

# Survey of the Needs of Transgender Youth in Oregon

Prepared by Oregon Health and Science University

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## What we learned

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Transgender young people are calling out for support and understanding, from teachers, parents, counselors, and health providers to take the time to listen and learn about what they need, use chosen pronouns, and take action to end discriminatory practices, such as increasing gender-neutral bathrooms and policies for participation in preferred-gender sports. Middle school and high school are a challenging time for all – onset of puberty, establishing new friendships and intimacy, academic pressures, athletic and artistic performance, and increasing access to drugs and alcohol. This survey underscored the tremendous value of supportive and plentiful friends – in person and online – that transgender youth rely on to move through adolescence. Consistent with emerging literature in all too many are anxious, depressed and suicidal, fearing physical violence and death, being outed, being cut short of realizing their potential and life's fulfillment, and being left alone, abandoned or rejected.



Turning to family for support is mixed; many fear reprisals and have held back in coming out. The college environment for most is welcoming, understanding, and a place to thrive.

Access to medical care has its challenges. Underinsured specialty treatment and medical supplies to affirm their gender identity rank first, coupled with many with parents' unable to pay for treatment. Options for nearby trained, knowledgeable health providers is slim for youth outside urban centers. Medical care to support gender transition is also hampered by unsupportive parents and confusion about where and how to access specialty care. The general physical health of transgender young people in the survey was largely adequate – healthy eating, plenty of sleep, non-smoking, and regular dental and well-check visits.

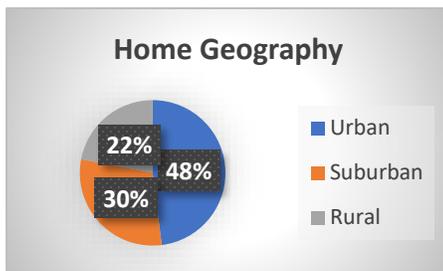
## Methodology

In mid-June 2019, a 27-question online survey was promoted through local and regional LGBT Pride events. This was followed by a letter of introduction with a link to the survey that was provided to all current patients of the OHSU Doernbecher Gender Clinic and was also sent to community organizations, health centers and professionals around the State of Oregon to be distributed to young people who identify as transgender. 194 surveys were submitted with 117 surveys presenting completed data.

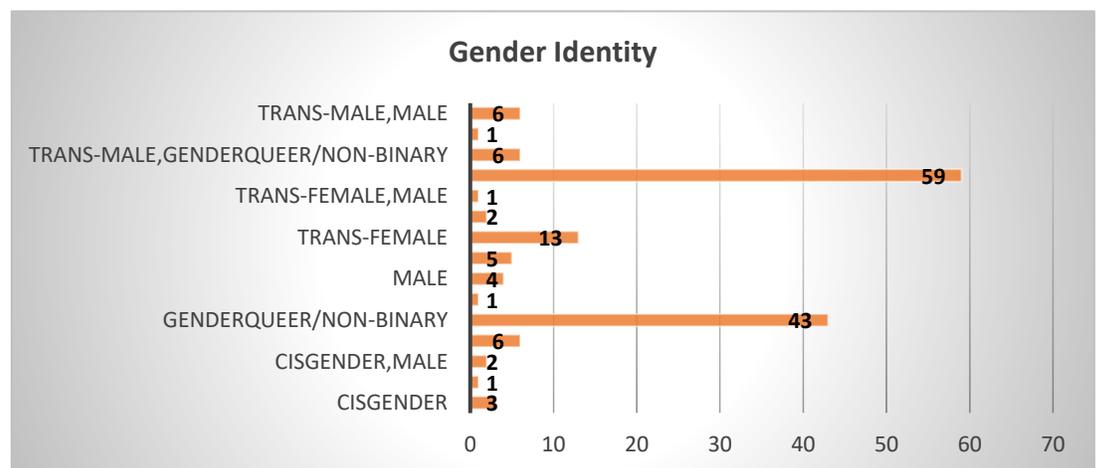
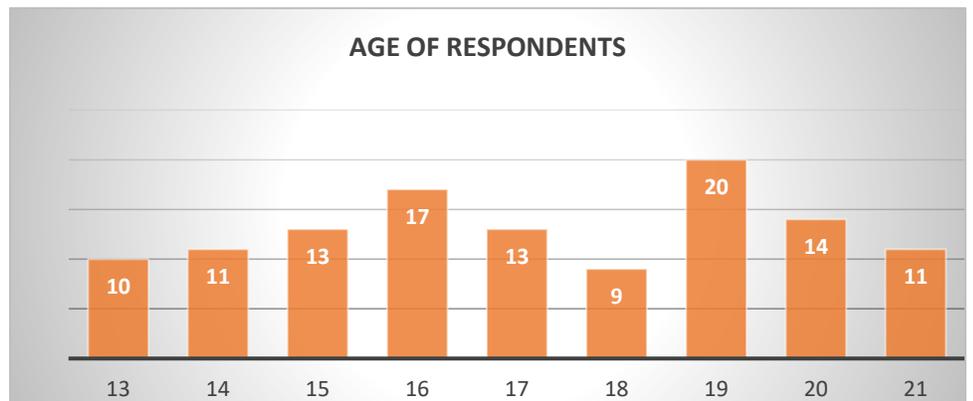
Subsequently, an introduction and invitation to participate in four statewide focus groups were promoted through early July with these groups scheduled in 4 Oregon regions (Eugene, Coos Bay, Medford, and Bend). Due to the short time frame and low registration only one focus group was convened. This one focus group was held in Eugene with four young people participating. The focus group was conducted by staff from the OHSU Transgender Health Program.

