Our Health: Canada-Wide 2SLGBTQQIA+ Community Study

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COVID-19 COMMUNITY REPORT:

2S/LGBTQQIA+ Youth in Canada

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25 YEARS cbrc Community-Based Research Centre

Acknowledgements

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Land Acknowledgement

Community-Based Research Centre (CBRC) acknowledges that as a national organization, our work spans across the unceded, ancestral, and traditional territories of Indigenous peoples on land that is currently occupied and known as Canada. This includes the unceded territories of the Musqueam, Squamish, and Tsleil-Waututh First Nations, currently known as Vancouver, where our head offices are located. We recognize and are grateful for living and working on all these lands that have been cared for by Indigenous peoples since time immemorial.

In 2016, CBRC endorsed the Truth and Reconciliation Commission of Canada: Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples. As an organization dedicated to the health and wellness of our communities, we recognize that true reconciliation requires more than an endorsement and have made a series of commitments in our work, including the full integration of Two-Spirit and Indigenous staff into the culture of the organization and delivery of our programs, and creating and centring an intentional space for Two-Spirit and Indigenous queer and trans people at CBRC's annual Summit conference.

As we continue on our path of Truth and Reconciliation, CBRC continues to learn from our Indigenous staff and partners, reflecting on the ways our actions and social policies impact the lives of Indigenous people, and actively participating in decolonization.

Key Highlights

- The effects of the COVID-19 pandemic on physical and mental health were a significant concern for 2S/LGBTQQIA+ youth.
- Two out of three 2S/LGBTQQIA+ youth faced health care access barriers, and trans youth participants experienced even greater health care access barriers.
- Experiences with discrimination were common among 2S/LGBTQQIA+ youth participants, particularly those who are Indigenous, Black, or people of colour (IBPOC).
- The biggest financial impacts of COVID-19 for 2S/LGBTQQIA+ youth were on the ability to pay off debt and pay for food, transportation, and rent.
- Housing was a significant concern for 2S/LGBTQQIA+ youth; over half of 2S/LGBTQQIA+ youth participants spent more than 30% of their income on housing, and over one-third reported difficulty finding a new place to live.

Background

Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual (2S/LGBTQQIA+) youth experience unique challenges, such as adultism (a form of oppression young people face, rooted in prejudice and bias about their age), and much higher suicide and homelessness rates compared with their cisgender and heterosexual counterparts.[1–5] Past studies also show that 2S/LGBTQQIA+ youth face high rates of anxiety and depression.[6] While there is a lot of research on 2S/LGBTQQIA+ youth, research about these communities must continue as new generations emerge.

The COVID-19 pandemic increased the risk of mental health challenges for youth, and the negative impacts were even greater for 2S/LGBTQQIA+ youth who already face rejection, isolation, and fear.[7–9] With some schools closed for in-person learning, many 2S/LGBTQQIA+ youth were stuck at home with unsupportive family members, with some feeling physically unsafe and afraid of getting kicked out of their homes.[7,10] 2S/LGBTQQIA+ youth reported a loss of access to mental health and substance use-related services and 2S/LGBTQQIA+ community support during the COVID-19 pandemic.[7,8,10–12] Losing in-person 2S/LGBTQQIA+ community support—which helps protect against anti-2S/LGBTQQIA+ stigma[13,14]—was challenging. Some of these services were available virtually, but many youth found it unsafe to use them in unsupportive homes.[11] The loss of these supports contributed to increased mental health challenges and suicidal ideation.[10] Despite these challenges, gender diverse youth in Canada rebuilt communities by using online social networks.[14] However, experiences of 2S/LGBTQQIA+ youth in Canada during the COVID-19 pandemic are still not well understood. This report focuses on key COVID-19 related findings for 2S/LGBTQQIA+ youth communities.

Methods

The Survey

Our Health 2022 was led by the Community-Based Research Centre to explore the current state of health among Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual (2S/LGBTQQIA+) people in Canada. The study consisted of a **community-based health survey** designed with community members and academic, public health, and community partners that included questions about sociodemographics, COVID-19, chronic health, health service access, mental health, discrimination, community connection, sexual health, reproductive health, caregiving, economic security, substance use, and housing. Participants received $10 for completing the survey.

Study recruitment occurred between April and September 2022 through multiple recruitment methods, including promotion through CBRC and community partner organizations and advertisements in 2S/LGBTQQIA+ media, ethnoracial media, and on popular 2S/LGBTQQIA+ sex seeking apps and websites. All recruitment methods directed participants to the online survey where they were given additional information about the study and could agree to participate. To be eligible, people had to: be living in Canada; identify as 2S/LGBTQQIA+; be 15 years of age or older; be able to provide informed consent and complete a questionnaire in English, French, or Spanish; and not have already participated in the study.

Consultations with Indigenous scholars and community members were conducted to inform collection and analyses of Indigenous-specific data. You can **find out more about our study methods here**.

Making this Report

This report focuses on key COVID-19 related findings for 2S/LGBTQQIA+ youth. In this report, “youth” refers to participants who reported their age at the time of the study as being between 15 and 29 years. As age was a mandatory question in the survey because of the eligibility criteria, all participants answered this question. In total, the responses of 1,432 2S/LGBTQQIA+ youth (35% of all participants in Our Health 2022) are described here.

To develop the report, we consulted with a group of community advisors made up of six 2S/LGBTQQIA+ youth. These consultations included group meetings, emails, and open invitations to edit drafts of the report. Community advisors were essential to choosing which findings to include in this report. Based on their feedback and the focus on COVID-19, some topics covered in Our Health 2022 are not included in this report.

How to Read this Report

This report describes the experiences of the 2S/LGBTQQIA+ youth who participated in the Our Health 2022 study and not necessarily all 2S/LGBTQQIA+ youth in Canada. While the findings are still valuable, without reaching all 2S/LGBTQQIA+ youth or a random sample of them, we cannot know how different the people who participated in the study are from those who did not.

In each table, the responses to a question are shown in several values:

- The “n” column: The number of people who selected that response option to describe their experience.
- The “(n=___)” header: The overall number of people who responded to that question. At times, this may be replaced with a fraction in the “n” column if the number of people who responded to a question varies.
- The “%” column: The percentage of people who selected that response option, or the number of people who used that response option divided by the number of people who responded to that question x 100.

Example Table

The "n" column: The number of people who chose that response option

The "%" column: The percentage of people who chose that response option

Variables	n	%
Age (n = 371)		
Under 18	87	23%
18-30	163	44%
31-40	64	17%
41+	57	15%
[a]Race/ethnicity (n = 368)		
Indigenous	70	19%
Black	64	18%
East/Southeast Asian	91	25%
Latina, Latino, Latinx, Latine	78	22%
Middle Eastern	36	10%
South Asian	54	15%
White	200	56%
Two-Spirit (n = 70) **Asked only of Indigenous participants*	52	74%
[a]Able to access needed services during COVID-19 pandemic **Only participants who needed the respective service*		
Dental care	195/210	93%
Primary care	159/178	89%

[a]Select all that apply question

The "(n=___)" header: The overall number of people who responded to that question.

