irl's Best Friend Foundation and Advocates for Youth, 2005).

Applying "cultural justice" to working with GLBTQ youth

Step One: Be Clear about Your Own Attitudes and Biases.

Become educated about sexual orientation and gender identity/gender expression as well as about culture, homophobia, racism, and sexism. Learn what you need to learn in order to deal fairly with all the youth in your program.

Ask yourself:
- What sexuality-related issues (here specifically, sexual orientation, gender identity, gender expression, and sexual relationships) make me feel uncomfortable?
- What sexuality-related issues are difficult for me to talk about?
- In what sexuality-related issues does my discomfort show up as hostility or as negativity?
- What do I need to do in order to be able to deal comfortably and respectfully with sexuality-related issues?

Step Two: Understand Homophobia's Impact on GLBTQ Youth.

Learn as much as possible about the connections between homophobia and the health of GLBTQ youth. Prejudice and discrimination have a powerful impact on vulnerable youth. Recognize that:

- GLBTQ youth face persistent inequality, violence, and invisibility.
- Homophobia seriously damages the health of all young people. Prejudice and discrimination contribute to high morbidity and mortality rates among GLBTQ youth. Institutionalized homophobia results in high rates of violence toward GLBT youth in schools and communities; violence and verbal abuse result in feelings of isolation as well as high rates of suicide and suicide attempts, substance use, and risk for HIV/STI infection among these youth. At the same time, homophobia forces straight youth to take serious risks in order to 'prove' their heterosexuality.
- Prejudice and rejection lower the self-esteem of teens and leave them with fewer resources and skills to face normal developmental challenges. For high self-esteem and a strong self-concept, teens need to feel that they belong (peer identification), and they need positive role models. Teens whose self-esteem has been lowered by homophobia may be unwilling to take important steps to protect their health and their future.

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[3] Please see the following website for additional tips and strategies:
http://www.advocatesforyouth.org/publications/safespace/index.htm

- Widely accepted cultural stereotypes of gay and lesbian people affects the self-concept of GLBTQ youth who often report relying on television to learn what it means to be lesbian or gay. Many believe media stereotypes that depict gay men as effeminate, lesbians as masculine, and all homosexual people as unhappy.

Ask yourself:

- What central values guide the mission, programs, and daily work of this organization?
- Am I (are we) committed to serving all the youth, including the GLBTQ youth, in our programs?
- Where is my (our) commitment easy to see? Where is it not easy to see?

Step Three: Take Action to Ensure a Safe Space for the GLBTQ Youth in Your Program.

Work to ensure the safety of all the youth in your program, irrespective of whether you know that any GLBTQ youth are participating in it. Assess the cultural fairness of your program. Assess the environment in the organization, including it's:

- Mission , vision, values, and activities;
- Levels of cultural justice among board members, staff, and volunteers;
- Policies and procedures on discrimination and harassment;
- Staff training;
- Cultural match between the program and the participants; and
- Reading levels and appropriateness of the program's materials.

Ask yourself:

- Is staff representative of the target population in regard to race/ethnicity, sexual orientation, and gender identity?
- Who conducts community outreach and how?
- Has each staff member assessed his/her attitudes towards adolescents and adolescent relationships, particularly with regard to sexual orientation and gender identity/gender expression?
- Where does the climate in this organization ignore or suppress the realities that face GLBTQ youth?
- Does staff have biases or hold stereotypes?
- In what subtle or blatant ways might staff be communicating these biases to young people?

Step Four: Empower Youth and Staff in Your Agency to Be Activists and Allies of GLBTQ Youth.

Encourage youth and adults in your program to take positive and continuing action to ensure that everyone feels safe and supported. Take action to ensure that policies are appropriate; staff receives training and support regarding cultural justice; and youth know what to do if they encounter or witness homophobic, racist, or sexist words and actions.

- Support peer education and leadership by youth. Teens exert a powerful effect when they speak out for themselves, define the issues that matter to

them, and craft an agenda to address those issues. By drawing on the lessons of other social movements, GLBTQ youth and their straight allies can create initiatives that address inequities.

- Create opportunities for youth to talk openly and frankly about racism, sexism, homophobia, class discrimination, and other forms of oppression.
- Create a place where teens can feel comfortable talking about their individual identity, experiences, hopes, and fears.
- Offer interactive and experiential exercises, such as case studies and role-playing, to help teens think through the barriers and obstacles created by oppression.