Additionally, two 20-minute one-on-one phone interviews were conducted with young people in Glendale and Coos Bay who registered for local focus groups that didn't launch due to low registrations. These interviews were completed using an instrument that mirrored the focus groups and built on the questions and results of the survey.

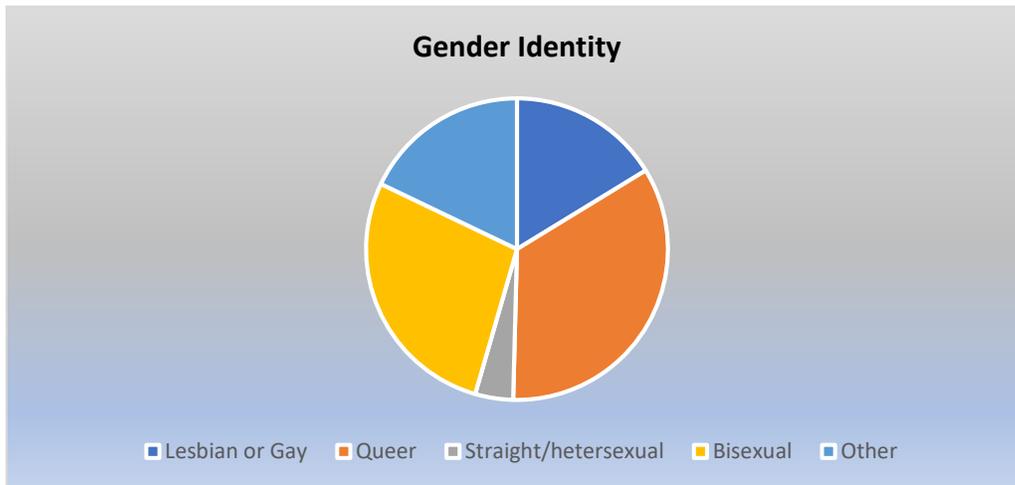
## Who Participated



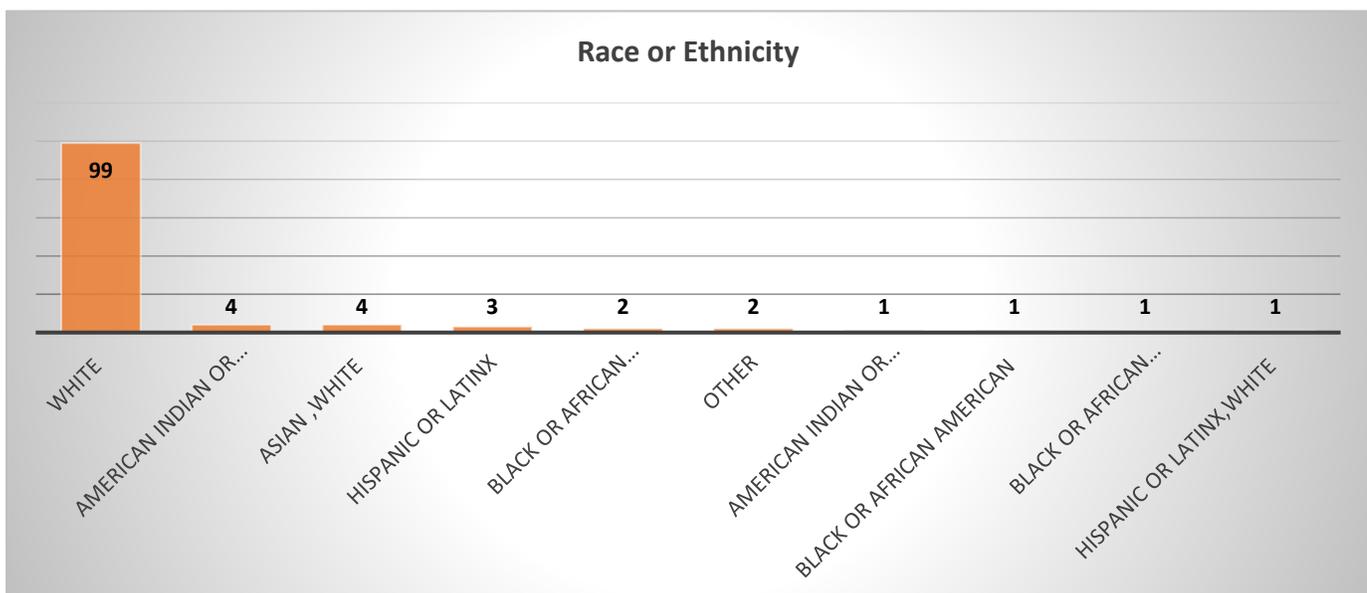
The survey respondents were predominantly white and speak English at home, and are distributed relatively equally among rural (22%), suburban (30%) and urban (48%) living environments. They spanned the ages of 13 to 21 with no notable dominance on the age spectrum. English is spoken at home in 97%



of the households. They predominantly identify as Gender Queer/Non-binary and Trans-male and think of themselves as Queer, Bisexual, and/or Lesbian or Gay.