Sometimes response options within a question were only shown to people based on their responses to a different question. A fraction in the "n" column is the "number of people who chose that response" / "number of people who saw that response option"

Looking at our example table, we can see that of the 178 participants who needed primary care, 89% (159 people) were able to access it. Sometimes, participants could use more than one option to respond to a question, shown using an "a" next to the question. This means that percentages for different response options will not always sum to equal 100%. Other times, questions were shown only to a subset of participants based on how they responded to another earlier question, shown using an asterisk (*).

Use of an intersectional lens

This report aims to use an intersectional lens to understand participants' experiences. Intersectionality theory, rooted in Black feminism and coined by Kimberlé Crenshaw, describes how systems of oppression rooted in existing power structures (for example homophobia, transphobia, colonialism, and racism) "intersect" to create experiences of social difference that have to be seen as a whole to be understood.[15] Some sections include an additional breakdown that describes how a smaller group of 2S/LGBTQQIA+ youth responded to a question. For example, Figure 4 shows youth participants' experiences of discrimination during the COVID-19 pandemic by racial identity.

Results

Sociodemographics

A total of 1,432 youth aged 15 to 29 years participated in Our Health 2022. The majority (69%) lived in Ontario (36%), British Columbia (18%), or Quebec (14%), with less than 1% living in each of Prince Edward Island, Yukon, Northwest Territories, and Nunavut. Only 4% lived in a rural area; most lived in either a large (27%) or very large (44%) urban population centre. Many youth participants identified as queer (44%), trans (40%), and living with a disability (36%). Participants could indicate multiple gender identities; the most common gender identities among youth participants were woman (32%) and nonbinary (32%), followed by man (21%). When asked about race, the majority of youth participants self-identified as white (78%) and not perceived as a person of colour (POC) or racialized person in Canada (74%). See Table 1 for a complete list of sociodemographic information. The low representation (19%) of participants who identify as POC needs to be kept in mind in interpreting all results, as experiences of 2S/LGBTQQIA+ youth of colour and white 2S/LGBTQQIA+ youth can be vastly different due to intersecting oppressions.

Table 1: SOCIODEMOGRAPHICS OF 2S/LGBTQQIA+ YOUTH PARTICIPANTS

Variables	n	%
Province/territory (n = 1432)		
Ontario	521	36%
British Columbia	256	18%
Québec	204	14%
Alberta	130	9%
Nova Scotia	115	8%
Saskatchewan	57	4%
Manitoba	56	4%
Newfoundland & Labrador	45	3%
New Brunswick	31	2%
Prince Edward Island	10	1%
Yukon	4	<1%
Northwest Territories	2	<1%
Nunavut	1	<1%

Variables	n	%
Size of community lived in (n = 1335)		
Very large urban population centre: 500,000+ people	581	44%
Large urban population centre: 100,000-499,999 people	360	27%
Medium population centre: 30,000-99,999 people	221	17%
Small population centre: 1,000-29,999 people	119	9%
Rural area: <1,000 people	54	4%
[a]Gender identity (n = 1420)		
Agender	51	4%
Genderfluid	132	9%
Genderqueer	191	13%
Man	294	21%
Nonbinary	460	32%
Trans feminine	6	<1%
Trans man	144	10%
Trans masculine	26	2%
Trans woman	64	5%
Woman	464	32%
Other	32	2%
Trans identity (n = 1432)		
Yes	568	40%
No	864	60%
Intersex (n = 1420)		
Yes	24	2%
No	1270	89%
Unsure	126	9%
I prefer not to answer	12	1%
[a]Sexual orientation (n = 1430)		
Asexual	174	12%
Bisexual	440	31%
Gay	329	23%
Heteroflexible	21	2%
Homoflexible	29	2%
Lesbian	236	17%
Pansexual	258	18%
Queer	627	44%
Questioning	50	4%
Straight	12	1%
Other	16	1%

Variables	n	%
[a]Race/Ethnicity (n = 1364)		
Black	48	4%
East/Southeast Asian	123	9%
Indigenous	119	9%
Latina, Latino, Latinx, Latine	53	4%
Middle Eastern	34	3%
South Asian	57	4%
White	1058	78%
Treated as a POC/racialized person (n = 1345)		
Yes	260	19%
No	998	74%
Unsure	87	7%
Education level (n = 1331)		
No high school diploma or equivalent	82	6%
High school diploma or equivalent	378	28%
Trades certificate, diploma, vocational, or apprenticeship	42	3%
College, CEGEP, or other non-university diploma	117	9%
University degree below the bachelor's level	56	4%
Bachelor's degree	461	35%
University degree above the bachelor's level	195	15%
Disability identity (n = 1350)		
Yes	482	36%
No	707	52%
Unsure	161	12%

COVID-19

Overall, 42% of youth participants felt that their health worsened during the COVID-19 pandemic (i.e., reporting their health was either 'somewhat worse' or 'much worse' at time of survey) (Table 2). Half (50%) of youth participants were very or extremely concerned about the impacts of COVID-19 on their physical health/wellness, and 71% were very or extremely concerned about the impacts of COVID-19 on their mental health/wellness (Figure 1). The vast majority of youth participants (98%) were vaccinated against COVID-19 (Table 3). Many also took other precautions to prevent COVID-19 infection or transmission: a little under two-thirds (62%) indicated that they always self-isolated if they had symptoms of COVID-19. Almost two-fifths (39%) indicated that they always self-quarantined if they may have been exposed to COVID-19, and more than two-fifths (43%) indicated that they always limited contact with people at higher risk.

Table 2: IMPACTS OF COVID-19 ON 2S/LGBTQQIA+ YOUTH PARTICIPANTS' HEALTH

Variables	n	%
Overall health now compared with before the COVID-19 pandemic (n = 1311)		
Much worse now	94	7%
Somewhat worse now	458	35%
About the same	497	38%
Somewhat better now	192	15%
Much better now	70	5%