Ask yourself:
- Do gay, lesbian, bisexual, transgender, and questioning youth feel safe in this program? Do straight youth feel safe?
- Do youth in the program receive respect for their talents and abilities? Do they respect others for their talents and abilities?
- Are youth fully and actively involved in creating safe space?
- Are youth fully involved in identifying the issues that affect them and in providing leadership to achieve social justice?

Focusing on the right of *all* youth to be treated with dignity and respect can empower young people, including GLBTQ youth and their allies, to demand respect, to treat others respectfully, and to envision a more hopeful future.

APPENDIX E: Tips and Strategies for Meeting the Needs of "GLBTQ Youth of Colour"

These tips and strategies come from *Creating Safe Space for GLBTQ Youth: A Toolkit[4]* (*G*irl's Best Friend Foundation and Advocates for Youth, 2005).

GLBTQ youth of color face stigma related both to race/ethnicity and to sexual orientation and/or gender identity. Often, youth of color don't identify as 'gay' or 'queer,' which may mean they will not seek services or hear messages designed for the white GLBTQ community. To effectively meet the needs of GLBTQ youth of color, programs must integrate awareness of racism with an understanding of how culture shapes sexual attitudes, values, and beliefs.

Good programs targeting youth of color already fully integrate the culture of these young people into their activities, language, and materials. They already acknowledge and incorporate culturally specific values, attitudes, beliefs, and knowledge about health, sexuality, and relationships. But these programs may not yet acknowledge the presence and needs of GLBTQ youth among those they serve. Programs are most likely to be effective in also meeting the needs of these youth of color when they:

- Use language that is inclusive and non-pejorative with regard to sexual orientation and gender identity.
- Involve youth, including GLBTQ youth, in planning, running, and evaluating the programs.
- Focus on the assets of each teen participant, irrespective of sexual orientation and gender identity.
- Address the needs of the whole young person.
- Ask young people how they self-identify and use these terms.
- Offer activities and opportunities that are inclusive as to gender and sexual orientation.
- Build skills.
- Acknowledge culturally specific values, attitudes, and beliefs.
- Consider the social and cultural factors that influence behaviors.
- Hold discussions that explore the added impact of racism on GLBTQ youth of color.
- Provide peer support to change peer norms, especially those regarding sexual orientation, gender identity, and gender expression.
- Acknowledge when culture and sexual orientation cause conflicts for GLBTQ youth and recognize and confront cultural biases regarding sexual orientation and gender identity within the program.
- Know when and where to seek help. Be aware of appropriate referral agencies for crisis intervention, mental and physical health services, emergency assistance, etc. Be aware of your personal and organizational limits, and accept that your organization may not always be the best one to assist a young person in some situations.

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[4] Please see the following website for additional tips and strategies:
http://www.advocatesforyouth.org/publications/safespace/index.htm

APPENDIX F: Glossary of terms

(Source: Centre for Addiction and Mental Health (CAMH) *Asking the Right Questions II*, Published: Aug 17, 2007)

Asexual: a word describing a person who is not sexually and/or romantically active, or not sexually and/or romantically attracted to other persons.

Autosexual: a word describing a person whose significant sexual involvement is with oneself or a person who prefers masturbation to sex with a partner.

Biphobia: irrational fear or dislike of bisexuals. Bisexuals may be stigmatized by heterosexuals, lesbians and gay men.

Bi-positive: the opposite of biphobia. A bi-positive attitude is one that validates, affirms, accepts, appreciates, celebrates and integrates bisexual people as unique and special in their own right.

Bisexual: a word describing a person whose sexual orientation is directed toward men and women, though not necessarily at the same time.

Coming out: the process by which LGBTTTIQ people acknowledge and disclose their sexual orientation or gender identity, or in which transsexual or transgendered people acknowledge and disclose their gender identity, to themselves and others (See also "Transition"). Coming out is thought to be an ongoing process. People who are "closeted" or "in the closet" hide the fact that they are LGBTTTIQ. Some people "come out of the closet" in some situations (e.g., with other gay friends) and not in others (e.g., at work).

Crossdresser: A person who dresses in the clothing of the other sex for recreation, expression or art, or for erotic gratification. Formerly known as "transvestites." Crossdressers may be male or female, and can be straight, gay, lesbian or bisexual. Gay/bisexual male crossdressers may be "drag queens" or female impersonators; lesbian/bisexual female crossdressers may be "drag kings" or male impersonators.