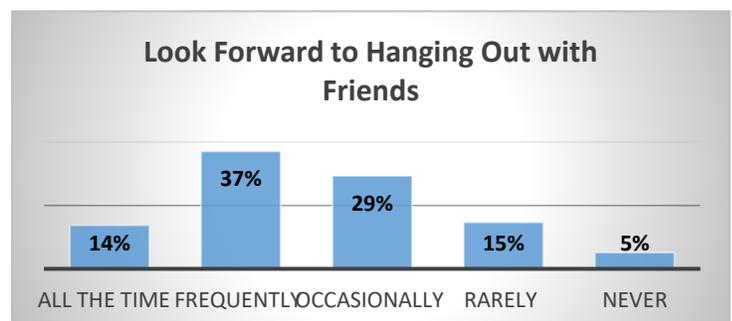


**Other Identity:**  
 Pansexual - 9  
 Demiroma - 1  
 Questioning/Confused - 3  
 Asexual - 3



## Life Satisfaction

Embracing one’s gender and transitioning is described by one as “openness for me to be who I am without the stigma of this is what I should do.... I don’t feel like I have to live up to the expectations of being feminine or masculine.” What they like most about their life is spending time with friends, both intimate and platonic (39%), engaging in activities, predominately the creative, expressive arts (22%), being with pets and animals (10%), improving upon their life and enjoying being transgender (7%), and enjoying family support and love (7%). Focus

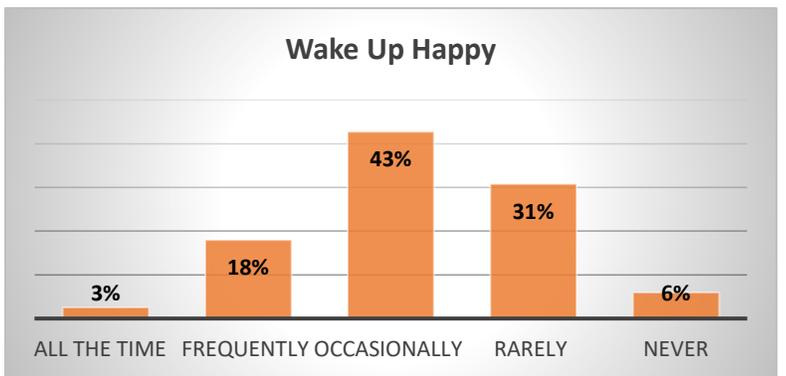
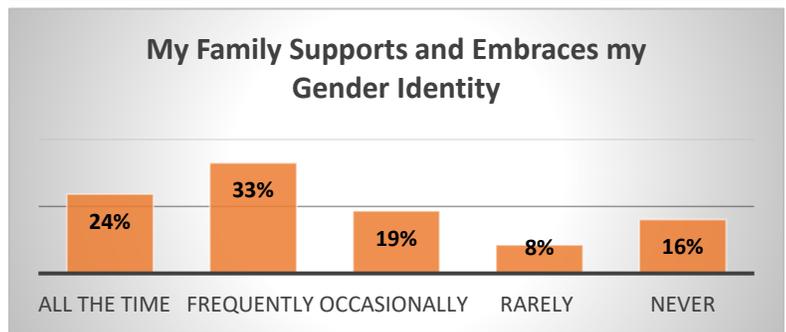
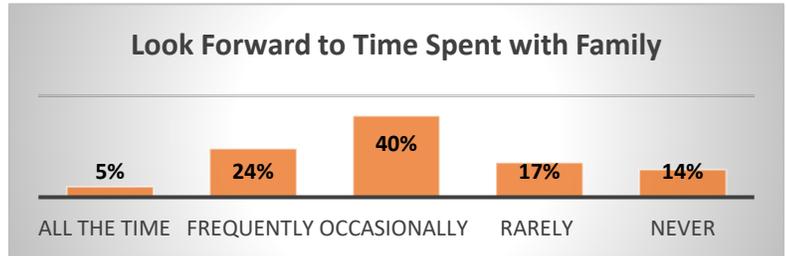


group participants referred to friends as people who are there for you, laughing with, support you, and the backbone of helping you. They enjoy hanging out with friends (over 50% said all the time, frequently), both transgender/queer and straight/cisgender. Those interviewed did not know or distinguish the gender identity of their friends, yet another described the depth of the supportive relationship among transgender friends. Online friends for transgender youth seemed to be common and important.

Family relationships were mixed, some very supportive and others troubling. About one third said they enjoyed spending time with family and another third described wanting to be with family as rarely or never.

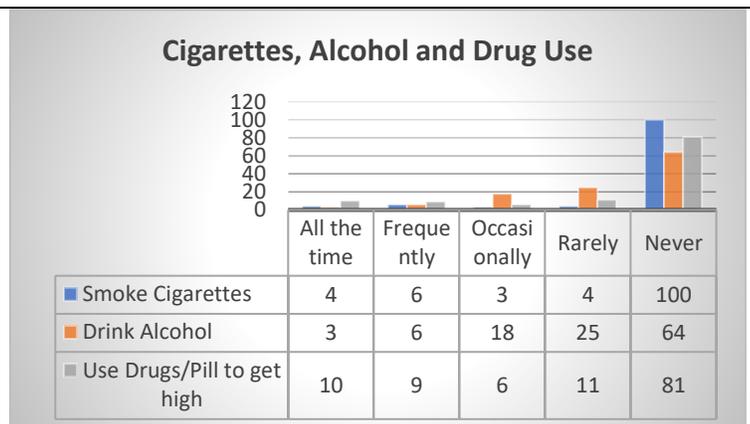
When asked *What do you fear most?* many described abusive parents or fear of being abandoned if they came out. Over 40% responded that their family rarely or never understands or embraces their gender identity.

