

Toronto has become a magnet for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people from across Canada and around the world – our communities are large, diverse, and more visible than ever before. As LGBTQ and ‘questioning’ youth are increasing in visibility in Canadian schools and communities, the need to provide them with improved sexual health services, programming, and education is becoming more and more urgent. Moreover, homophobia and transphobia result in substantial sexual health disparities for LGBTQ youth, including higher rates of sexually transmitted infections.

WHAT WE FOUND IN THE TORONTO TEEN SURVEY!

- pregnancy rates are higher for LGBTQ youth than for heterosexual youth
- 50% of youth who identified as ‘questioning’ their sexual orientation are newcomers or immigrants to Canada
- LGBTQ youth engage in riskier sex and higher rates of alcohol and drug use than heterosexual youth
- LGBTQ and questioning youth still encounter problems when accessing sexual health services
- LGBTQ issues are invisible in sexual health education in schools

WHO ARE WE?

The Toronto Teen Survey (TTS) is a community-based research project led by Planned Parenthood Toronto that has gathered information on assets, gaps and barriers that currently exist in sexual health education and services for youth. Between December 2006 and November 2009, we collected over 1,200 surveys and spoke with 118 youth and 80 of their service providers. This sample is the largest community-based sample of its kind in Toronto, Canada’s most diverse urban centre.

The Toronto Teen Survey is in partnership with York University, the University of Toronto, and Wilfrid Laurier University. It is in collaboration with Toronto Public Health.

OF THE YOUTH WE SURVEYED:

4% identified as LGBQ

3% were ‘questioning’ or unsure about their sexual orientation

1% identified as transgender

Toronto youth were more likely to self-identify as LGBTQ if they were older

69% of LGBTQ youth in the TTS were 16 or older

over 50% of questioning youth were between 13 –14 years

Females were more likely than males to self-identify as LGBTQ

WHAT IS LGBTQ?

LGBTQ is an acronym used for lesbian, gay, bisexual, transgender, and queer. This acronym represents diverse communities of individuals who identify as having a sexual and/or gender orientation different from the norm.

We are using the term LGBTQ because it represents the terms that the youth we surveyed identified with.

PREGNANCY RATES ARE HIGHER FOR LGBTQ YOUTH THAN FOR HETEROSEXUAL YOUTH

LGBTQ youth were three times more likely to have been involved in a pregnancy than heterosexual youth.

LGBTQ youth offered many explanations for high pregnancy rates:

- ‘denial’ – a way to “prove to myself that I’m not [gay] or the other way around”
- ‘pressure’ – to be straight and in a heterosexual relationship
- ‘testing out one’s sexuality’

“If I didn’t go through that [pregnancy] I think I would still be questioning whether or not there is a person, or a guy out there I can fall in love with, or a guy out there that could apparently change my mind.” — Queer Female Youth

RECOMMENDATIONS:

1. Provide LGBTQ youth with sensitive and relevant reproductive health education and resources.
2. Include LGBTQ youth in the planning of reproductive health care programming.
3. Avoid assumptions when labeling gender or sexual identity, as many youth are unsure or may not want to disclose. Allow space for youth to self-identity when they are ready.
4. Create a more welcoming environment by using gender neutral language such as ‘partner’ instead of ‘girlfriend’ or ‘boyfriend.’
5. Provide ongoing professional development to staff about sexual diversity, gender identity, and issues unique to LGBTQ communities (homophobia, transphobia, sexual health disparities).

50% OF YOUTH WHO IDENTIFIED AS ‘QUESTIONING’ THEIR SEXUAL ORIENTATION ARE NEWCOMERS OR IMMIGRANTS TO CANADA

Youth who are ‘questioning their sexual orientation’ were three times more likely to be born outside Canada compared to self-identified LGBTQ youth. While it is not clear why, sexual orientation and gender identity are understood differently in various cultures. For some, there is a misconception that LGBTQ identities only exist in Western societies. Many youth new to Canada must negotiate new cultural and/or social contexts, including sexuality.

“Oh we don’t have any issues with sexual health. We don’t need the workshops... we don’t have any gay immigrants.” — Settlement Worker to Service Provider

Many LGBTQ people have ‘intersecting identities’ and belong to ethno-racial or religious communities. Having multiple identities can limit access to appropriate care in unique ways. These LGBTQ youth expressed feelings of isolation and concern about hiding their sexual orientation from family and community members.

RECOMMENDATIONS:

1. Develop programming for newcomer and immigrant youth that explores sexual orientation and gender identity.
2. Provide professional development to staff in sexual health services about different cultural understandings of sexual orientation and gender identity.
3. Build LGBTQ-positive sexual health education into settlement programming, ESL classes, and other services targeting immigrants and other newcomers.
4. Develop sexual health resources that are inclusive of sexual orientation for parents and caregivers of newcomer youth.

