

Title: Identifying health disparities: developing and applying measures of sexual identity and gender orientation for youth in British Columbia, Canada.

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Thematic Importance: As more young people are exploring their sexuality and gender expression, obtaining accurate and relatable measures for use with adolescents has become critical in order to better understand the needs and well-being of this diverse population, and to ensure they see themselves represented in the data.

Introduction and Objectives: Accurately capturing sexual orientation and gender identity (SOGI) on a forced-choice survey of adolescents is challenging. This presentation focuses on including youth in the development and use of SOGI measures in a large-scale population-based school health survey in British Columbia (BC), Canada.

Method: In collaboration with diverse youth aged 12-19 across BC and with researchers working on a national survey of transgender youth, researchers adapted previous measures of sexual orientation and added new measures of gender identity to the 2018 BC Adolescent Health Survey (BC AHS). The measures were piloted, added to the survey, analyzed, and data was used by youth to deliver inclusive projects to their peers across the province.

Results: Surveys from over 38,000 youth between the ages of 12 and 19 were collected and analyzed, including a sample of almost 1000 youth who identified as transgender, non-binary, or gender-questioning and around 6300 who identified as a sexual minority. 'Sexual minority' being defined as those who identified as mostly straight, bi/pansexual, lesbian, gay, or not sure yet. The results from the analysis highlighted disparities between gender and sexual minority youth and cis-gender/straight youth. One of these disparities was experiences of dating violence. For example, among youth who dated in the past year, 17% of bisexual boys (vs. 7% of straight boys) and 14% of bisexual girls (vs. 6% of

straight girls) had been the victims of dating violence. Trans and non-binary youth were also nearly twice as likely to have experienced dating violence compared to cis-gender youth. However, the results also pointed to protective factors that help to mitigate some of the stigma and violence that these youth face, such as feeling connected to their school or family and participating in extracurricular activities. The data has been used to develop a by youth for youth healthy relationships curriculum for gender diverse and sexual minority youth.

Conclusions and implications: Incorporating new and reliable measures of gender identity and updating sexual orientation measures supported accurate data collection from gender diverse and sexual minority youth in BC. This allowed important data to be gathered about their health issues and led to the development of a curriculum for healthy relationships designed by gender and sexual minority youth that is currently being facilitated and evaluated.