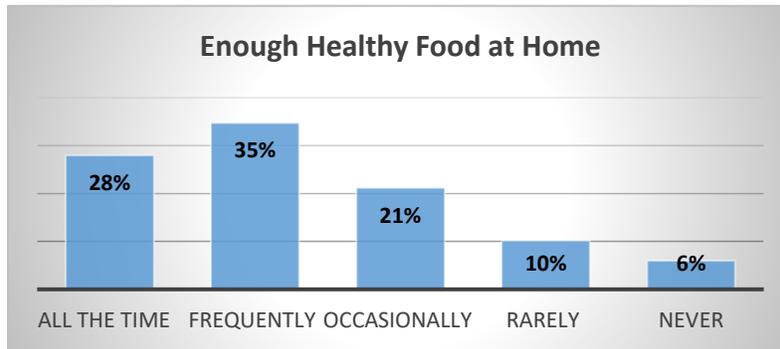
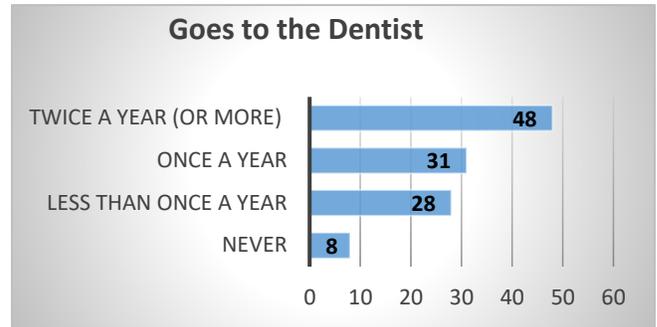
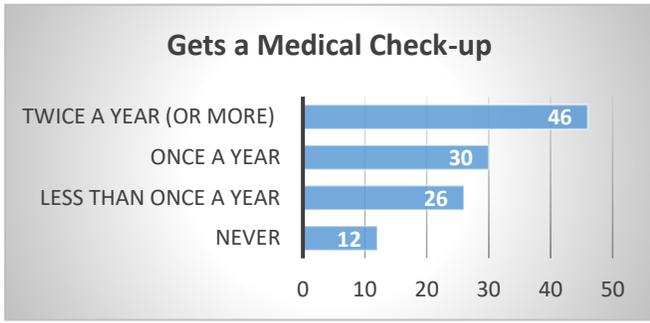
Although only 21% report waking up happy all the time or frequently, overall, they have a positive outlook on life – 84% imagine a positive future.



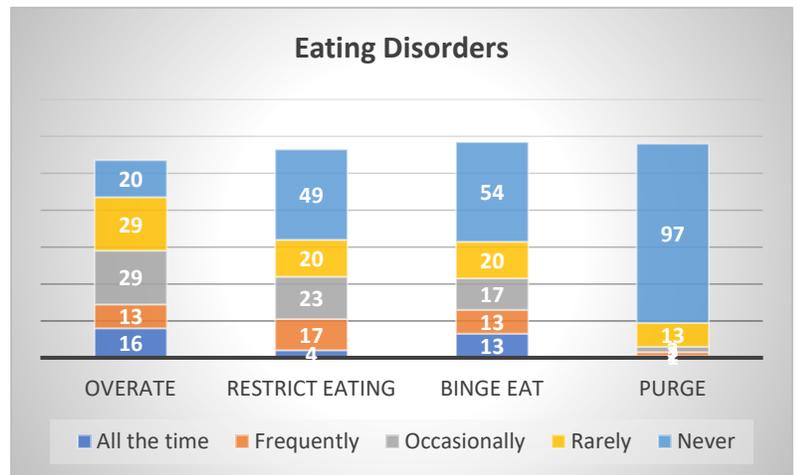
## Physical Health

The self-reported health status appears good: more adequately sleep than not (42% report rarely or never getting 8-10 hours of sleep), 85% never smoke, 78% rarely or never use drugs, and only 15% describe not having enough healthy food at home. Over three fourths claim they rarely or never drink. Nearly 70% go to the dentist and get regular health provider check-ups once or twice a year.

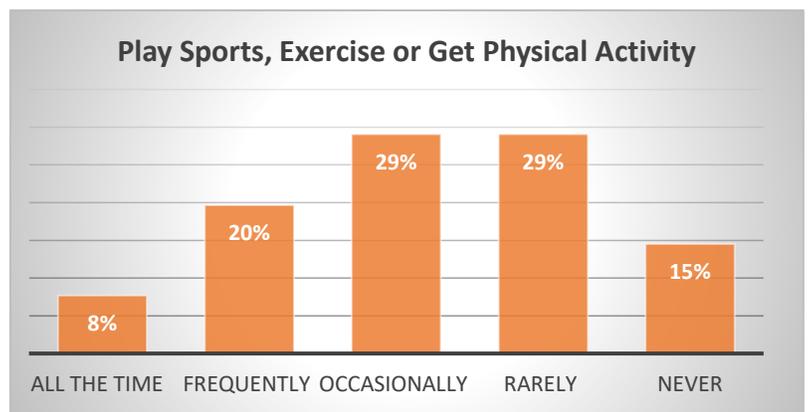
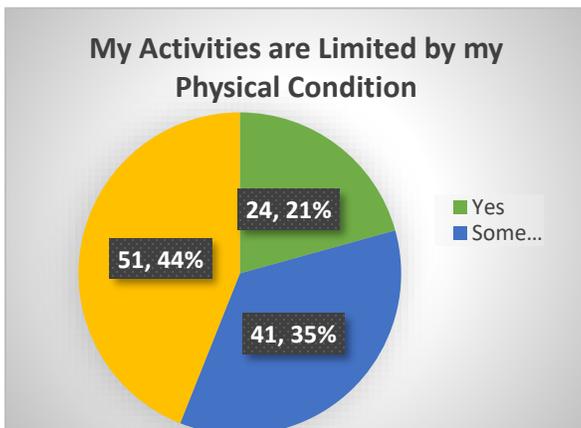




On the contrary, over 50% report overeating all the time/frequently, but only 2% purge regularly, 18% frequently restrict food intake, and 22% binge eat. Body image concern is prevalent for 68% (all the time, frequently). Likewise, 73% are physically active only occasionally, rarely or never.