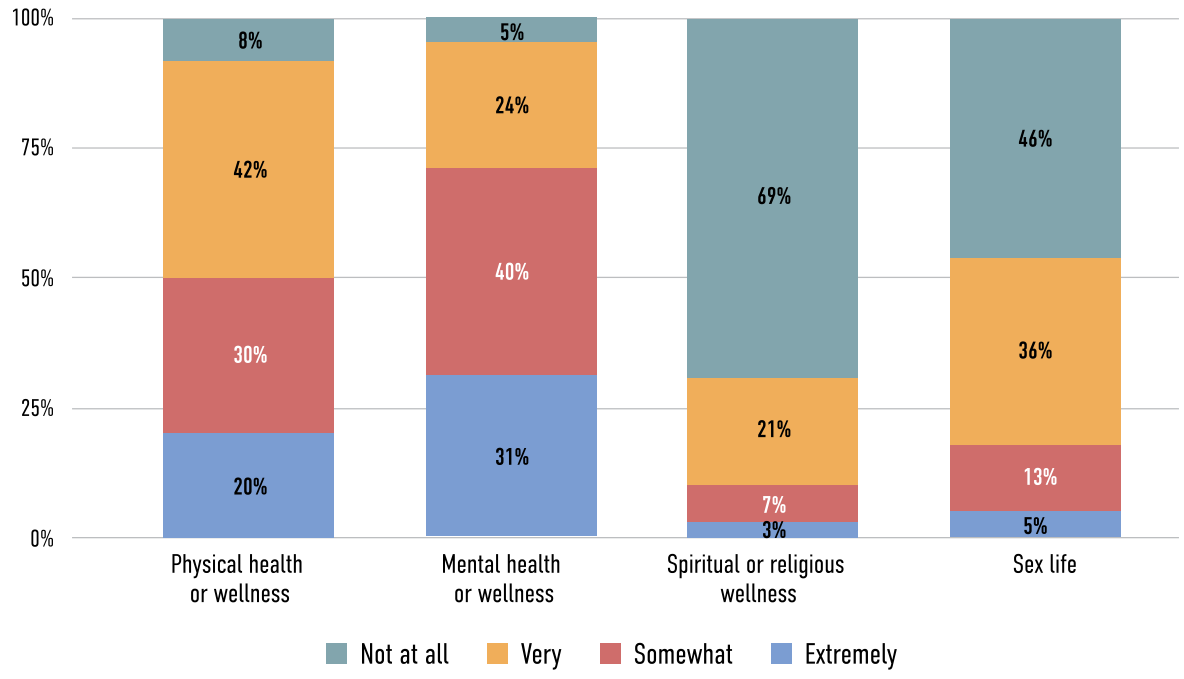

Figure 1: 2S/LGBTQQIA+ youth participants' levels of concern about the impacts of COVID-19 on various dimensions of their own lives

Table 3: PRECAUTIONS TAKEN BY 2S/LGBTQQIA+ YOUTH PARTICIPANTS TO PREVENT COVID-19 INFECTION OR TRANSMISSION

Variables	n	%
Vaccinated for COVID-19 (n = 1296)		
Yes	1266	98%
No	28	2%
I prefer not to answer	2	<1%
Limited contact with people at a higher risk (n = 1222)		
Never	31	3%
Occasionally	107	9%
Often	526	43%
Always	523	43%
Not applicable	35	3%
Avoided leaving the house because I am at a higher risk (n = 1215)		
Never	335	28%
Occasionally	251	21%
Often	255	21%
Always	94	8%
Not applicable	280	23%
Self-isolated if I had symptoms (n = 1219)		
Never	38	3%
Occasionally	137	11%
Often	223	18%
Always	753	62%
Not applicable	68	6%
Self-isolated due to a potential exposure to COVID-19 despite having no symptoms (n = 1218)		
Never	107	9%
Occasionally	240	20%
Often	287	24%
Always	469	39%
Not applicable	115	9%

Health Services

Two-thirds (66%) of youth participants experienced long wait times and difficulty accessing health care appointments during COVID-19 (Table 4). Notably, during the COVID-19 pandemic, 57% of trans youth reported needing gender-affirming care, and over one-third (37%) struggled to find a gender-affirming health care provider. Those who identified as trans were also more likely to report experiencing some health care-related challenges than those who did not identify as trans, including difficulty getting a referral (44% vs. 29%), transportation challenges (31% vs. 19%), and difficulty getting a gender-affirming health care provider (35% vs. 2%) (Figure 2). Cost was also reported as a barrier to health care for 37% of trans youth. Throughout the COVID-19 pandemic, the most commonly needed services included dental care, primary care, and regular medical testing.

Table 4: HEALTH SERVICES AND ACCESS AMONG 2S/LGBTQQIA+ YOUTH PARTICIPANTS

Variables	n	%
[a]Challenges trying to access health care services (n = 1131)		
Long wait times for an appointment	751	66%
Difficulty getting an appointment	744	66%
Difficulty contacting a physician, nurse practitioner, or nurse for information or advice	459	41%
Difficulty getting a referral	396	35%
Service was not available at time required (i.e., reduced hours of operation)	393	35%
Cost challenges	342	30%
Transportation challenges (getting to/from health care locations)	264	23%
Difficulty getting a gender-affirming health care provider	172	15%
Difficulty getting a sexual orientation-affirming health care provider	120	11%
Inaccessibility of health care locations (physical barriers)	103	9%
Was refused service because I was exposed to or experiencing symptoms of COVID-19	85	8%
[a]Health care services needed during COVID-19 (n = 1153)		
Dental care	692	60%
Primary care	689	60%
Regular medical testing for issues unrelated to COVID-19	471	41%
Physical therapies	370	32%
Emergency Room	314	27%
Gender-affirming care	279	24%
Alternative therapies	138	12%
Gender-affirming surgery	127	11%
Foot care	72	6%
Surgery (excluding gender-affirming surgery)	68	6%
Fertility services	38	3%