Dyke: a word traditionally used as a derogatory term for lesbians. Other terms include lezzie, lesbo, butch, bull dyke and diesel dyke. Many women have reclaimed these words and use them proudly to describe their identity.

Fag: a word traditionally used as a derogatory term for gay men. Other terms include fruit, faggot, queen, fairy, pansy, sissy and homo. Many men have reclaimed these words and use them proudly to describe their identity.

Family of choice: the circle of friends, partners, companions and perhaps ex-partners with which many LGBTTTIQ people surround themselves. This group gives the support, validation and sense of belonging that is often unavailable from the person's family of origin.

Family of origin: the biological family or the family that was significant in a person's early development.

Gay: a word to describe a person whose primary sexual orientation is to members of the same gender or who identifies as a member of the gay community. This word can refer to men and women, although many women prefer the term "lesbian."

Gay-positive: the opposite of homophobia. A gay-positive attitude is one that affirms, accepts, appreciates, celebrates and integrates gay and lesbian people as unique and special in their own right.

Gender conforming: abiding by society's gender rules, e.g., a woman dressing, acting, relating to others and thinking of herself as feminine or as a woman.

Gender identity: a person's own identification of being male, female or intersex; masculine, feminine, transgendered or transsexual. Gender identity most often corresponds with one's anatomical gender, but sometimes people's gender identity doesn't directly correspond to their anatomy. Transgendered people use many terms to describe their gender identities, including: pre-op transsexual, post-op transsexual, non-op transsexual, transgenderist, crossdresser, transvestite, transgendered, two-spirit, intersex, hermaphrodite, fem male, gender blender, butch, manly woman, diesel dyke, sex radical, androgynist, female impersonator, male impersonator, drag king, drag queen, etc.

Genderqueer: this very recent term was coined by young people who experience a very fluid sense of both their gender identity and their sexual orientation, and who do not want to be constrained by absolute or static concepts. Instead, they prefer to be open to relocate themselves on the gender and sexual orientation continuums.

Gender role: the public expression of gender identity. Gender role includes everything people do to show the world they are male, female, androgynous or ambivalent. It includes sexual signals, dress, hairstyle and manner of walking. In society, gender roles are usually considered to be masculine for men and feminine for woman.

Gender transition: the period during which transsexual persons begin changing their appearance and bodies to match their internal identity.

Genderism: the belief that the binary construct of gender, in which there are only two genders (man and woman), is the most normal, natural and preferred gender identity. This binary construct does not include or allow for people to be intersex, transgendered, transsexual or genderqueer.

Hate crimes: offences that are motivated by hatred against victims based on their actual or perceived race, color, religion, national origin, ethnicity, gender, disability or sexual orientation.

Heterosexism: the assumption, expressed overtly and/or covertly, that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay and bisexual people, while it gives advantages to heterosexual people. It is often a subtle form of oppression that reinforces silence and invisibility for lesbian, gay and bisexual people.

Heterosexual: term used to describe a person who primary sexual orientation is to members of the opposite gender. Heterosexual people are often referred to as "straight."

Heterosexual privilege: the unrecognized and assumed privileges that people have if they are heterosexual. Examples of heterosexual privilege include: holding hands or kissing in public without fearing threat, not questioning the normalcy of your sexual orientation, raising children without fears of state intervention or worries that your children will experience discrimination because of your heterosexuality.

Homophobia: irrational fear, hatred, prejudice or negative attitudes toward homosexuality and people who are gay or lesbian. Homophobia can take overt and covert, as well as subtle and extreme, forms. Homophobia includes behaviours such as jokes, name-calling, exclusion, gay bashing, etc.

Homosexual: a term to describe a person whose primary sexual orientation is to members of the same gender. Most people prefer to not use this label, preferring to use other terms, such as gay or lesbian.

Identity: how one thinks of oneself, as opposed to what others observe or think about one.

Internalized homophobia: fear and self-hatred of one's own sexual orientation that occurs for many lesbians and gay men as a result of heterosexism and homophobia. Once lesbians and gay men realize that they belong to a group of people that is often despised and rejected in our society, many internalize and incorporate this stigmatization, and fear or hate themselves.

Intersex: a person who has some mixture of male and female genetic and/or physical sex characteristics. Formerly called "hermaphrodites." Many intersex people consider themselves to be part of the trans community.

Lesbian: a female whose primary sexual orientation is to other women or who identifies as a member of the lesbian community.