Over half of the respondents state that their activities are limited by their physical condition. These physical conditions may in part be related to experiences of their bodies. One focus group participant

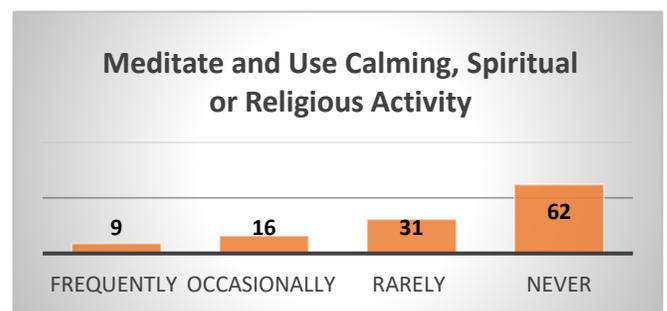


shared “It’s a huge for me when I had to wear a binder constantly, I just couldn’t exercise.” Another participants suggests “I just wear a bra with inserts because I can’t afford the actual surgery. They have a problem staying in front so I don’t get enough fitness.” A barrier to school-based exercise is fear of mockery in the locker room, being outed, and restrictions on participating in gendered team sports not matching one’s assigned sex at birth.

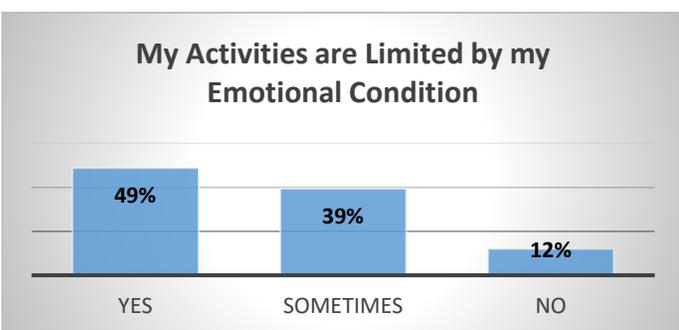
## Mental Health

Stress, trauma, fear of violence and rejection pervade the emotional health of most respondents. Eighty eight percent report having their emotional state limit their activity. Over 85% state being anxious all the time or frequently, 67% report experience depression (all the time/frequently), and 14% have considered suicide (63% rarely or never think about suicide).

They are not inclined to use meditation or calming practices as a tool of emotional health (93% said rarely or never). Emotional support was named as time with pets/animals, talking and being listened to, giving to others, and being with friends.

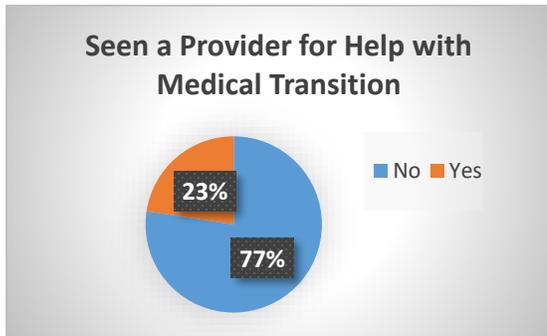


They report their life would be easier if they had (in order of frequency of responses): Easier access to care via affordability, increased specialty-specific care/more options, and better insurance coverage (14%), financial health and stability, and options for financial security (13%), more awareness and acceptance of transgender issues and lifestyle (11%), ability to address depression, life challenges, fears, and trans-identity (10%), a change in living location, safe spaces, access to housing (9%), and getting transitioning medical care (7%). Also mentioned was satisfaction with physical looks, supportive families, supportive friends, accessible bathrooms, and good food. Body image worries affects 68% (only 5% never worry about their image).



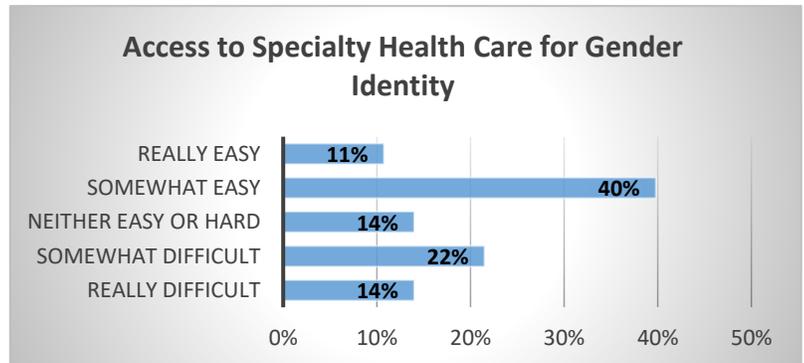
## Medical Specialty Care for Gender Identity

Universal and easy access to medical care for help with gender identity is complex. Seventy seven percent have not sought medical help; 73% have not used pubertal suppression. In conversation and open ended questions, access to care is noted as one of the most important issues, although 51% found it easy or somewhat easy.