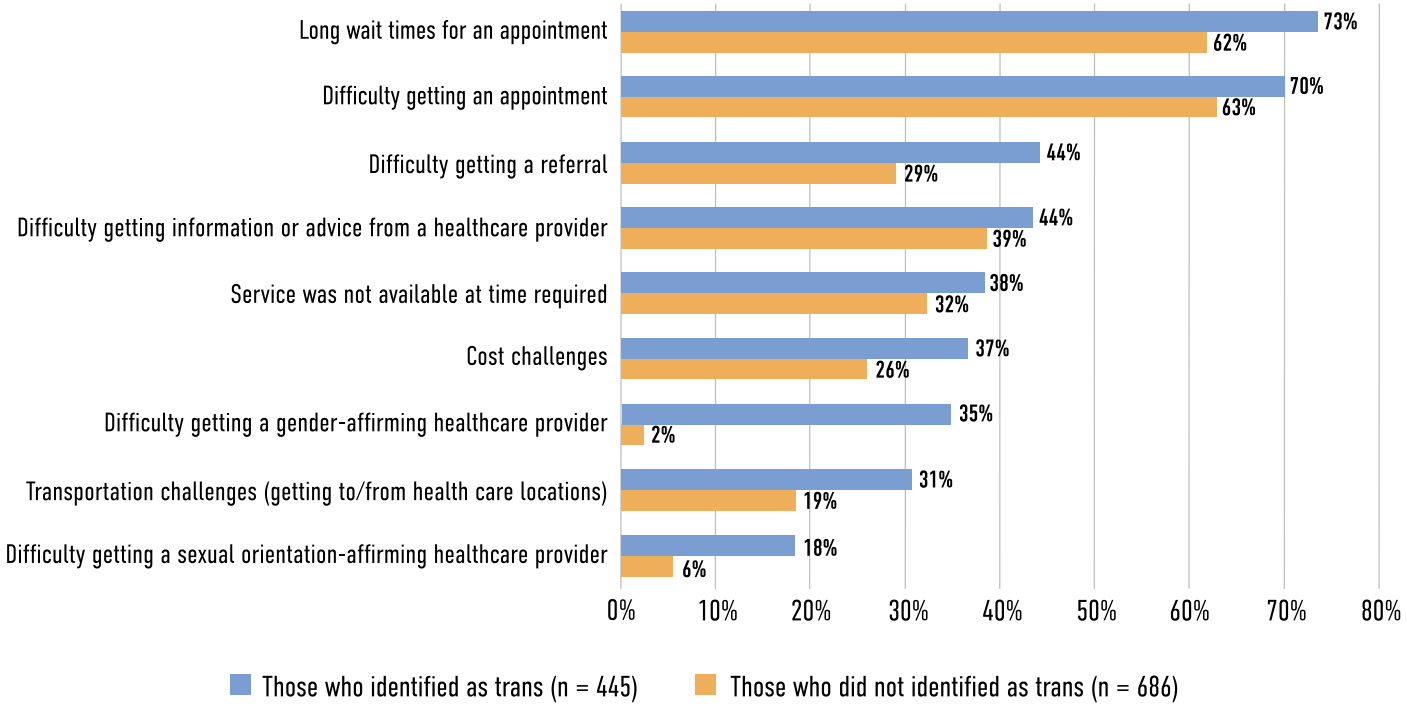

Figure 2: Barriers to health care access reported by 2S/LGBTQQIA+ youth participants, by trans identity

Mental Health

Participants responded to questions related to mental health, including questions from three screening measures for depression symptoms (PHQ-2)[16], anxiety symptoms (GAD-2)[17], and loneliness (UCLA-3)[18]. Responses to these questions were used to calculate scores indicating whether they were 'likely' or 'not likely' to have clinically-relevant symptoms of depression, anxiety, or loneliness. Among youth participants, 40% reported depression symptoms and 53% reported anxiety symptoms (Table 5). Two-thirds (67%) of youth participants reported loneliness. About half of youth participants (51%) felt that their mental health became somewhat or much worse during the pandemic. Trans youth were more likely than their non-trans peers to experience symptoms of these mental health conditions, with 48% likely to have depression, 60% likely to have anxiety, and 75% likely to be lonely (Figure 3).

Table 5: MENTAL HEALTH OF 2S/LGBTQQIA+ YOUTH PARTICIPANTS

Variables	n	%
Depression scale (PHQ-2) score (n = 1109)		
3-6 (likely depression symptoms)	448	40%
0-2 (not likely)	661	60%
Anxiety scale (GAD-2) score (n = 1111)		
3-6 (likely anxiety symptoms)	589	53%
0-2 (not likely)	522	47%
Loneliness scale (UCLA-3) score (n = 1110)		
6-9 (lonely)	743	67%
3-5 (not lonely)	367	33%
Mental health now compared with before the COVID-19 pandemic (n = 1122)		
Much better now	92	8%
Somewhat better now	223	20%
About the same	244	22%
Somewhat worse now	411	37%
Much worse now	152	14%

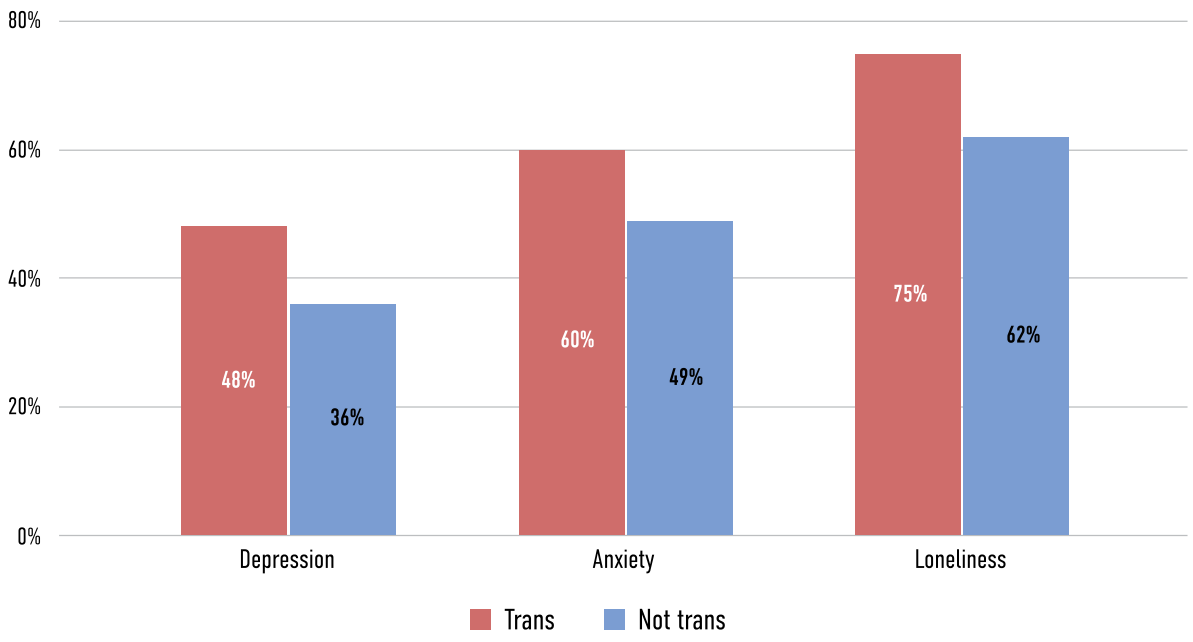

Figure 3: 2S/LGBTQQIA+ youth participants' mental health conditions, by trans identity

Discrimination and Community

Questions on discrimination and violence were shown only to participants aged 18 or older, and these participants were also given the option to skip this section of the survey entirely if they preferred. Of the youth participants in Our Health 2022, 62% (n=892) chose to respond to the questions in this section.

Some youth participants reported experiencing physical violence from intimate partners or others close to them (e.g. caregivers or friends) since the start of the pandemic (Table 6). However, verbal or emotional abuse was more common, with 25% of youth participants reporting that someone close to them had manipulated or used their emotions against them and 16% reporting that someone close to them had insulted or verbally abused them since the start of the pandemic.

Many youth participants reported experiencing discrimination in a variety of situations, the most common being the Internet (30%), health care settings (27%), public areas (26%), and work (26%). There were some differences by ethnicity/race: for Black youth participants, discrimination was most often experienced in stores, banks, or restaurants (55%), while only 21% of East/South Asian youth participants reported the same (Figure 4). However, experiencing discrimination while using public transit was common for both East/South Asian (31%) and Black youth participants (32%). Additionally, 30% of Indigenous youth reported experiencing discrimination while attending school.

