

LGBTQ2+ Youth and Health in North America

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LGBTQ2+ is an abbreviation which expresses sexual minority people. According to "What does LGBTQ2+ mean?", L stands for Lesbian which a woman loves women. G stands for Gay which a man loves men. B stands for Bisexual which a person loves men and women. T stands for Transgender whose gender identity is different from their birth certificate. Q stands for Queer which is a term to categorize other sexual minority people. 2 stands for Two-Spirit which is an indigenous term referring to a person who has both a masculine and feminine spirit. + is a mark which stands for all of other identities which are more minority ones or for those who don't identify with any groups. According to "The Daily - A statistical portrait of Canada's diverse LGBTQ2+ communities.", in Canada, approximately 1 million people identified as LGBTQ2+ in 2018. It corresponded to 4% of the total population aged 15 and older. In addition, The Daily explains that youth aged 15 to 24 were just under 30% of LGBTQ2+ population in 2018. While many people have physical and mental health problems, LGBTQ2+ youth have more complex problems than others because LGBTQ2+ people are considered "different" from

others. Subsequently, this prejudice affects LGBTQ2+ youth, especially their health.

This essay will explore the background of LGBTQ2+ people in North America. In addition, it will explain two main health problems which LGBTQ2+ youth face seriously and suggest ways to reduce their sufferings. There are two main LGBTQ2+ youth health problems: mental health and suicide.

According to Rau, before the early colonial era, homosexuality was officially illegal. People who were homosexual had the penalty of imprisonment for a period of 10 years to life or at worst for death. However, some events changed the stereotype. One of them is the Everett George Klippert's case. According to Allen and Ibbitson, Everett Klippert was a famous Calgary bus driver who was jailed twice because of homosexuality, and was announced as a dangerous sexual offender. He was born in Kindersley, Saskatchewan as the youngest one in his nine siblings in 1926. He moved to Calgary when he was 2 years old and grew up there. After he completed Grade 8, he worked at his father's grocery store with his siblings. After that, he worked at a local dairy, then became a bus driver of Calgary transit for 8 years. He was friendly and had a congenial nature so he was a famous bus driver in Calgary. ("The Life and Meaning of Everett Klippert." and "Everett Klippert Case.")

In 1960, Everett Klippert was under police scrutiny because of the outraged father whose young son had had sex with Klippert asked the police to investigate Klippert. On March 21, 1960, Klippert was imprisoned on a charge of contributing to the

delinquency of a young boy. His bail was \$500. However, the next day, it increased to \$9,000 and he received 17 more charges because of the Crown attorney's discovery. The Crown attorney found his little black book which was a document of his dating life with 17 young boys. On April 4, his family gathered approximately \$75,000 to release Everett Klippert. However, he stayed in jail until April 14 because the Crown prosecutor adjusted the charge to 18 counts of gross indecency. The judge decided to jail Klippert for 4 years for 18 charges. After he was released, he moved to the Northwest Territories and worked as a mechanic helper at the mining company, Pine Point. In August 1965, he was questioned for an act of setting fire against the mine manager. He was not involved in the case, however, during questioning, he admitted to having sex with four men. He was sentenced for 3 years in jail. The Crown thought he was likely to continue seeking sex with men. On the other hand, two psychiatrists suggested to the Crown that he should receive psychiatric care rather than in jail. This idea was rejected and Northwest Territories Judge, John Sissons finally declared Klippert as a dangerous sexual offender. Klippert's sister, Leah, appealed the ruling to the Supreme Court of Canada. On November 7, 1967, the Supreme Court upheld her appeal. ("Everett Klippert Case")

One of the members of the Parliament who was involved in his case, Bud Orange, objected to the House Commons about Klippert's treatment. According to Ibbitson, he answered in a CBC, Canadian Broadcasting Corporation's interview, "It's ridiculous that any man would be put into jail because they are

affected by a social disease." This interview affected heterosexual thinking for LGBTQ2+ people. They started to think that LGBTQ2+ people have a mental illness. Subsequently, Federal justice minister, Pierre Trudeau suggested an omnibus bill which legalized consensual sex in private between two men who were at least 21 years of age. In 1969, based on the bill, a different version was made and became the law by Pierre Trudeau, the Prime minister.