- My parents don't support it - 29
- Insurance doesn't cover the treatment - 28
- My parents can't afford it - 22
- The health center is too far away - 17
- I don't know how to get started - 11
- My provider doesn't know where to refer me - 7
- I don't know where to go - 7
- I don't feel welcomed - 3

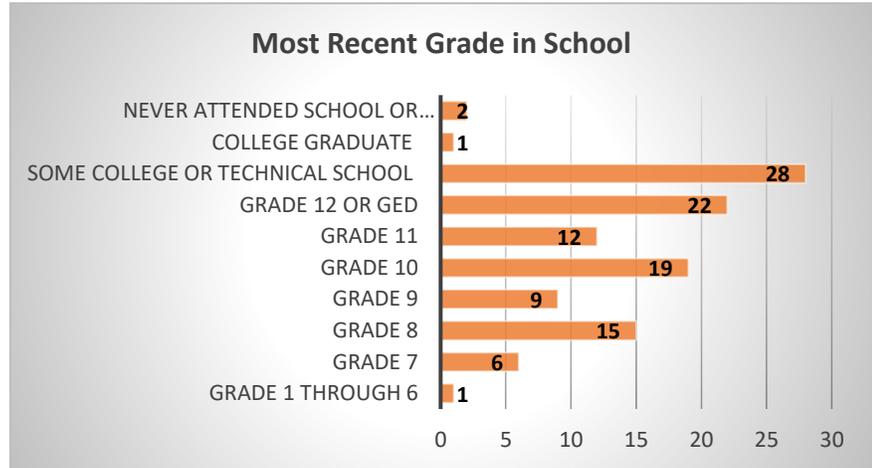
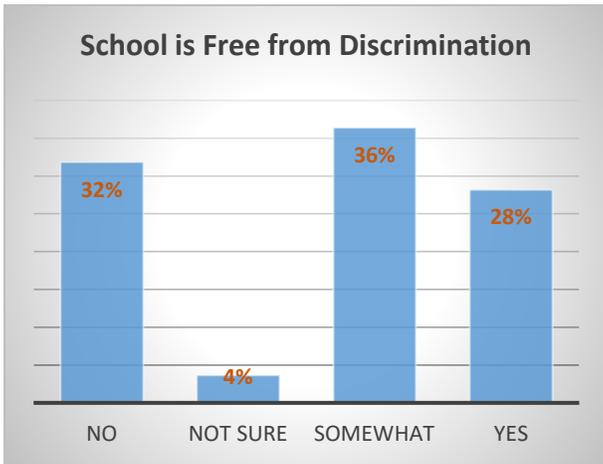
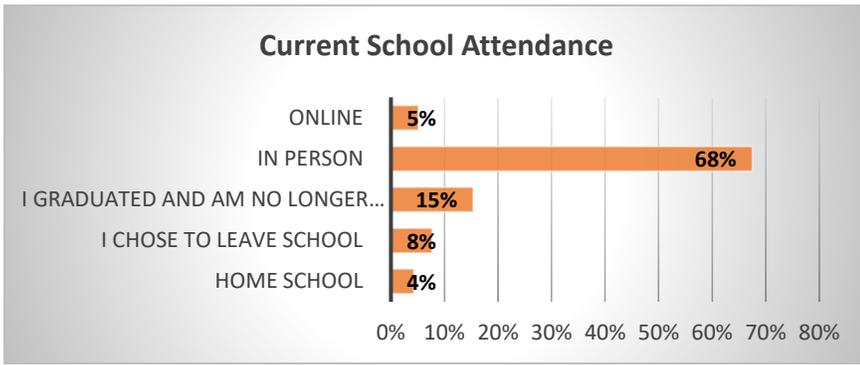
Cost and parental support appear to be the greatest barriers. Respondents named the reasons it is hard to access specialty health care (by # of responses, multiple responses allowed):



Additional issues were shared in the survey: Legal limitations on my transition (eg. the difficulties of legally changing my name and gender and individual companies' problems with that change, not being able to participate in military service, etc.), easier access to mental health resources, trans specific spaces - I need to see a gynecologist and a trans specific doctor would make me feel safe, and less wait time for medical resources.

## The School Experience

The college experience vs. middle school and high school experience appears to be largely different. Overall, the respondents spanned the school spectrum. Thirty two percent were out of the school setting in home schooling, online courses, having chosen to leave, or graduated and no longer in school. Issues of easy bathroom access and safety were described in high school, joke telling, disregard for pronouns and names, bullying (30% have experienced some bullying) and physical violence. Yet, 28% report school free from discrimination and another 36% say it is somewhat discrimination free.