Up to 64% (n=923) of youth participants answered questions related to trust in institutions in Canada. Over half of these youth participants reported little to no trust in the Canadian police, federal government, and provincial/territorial government (Figure 5). In particular, nearly 80% of youth participants reported having little to no trust in the police. On the other hand, over 80% of youth participants indicated a high level of trust in 2S/LGBTQQIA+ organizations in Canada. Additionally, the majority of youth participants reported feeling either somewhat (57%) or very (30%) connected to the 2S/LGBTQQIA+ community.

Table 6: 2S/LGBTQQIA+ YOUTH PARTICIPANTS' EXPERIENCES OF DISCRIMINATION AND VIOLENCE DURING THE COVID-19 PANDEMIC

Variables	n	%
[a]Intimate partner violence[19] since the COVID-19 pandemic started (n = 874)		
Manipulated me or used my emotions against me	128	15%
Insulted or verbally abused me	67	8%
Forced unwanted sex or sexually abused me	41	5%
Controlled or restricted my movements outside of the house	22	3%
Hit, kicked, slapped, or physically abused me	22	3%
Controlled or restricted my access to money	12	1%
Not applicable	170	20%

Variables	n	%
[a]Violence done by caregiver/dependent/friend/someone close since the COVID-19 pandemic started (n = 874)		
Manipulated me or used my emotions against me	218	25%
Insulted or verbally abused me	138	16%
Controlled or restricted my movements outside of the house	65	7%
Controlled or restricted my access to money	41	5%
Hit, kicked, slapped, or physically abused me	20	2%
Forced unwanted sex or sexually abused me	10	1%
Not applicable	73	8%
[a]Situation(s) where discrimination was experienced since the start of the COVID-19 pandemic (n = 892)		
On the Internet, including social media platforms	263	30%
In health care settings	240	27%
While using public areas, such as parks and sidewalks	235	26%
At work	231	26%
While attending social gatherings (online or in-person)	157	18%
In a store, bank, or restaurant	155	17%
While using public transit, such as buses, trains, or taxis	154	17%
When attending school or classes (online or in-person)	146	16%
When applying for a job or promotion	96	11%
When seeking or applying for housing (e.g., buying or renting)	83	9%
When interacting with the police	64	7%

*Asked only to those aged over 18 years who responded to discrimination questions

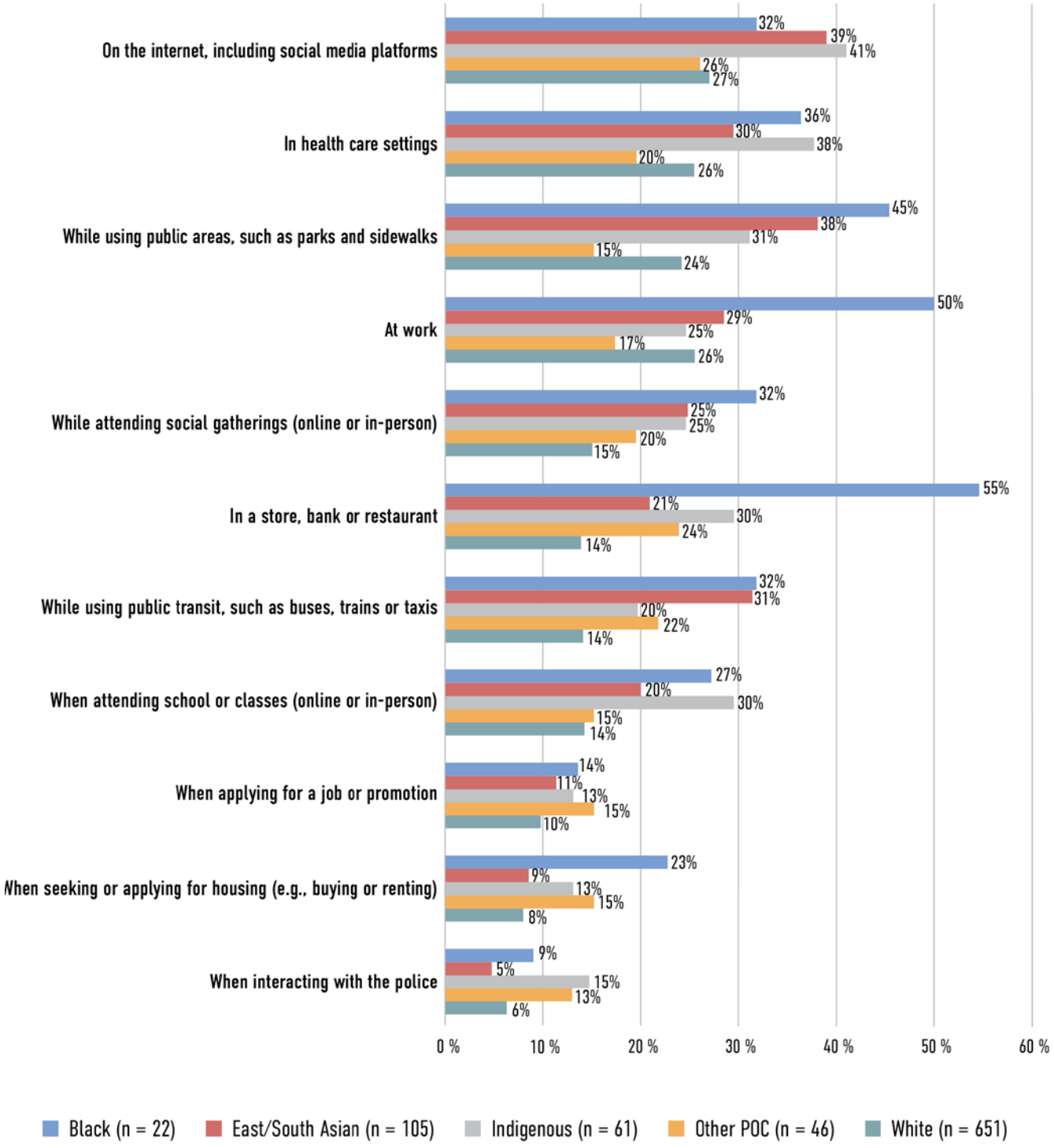

Figure 4: 2S/LGBTQQIA+ youth participants' experiences of discrimination during the COVID-19 pandemic by racial identity