LGBTTTIQ: a common acronym for lesbian, gay, bisexual, transsexual, transgendered, two-spirit, intersex and queer individuals/communities. This acronym may or may not be used in a particular community. For example, in some places, the acronym LGBT (for lesbian, gay, bisexual and transgendered/transsexual) may be more common.

MSM: refers to any man who has sex with a man, whether he identifies as gay, bisexual or heterosexual. This term highlights the distinction between sexual behaviour and sexual identity (i.e., sexual orientation). A person's sexual behaviour may manifest itself into a sexual identity, but the reverse is not always true; sexual orientation is not always reflective of sexual behaviour. For example, a man may call himself heterosexual, but may engage in sex with men in certain situations (e.g., prison, sex work).

Out or **Out of the closet**: varying degrees of being open about one's sexual orientation or gender identity.

Passing: describes transgendered or transsexual people's ability to be accepted as their preferred gender. The term refers primarily to acceptance by people the individual does not know, or who do not know that the individual is transgendered or transsexual. Typically, passing involves a mix of physical gender cues (e.g., clothing, hairstyle, voice), behaviour, manner and conduct when interacting with others. Passing can also refer to hiding one's sexual orientation, as in "passing for straight."

Polysexual: an orientation that does not limit affection, romance or sexual attraction to any one gender or sex, and that further recognizes there are more than just two sexes.

Queer: traditionally, a derogatory and offensive term for LGBTTTIQ people. Many LGBTTTIQ people have reclaimed this word and use it proudly to describe their identity. Some transsexual and transgendered people identify as queers; others do not.

Questioning: people who are questioning their gender identity or sexual orientation and who often choose to explore options.

Sexual behaviour: what people do sexually. Not necessarily congruent with sexual orientation and/or sexual identity.

Sexual identity: one's identification to self (and others) of one's sexual orientation. Not necessarily congruent with sexual orientation and/or sexual behaviour.

Sexual minorities: include people who identify as LGBTTTIQ.

Sexual orientation: a term for the emotional, physical, romantic, sexual and spiritual attraction, desire or affection for another person. Examples include heterosexuality, bisexuality and homosexuality.

Significant other: a life partner, domestic partner, lover, boyfriend or girlfriend. It is often equivalent to the term "spouse" for LGBTTTIQ people.

Straight: a term often used to describe people who are heterosexual.

Trans and **transpeople** are non-clinical terms that usually include transsexual, transgendered and other gender-variant people.

Transgendered: a person whose gender identity is different from his or her biological sex, regardless of the status of surgical and hormonal gender reassignment processes. Often used as an umbrella term to include transsexuals, transgenderists, transvestites (crossdressers), and two-spirit, intersex and transgendered people.

Transgenderist: someone who is in-between being a transsexual and a transgendered person on the gender continuum, and who often takes sex hormones, but does not want genital surgery. Transgenderists can be born male (formerly known as "she-males") or born females (one called he/shes"). The former sometimes obtain breast implants and/or electrolysis.

Transition: the process (which for some people may also be referred to as the "gender reassignment process") whereby transsexual people change their appearance and bodies to match their internal (gender) identity, while living their lives full-time in their preferred gender role.

Transphobia: irrational fear or dislike of transsexual and transgendered people.

Transpositive: the opposite of transphobia. A transpositive attitude is one that validates, affirms, accepts, appreciates, celebrates and integrates transsexual and transgendered people as unique and special in their own right.

Transsensual: a term for a person who is primarily attracted to transgendered or transsexual people.

Transsexual: a term for a person who has an intense long-term experience of being the sex opposite to his or her birth-assigned sex and who typically pursues a medical and legal transformation to become the other sex. There are transmen (female-to-male transsexuals) and transwomen (male-to-female transsexuals). Transsexual people may undergo a number of procedures to bring their body and public identity in line with their self-image, including sex hormone therapy, electrolysis treatments, sex reassignment surgeries and legal changes of name and sex status.

Transvestite: see "Crossdresser."

Two-spirit: an English term coined to reflect specific cultural words used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, are transgendered or transsexual, or have multiple gender identities. The term reflects an effort by First Nation and other indigenous communities to distinguish their concepts of gender and sexuality from those of Western LGBTTTIQ communities.

WSW: refers to any woman who has sex with a woman, whether she identifies as lesbian, bisexual or heterosexual. This term highlights the distinction between sexual behaviour and sexual identity.

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