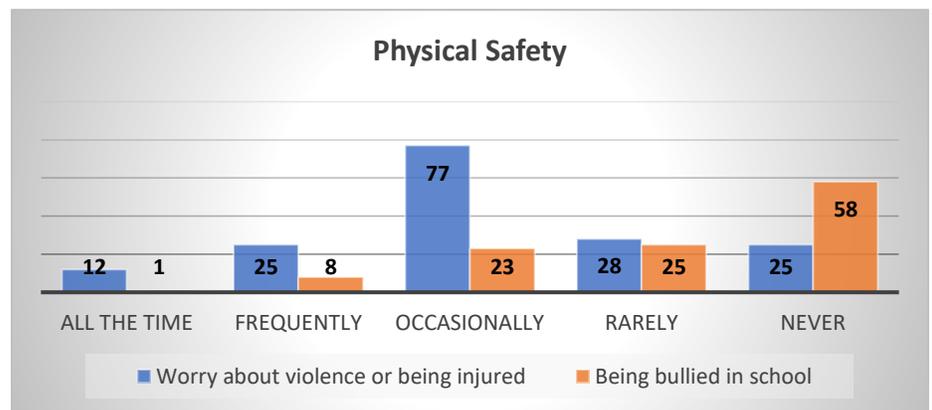


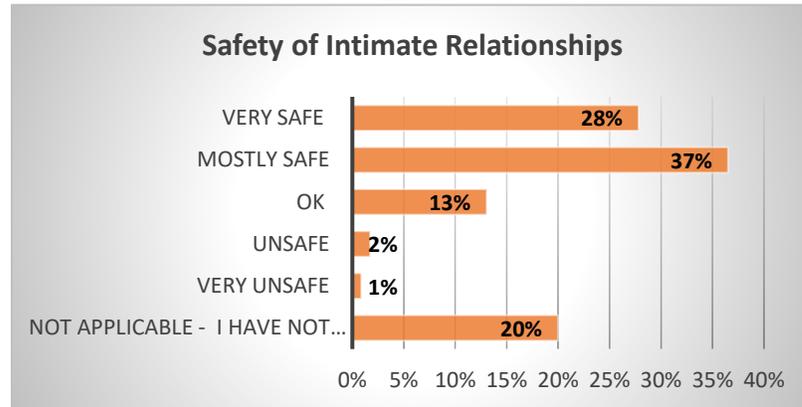
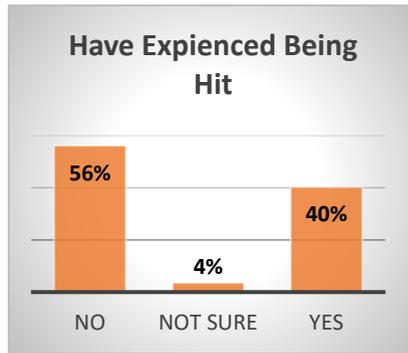
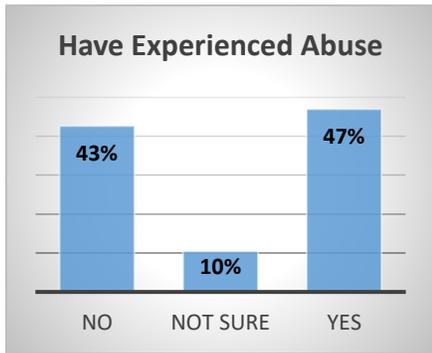
College respondents report all gender bathrooms, choice in friendships, clarity with one’s identity and acceptance by others, and supportive, available counselors

## Relationships

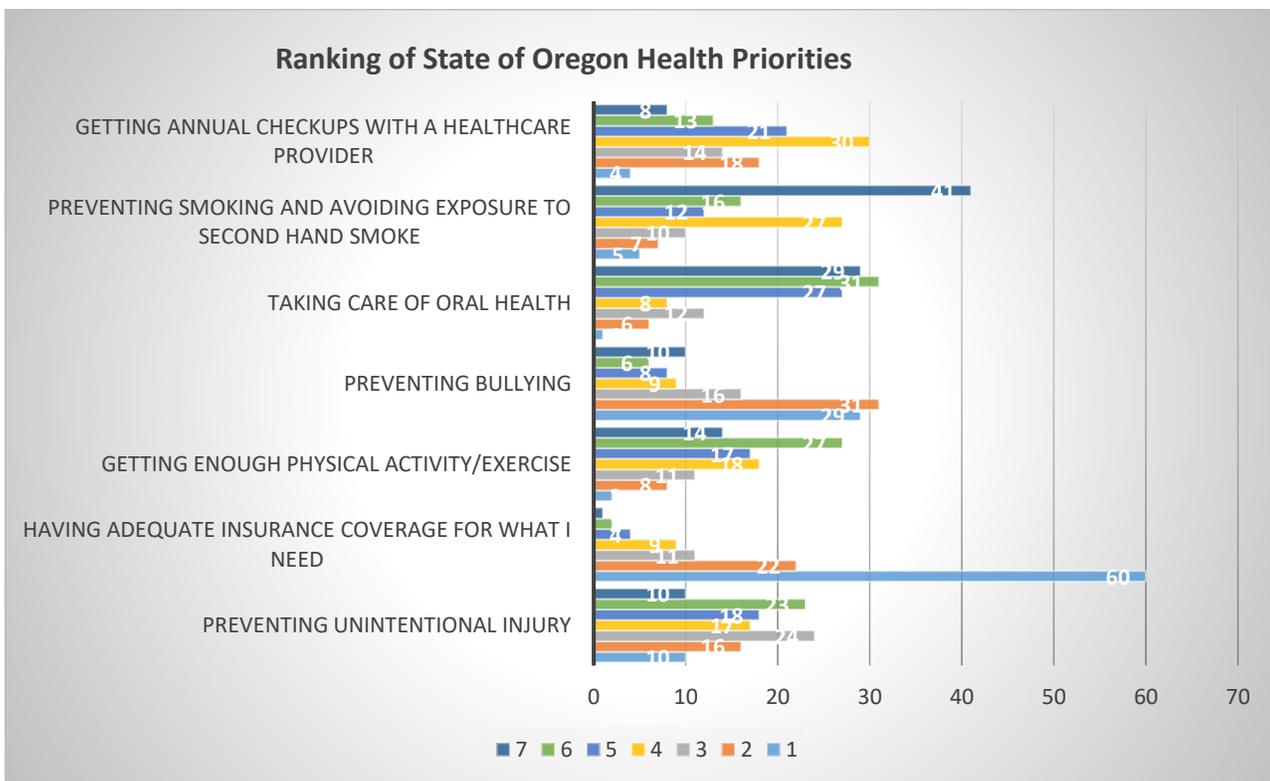
As a group, the respondents largely fear or have experienced violence. Thirty two percent of the responses to *What do you fear most?* were death, being murdered, and public physical violence. “My life would be much easier if I didn’t have to fear coming out to people. I don’t feel safe swimming shirtless or showing pride. Life would be much easier if people didn’t murder us, but again, a perfect world. A more reasonable fix would be more acceptance and knowledge in the medical field.”

Abuse is experienced by 42%, having been hit by 40% and being violated by 40%. Yet, only 3% say they have experienced unsafe or very unsafe intimate relationships. Eighty nine percent of sexual relationships are consensual.