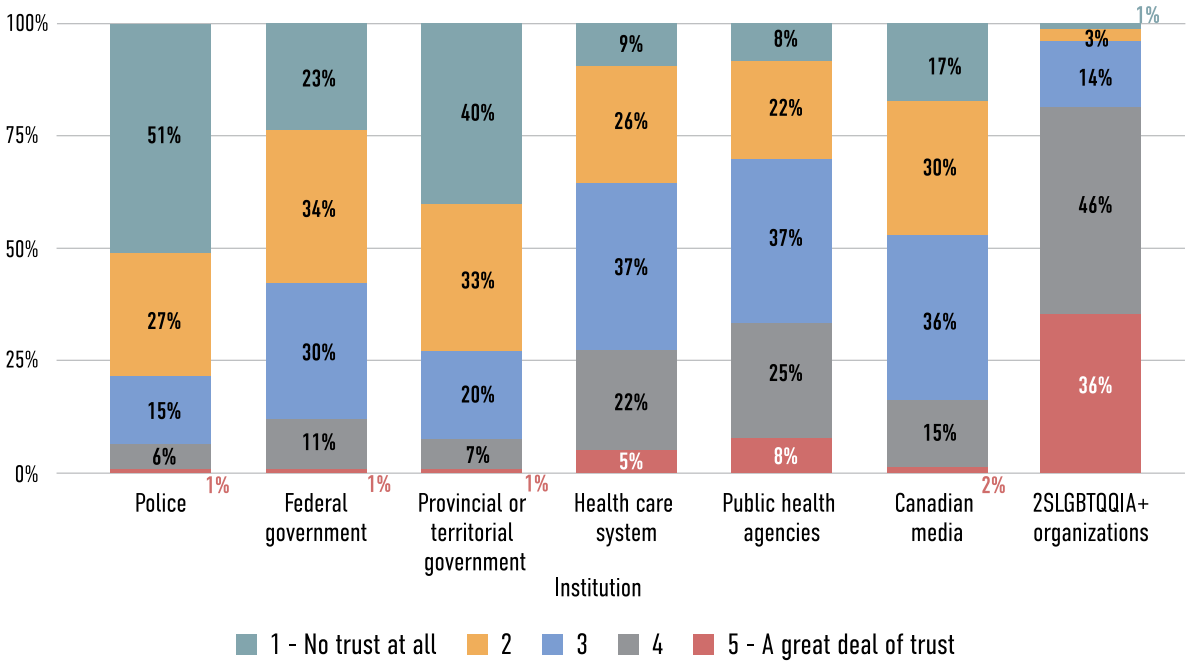

Figure 5: 2S/LGBTQQIA+ youth participants' trust in various institutions

Sexual Health

Participants in Our Health 2022 responded to questions about sexual health and sex life, including knowledge of HIV prevention. One-third of youth participants (32%) reported that they had never been tested for sexually transmitted infections (STIs), and a similar proportion reported not being vaccinated for HPV or being unsure of their vaccination status (Table 7). When asked about their knowledge of HIV prevention and treatment, 79% of youth participants were aware of HIV **pre-exposure prophylaxis (PrEP)** to prevent new HIV infections, while awareness of HIV post-exposure prophylaxis (PEP) as a method of preventing HIV infection after exposure was lower at 59%. Around one-quarter of youth participants (27%) reported that their sex life was somewhat or much worse now compared with before the COVID-19 pandemic. Over a quarter of youth participants reported having no sexual partners in the previous six months, while a further 43% reported having only one recent sexual partner.

Table 7: Sexual health, awareness of HIV prevention, and sex life of 2S/LGBTQQIA+ youth participants

Variables	n	%
Last STI test (n = 1067)		
In the past 3 months	173	16%
4-6 months ago	130	12%
7-12 months ago	126	12%
Longer than one year ago	296	28%
I have never tested for STIs	342	32%

Variables	n	%
Vaccinated against HPV (n = 1057)		
Yes	665	63%
No	221	21%
Unsure	171	16%
Awareness of the statement "PrEP is HIV medication that HIV- people can take before and continuing after sex to prevent HIV" (n = 1046)		
Yes, I knew this already	827	79%
No, I did not know this already	219	21%
Awareness of the statement "PEP: within 3 days after potential exposure to HIV, an HIV- person takes HIV medication for up to a month that may stop HIV" (n = 1040)		
Yes, I knew this already	613	59%
No, I did not know this already	427	41%
Sex life now compared with before COVID-19 pandemic (n = 1069)		
Much better	163	15%
Somewhat better	128	12%
About the same	284	27%
Somewhat worse	179	17%
Much worse	111	10%
Not applicable	204	19%
Number of sexual partners in last 6 months (n = 1053)		
0	294	28%
1	447	42%
2–3	169	16%
4–9	68	6%
10 or more	38	7%
Unsure/I don't know/I don't remember	2	<1%
Prefer not to answer	1	<1%

Economic Security

During the pandemic, more than two in five youth participants (44%) were able to access a government COVID-19 benefit, and most of those who received a benefit (82%) felt that it was sufficient to cover their expenses (Table 8). At the time of the survey, half of all youth participants (50%) were working full-time, 38% were students, and 24% were working part-time. Among those with caregiving responsibilities, just over a third reported that these responsibilities had increased over the course of the pandemic. Many youth participants still experienced negative financial impacts due to COVID-19, with significant proportions reporting moderate or major impacts to their ability to pay for food and groceries (46%), pay for transportation (37%), pay off debt (36%), or pay their rent or mortgage (31%) (Figure 6). Around one-quarter (26%) reported needing to cut back in order to make their financial situation work.

Table 8: 2S/LGBTQQIA+ YOUTH PARTICIPANTS' EMPLOYMENT, ECONOMIC SECURITY, AND CAREGIVING

Variables	n	%
Experience with a government COVID-19 benefit (e.g. CERB, CESB) (n = 1003)		
I applied to receive a benefit and I received the benefit	436	44%
I applied to receive a benefit, received it but had to pay it back	44	4%
I applied to receive a benefit but did not receive it	8	1%
I did not apply because I did not need it	197	20%
I did not apply because I was not eligible	216	22%
Not applicable	102	10%
Enough support from government COVID-19 benefit (n = 425) **Asked only to those who received benefit*		
Yes (it was enough money for me to cover my expenses)	350	82%
No (it was not enough for me to cover my expenses)	75	18%
Money situation (n = 998)		
Comfortable, with extra	237	24%
Enough, but no extra	377	38%
Have to cut back	260	26%
Cannot make ends meet	124	12%
[a]Work situation at time of survey (n = 999)		
Work full-time (i.e., 30 hours or more a week)	495	50%
I am a student	384	38%
Work part-time (i.e., less than 30 hours a week)	244	24%
Do not have a job, but looking for work	77	8%
Cannot work due to disability	60	6%
Receiving income informally (working under the table)	35	4%
Have a job, but absent for personal or other reasons	30	3%
Do not have a job and not looking for work (e.g., family responsibilities)	15	2%
On temporary layoff due to business conditions	5	1%
Caregiving responsibilities compared with before COVID-19 (among those with caregiving responsibilities) (n = 481)		
Much more	59	12%
Somewhat more	117	24%
About the same	260	54%
Somewhat less	27	6%
Much less	18	4%