LGBTQ YOUTH ENGAGE IN RISKIER SEX AND HAVE HIGHER RATES OF ALCOHOL AND DRUG USE THAN HETEROSEXUAL YOUTH

LGBTQ youth had much higher rates of riskier sexual activity than heterosexual youth. For example, three-quarters of LGBTQ youth said they had engaged in penetrative sex, more than double that of heterosexual youth. Further, one in four LGBTQ youth also said they had problems with drugs or alcohol, over six times the reported rate from heterosexual youth.

“We have such a high rate of discrimination that maybe that it’s just a way for some people to cope... some of these things are so nasty and we don’t have another way to deal with them.” — LGBTQ Youth

RECOMMENDATIONS:

1. Develop sexual health education programming for LGBTQ youth that is sensitive and relevant to their sexual health needs.
2. Incorporate harm reduction principles into programming and ensure it is sex-positive and addresses myths and misconceptions about sexual orientation and gender identity.
3. Ensure youth are aware of needle exchange programs in their area of the city.
4. Provide free resources that may lessen their exposure to risk, e.g. pamphlets, videos, condoms, lube, dental dams.
5. Ensure that staff are trained and competent in supporting LGBTQ youth who have problematic alcohol and drug use.

LGBTQ AND QUESTIONING YOUTH STILL ENCOUNTER PROBLEMS WHEN ACCESSING SEXUAL HEALTH SERVICES

Largely due to stigma and lack of awareness about appropriate care for LGBTQ youth, many youth had negative experiences accessing sexual health services. Many feared staff might be homophobic. Trans youth faced stigma and safety challenges when accessing sexual health services. In order to get their clients the services they need, many LGBTQ service providers reported using informal referral networks that are developed through word-of-mouth. While this meets an immediate service need, the approach fails to address broader systemic challenges.

“I’ve gone to hospital with trans youth who are terrified, ‘Don’t let them take my pants off!’... There’s humiliation, there’s being exposed... Those big fears are very important and having information for the young people to know what is allowed and what is not okay when seeking medical help is important.” — Service Provider

RECOMMENDATIONS:

1. Ensure services are delivered in a space that is welcoming to LGBTQ youth.
2. Actively solicit feedback from LGBTQ youth about their service experiences (e.g., provide an anonymous suggestion and feedback box for youth to offer input about their care).
3. Provide professional development to staff about homophobia and transphobia, and other issues unique to LGBTQ communities.
4. Ensure staff have adequate resources and support to provide LGBTQ youth with appropriate services and/or referrals.

LGBTQ ISSUES ARE INVISIBLE IN SEXUAL HEALTH EDUCATION IN SCHOOLS

LGBTQ youth were not happy with the sexual health education they received in school, which focused primarily on heterosexual relationships. They also voiced the need to learn more about pleasure, healthy relationships, and emotions.

“When they touched on sexuality it was also heteronormative, stuff that only applies to a particular group of people, and it is not even an accurate representation of that group.” — LGBTQ Youth

RECOMMENDATIONS:

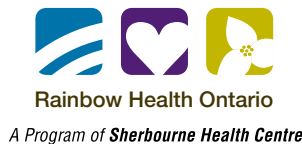
1. Provide sexual health education that is inclusive of all gender identities and sexual orientations.
2. To develop sexual health curriculum, and training for those who deliver it, that attends to issues of homophobia, transphobia, and other issues unique to LGBTQ youth.
3. Incorporate LGBTQ-positive information on healthy relationships, sexual orientation, gender identity, sexual pleasure, and communication into sexual health curriculum.
4. Offer ongoing information and education about sexual health-related issues in a broad range of classroom settings outside of the traditional physical and health education classes.

www.torontoteensurvey.ca

Toronto Teen Survey (2010) LGBTQ Bulletin. Planned Parenthood Toronto. Toronto, ON.



In partnership with:



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Investigators: Sarah Flicker, June Larkin, Robb Travers, Jason Pole, Adrian Guta & Susan Flynn

Thank you for your invaluable contributions: Lorelee Gillis, Jennifer Fodden, Clare Nobbs, Suzy Yim, Crystal Layne, Mary Aglipay, Chavisa Brett, Amanda Dunn, Jessica Ferne, Chase Lo, Kate Jongbloed, Nyla Obaid, Safiya Olivadoti, Vanessa Oliver, Sarah McCardell, Roxana Salehi, Dan Stadnicki, and Ciann Wilson!