## State of Oregon Health Priorities

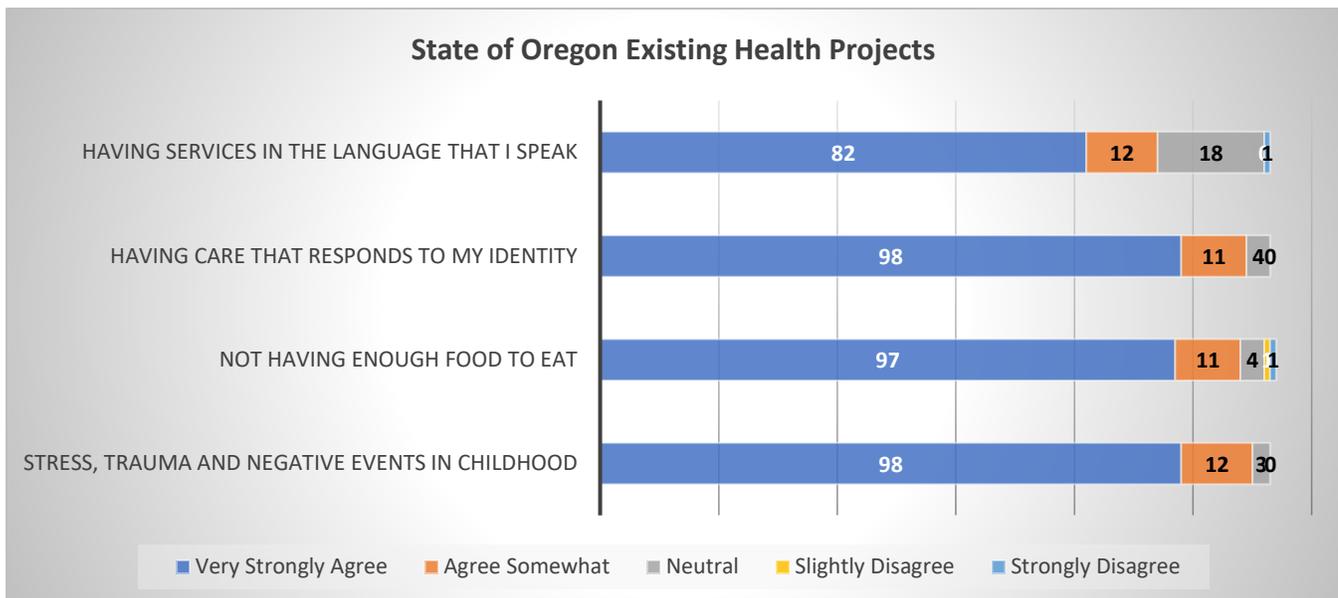


The respondents ranked “having adequate insurance coverage for what I need” first, and over one third higher than any other category. The ranking resulted as follows:

1. Having adequate insurance coverage
2. Preventing bullying
3. Preventing unintentional injury
4. Getting annual check-ups
5. Getting enough physical activity/exercise
6. Preventing smoking and avoiding exposure to second hand smoke
7. Taking care of oral health

They described adequate insurance coverage as funding hormones, body contouring, facial masculinization, surgery, and offering supplies such as binders and packers.

Bullying prevention recommendations include information and education and tools for health providers and counselors to screen for it.



The respondents overwhelmingly strongly agreed that the State should continue working on these topics. Given that only four respondents noted speaking a non-English language at home (and one was American Sign Language), the relevance of “having services in the language that I speak” is diminished.

## Next Steps and Recommendations for Oregon

### Successes/Accomplishments:

Given the limited time of this project, it was a great accomplishment to learn from nearly 200 transgender and gender diverse adolescents and young adults from around the State of Oregon who shared perspectives on their lives and experiences. These community voices were offered with

candor, insight, vulnerability, courage, and hope. Hearing directly from those of lived experience is a necessary foundation to any statewide response to meet their needs and we are grateful for the time taken by our survey, focus group, and interview participants.

**Barriers/limitations:**

This Community Voices survey project was an ambitious one given the timeframe for this project. While a great many participants offered their perspectives we note there were limited participants representing communities of color. The survey responses were also more representative of more urban and suburban populations. The focus groups intended for the week of July 22<sup>nd</sup> were only launched in one of our 4 regions due to low registration. Attempting to engage youth and young adults during the summer proved to be a larger than anticipated challenge and to do so when schools and other youth serving organizations are in recess proved to be limiting. We also recognize the scope of this project focused on individuals between 13 and 21 years old. Additional efforts should be made to better recognize the needs and priorities of transgender children and families that fell out of the age range of this project.

**Recommendations:**

This 2019 Transgender Youth Survey for Oregon is just one of many steps towards learning and meeting the needs and priorities of transgender and gender diverse youth and young adults in our State. Continuing the path towards additional focus groups and individual and interviews are necessary to deepen our understanding of the needs of these populations in Oregon to drive further opportunities for prevention and intervention activities. When schools and other youth serving organizations resume their activities in September the project team will proceed with travel to Medford, Bend, and Coos Bay to facilitate these groups.

Findings from this survey reinforce the OHSU Transgender Health Program and the Doernbecher Gender Clinic commitment to further its goals to advocate for and partner with State and Community organizations to assist with (1) implementing education and training for school, mental health, and medical professionals to ensure their settings represent trans affirming environments (2) establishing opportunities to build family understanding and support to prevent youth rejection (3) prioritizing access to and insurance coverage for gender affirming care and (4) introducing and/or enhancing local/regional services to support youth and young adults to navigate the healthcare system (5) improving accessibility to mental health support to reduce incidences of anxiety, depression, and suicidality.