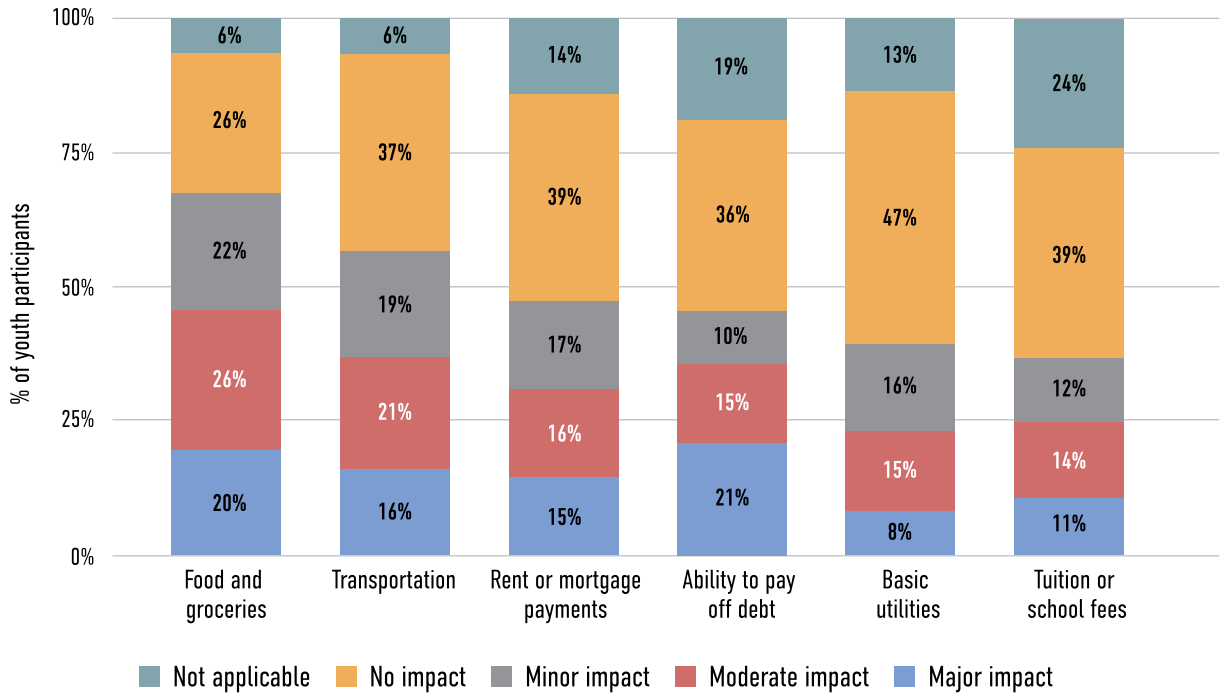

Figure 6: Financial impacts of COVID-19 experienced by 2S/LGBTQQIA+ youth participants

Substance Use

The most commonly used substances were alcohol and cannabis, with 80% and 58% respectively of youth participants reporting use of these substances in the previous six months, and around one in four reporting at least weekly use (Figure 7). While more than 40% of youth participants reported having five or more drinks in one occasion in the six months prior to survey, only 6% reported doing so regularly. Notably, only 8% of youth participants reported regular use of tobacco products, with 5% reporting daily use. A further 8% reported daily use of nicotine products, such as vapes. Regular use of other substances was rare, with less than 2% of youth reporting weekly or daily use of psychedelics, poppers, cocaine, or ecstasy. Significantly, one-third (33%) of youth participants reported an increase in using substances alone since the beginning of the COVID-19 pandemic (Figure 8).

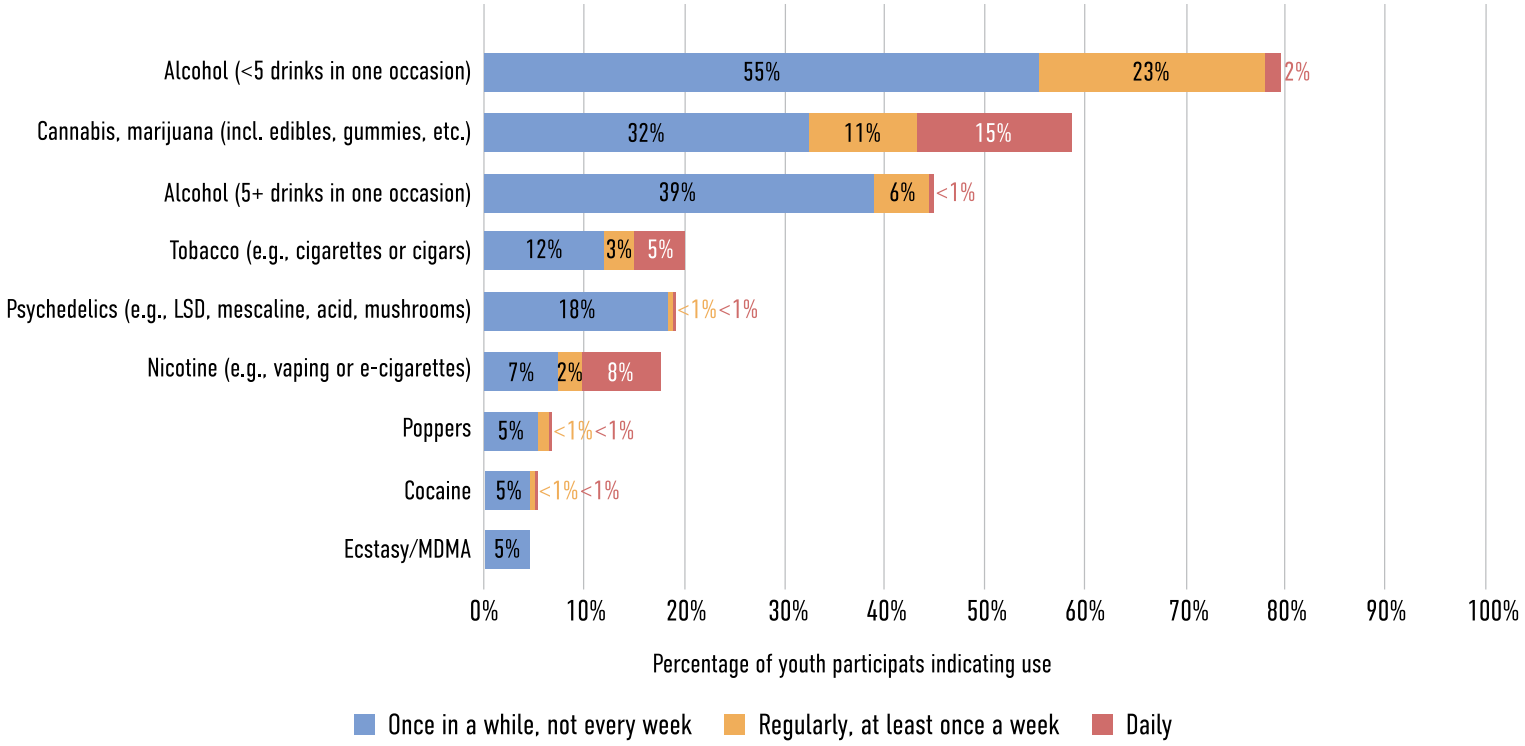

Figure 7: Frequency of recent substance use among 2S/LGBTQQIA+ youth participants

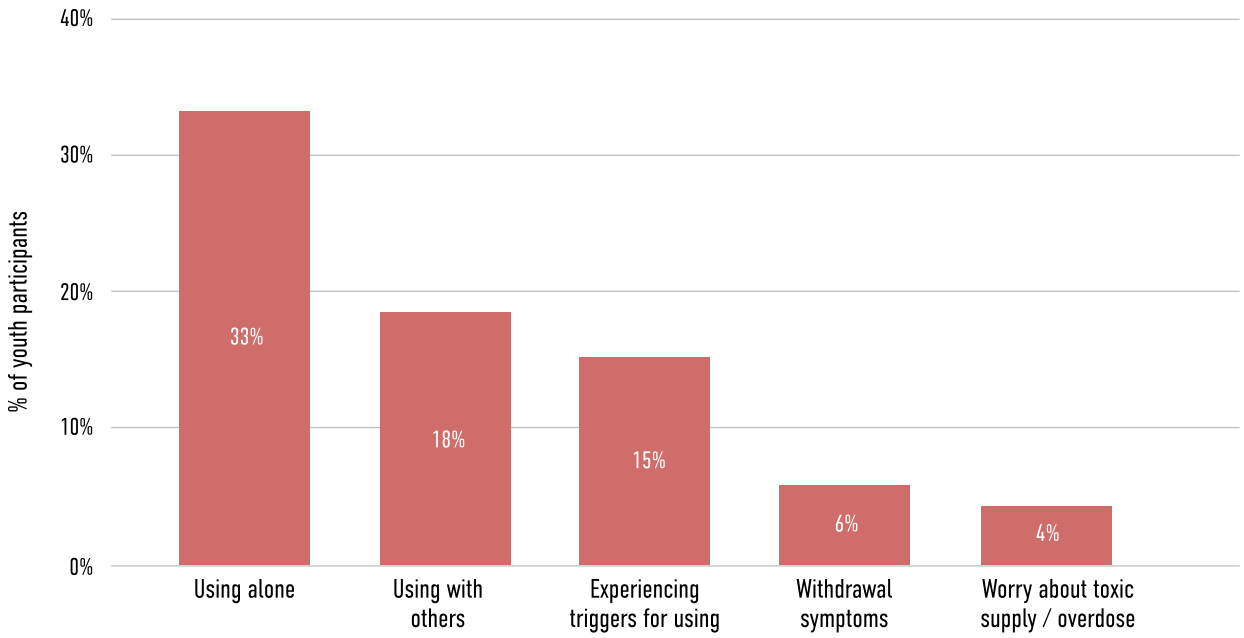

Figure 8: 2S/LGBTQQIA+ youth participants' reporting of increases in substance-related behaviours and concerns since start of COVID-19 pandemic

Housing

Housing was a major concern for youth participants, with financial concerns especially prevalent. Over half (52%) of youth participants reported spending more than 30% of their income on housing, approximately one-quarter (26%) of youth participants experienced increases in rent or property taxes, 14% reported having to borrow money to pay their rent or mortgage, and 16% reported having to move because of housing costs since the beginning of the COVID-19 pandemic (Table 9). Relatedly, one-third (36%) of youth participants reported difficulty finding a new place to live, and one in five (21%) reported needing to move in with family or friends. When asked about their neighborhoods, more than half (56%) of youth participants felt that their neighborhood was at least somewhat supportive of 2S/LGBTQQIA+ people.

Table 9: HOUSING AMONG 2S/LGBTQQIA+ YOUTH PARTICIPANTS

Variables	n	%
Spend more than 30% of income on housing* (n = 736) **Asked only to those who consented to more housing questions*		
Yes	380	52%
No	308	42%
Unsure	48	7%
[a]Housing challenges experienced since the start of the COVID-19 pandemic (n = 969)		
Felt unsafe because of others' COVID-19 status or safety practices	374	39%
Had difficulty finding a new place to live	344	36%
Increased rent or property tax	255	26%
Needed to move in with family or friends	205	21%
Had to move because of housing costs	158	16%
Felt unsafe due to domestic violence, maltreatment, harassment, etc.	150	16%
Tensions with my current landlord	133	14%
Borrowed money to pay rent or mortgage	132	14%
A potential landlord declined to rent to me	80	8%
Neighbourhood support of 2S/LGBTQQIA+ people (n = 981)		
Very supportive	145	15%
Somewhat supportive	402	41%
Uncertain	275	28%
Somewhat unsupportive	121	12%
Very unsupportive	38	4%

Conclusion

This report highlights the impact of the COVID-19 pandemic on 2S/LGBTQQIA+ youth communities in Canada. Increased physical and mental health concerns, such as symptoms of anxiety, depression, and loneliness; challenges with affording food, rent, and transportation and paying off debt; health care access barriers; and experiences with discrimination were frequently reported challenges among 2S/LGBTQQIA+ youth. These findings are similar to those of previous studies, which showed increased mental health concerns and exacerbated -existing social inequalities and oppression during the COVID-19 pandemic.[7,8,13] Additionally, previous studies demonstrated the importance of community connections for health, and how gender diverse youth in Canada rebuilt their communities online during the COVID-19 pandemic.[13,14]
Most 2S/LGBTQQIA+ youth participants in Our Health 2022 reported being 'somewhat' or 'very' connected with 2S/LGBTQQIA+ communities. This suggests 2S/LGBTQQIA+ youth communities in Canada protected their health during the COVID-19 pandemic by finding ways to maintain 2S/LGBTQQIA+ community connections despite the loss of in-person spaces and physical distancing mandates.

Our study illuminated numerous health care access barriers 2S/LGBTQQIA+ youth face, with about two-thirds of 2S/LGBTQQIA+ youth reporting barriers to health care access. Additionally, trans youth participants were more likely to experience health inequalities, such as barriers to health care access and mental health challenges, than participants who did not identify as trans. Similarly, 2S/LGBTQQIA+ youth participants who are IBPOC experienced more discrimination than 2S/LGBTQQIA+ youth who are not IBPOC. It is imperative to address these barriers to health care access, given the link between better health care access and lower rates of suicide ideation among 2S/LGBTQQIA+ youth.[3] Despite these barriers to health care access, most 2S/LGBTQQIA+ youth participants were vaccinated against COVID-19, and the majority of 2S/LGBTQQIA+ youth participants took additional precautions to protect their health and that of other people.

This report offers important insight into health inequalities experienced by 2S/LGBTQQIA+ youth communities and how 2S/LGBTQQIA+ youth stayed connected with their communities and looked after themselves during the COVID-19 pandemic. Additionally, our study provides insight into how '2S/LGBTQQIA+ youth' are not a monolithic group and how their experiences vary across intersecting identities—such as gender and racial identity—due to different forms of stigma and oppression, which should be further explored in future studies.

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