According to Allen and Ibbitson, after two years, Everett Klippert was released from jail. He moved to Edmonton and worked as a truck driver. When he reached retirement, he married his great friend, Dorothy Hagstrom. Klippert had never fought against injustice he experienced nor joined any activities about gay community because he refused to become a public figure representing discrimination against LGBTQ2+ people.

According to Bradburn, Toronto Bathhouse Raids which happened on February 5th, 1981 also impacted the fight for gender and sexual rights. It is also called Operation Soap and Canada's Stonewall. It was a raid by Toronto police in which almost 300 men were arrested in raids on four bathhouses. The following day, a crowd of 3,000 people took the streets and marched on 52 Division police precinct and Queen's Park smashing car windows and setting fires. These events are the origins of the Lesbian and Gay Pride Day in Toronto.

According to Rau, in 1982, Canada adopted the Charter of Rights and Freedoms, especially section 15 of the Charter, guaranteeing the "right to the equal protection and equal benefit of

the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability". However, this section did not include sexual orientation. On the other hand, provincial human rights codes like Quebec in 1977, Ontario in 1986, Manitoba and the Yukon in 1987 added sexual orientation. Nevertheless, these codes did not clearly discuss sexual orientation.

Rau also states that in the 1990s and 2000s, gays and lesbians appeared increasingly in public and people accepted them as part of Canadian culture. Several laws were amended to increase equality. For example, the federal court decided the rule which banned gays and lesbians from joining the military was lifted in 1992. Also, the Supreme court ruled that Gays and Lesbians could apply for refugee status facing persecution in their countries in 1994. In addition, Ontario allowed same-sex couples to adopt children in 1995. In the same year, the Supreme court ruled that Section 15 of the Charter of Rights and Freedoms added sexual orientation which was a prohibited basis of discrimination. The following year, it was added to the Canadian Human Rights Act. Moreover, the Supreme Court decided that Alberta's human rights legislation was suitable to cover sexual orientation in 1998. The following year, the Supreme court ruled that same-sex couples' rights were the same as opposite-sex couples. Some provinces also took action to make an equal society. Ontario Superior court and British Columbia ruled that banning same-sex marriage was the violation of the Charter of Rights

and Freedoms in 2002 and 2003. By 2005, all provinces except Nunavut, the Northwest Territories, Alberta and PEI allowed same-sex marriage legally. On July 20, 2005, Canada passed a federal law, Bill C-38 and became the fourth country in the world to allow same-sex marriage.

Although discrimination based on gender became illegal and the acceptance of the LGBTQ2+ has increased in Canada, the community continues to face challenges. LGBTQ2+ people still face many problems, not only physical problems but also mental ones. According to Rau, the community faces health problems. One good example is the HIV and AIDS epidemic. In the 1980s, the HIV and AIDS epidemic happened and spread globally. Heterosexual people could see a doctor to get treatment for these diseases. On the other hand, sexual minority people could not. According to Rau, the medical establishment and the government ignored their health conditions because of prejudice at that time. Therefore, sexual minority people treated themselves. In addition, men who had a sexual encounter even once with another man could not donate blood. According to "Men who have sex with men.", it was intended to protect the blood supply from HIV.

However, several organizations fought for better health care for the LGBTQ2+ community and against health care discrimination. In 1983, Canada's first AIDS service organization, AIDS Vancouver and Gay's health care, the AIDS Committee of Toronto were established in 1983. After 5 years, AIDS Action Now (AAN), which was a group to push the government to take

meaningful actions, was established. This group protested to have access to a drug called Pentamidine which was approved and administered to AIDS patients. The group brought coffins to the Toronto General Hospital and argued that the drug be made available for every AIDS patient immediately. This protest succeeded and every patient took the same treatment. In 2013, the blood donor system also changed that minority people who had not had sex with another man for 5 years could donate blood. In 2016, the term was shortened from 5 years to 1 year.

LGBTQ2+ youth often suffer mental health problems. According to Taylor, LGBTQ2+ youth have negative feelings, such as anxiety and depression. Also, they have nightmares and experience sleep disturbances, somatization, and Post Traumatic Stress Disorder (PTSD). These problems may lead to use of illegal drugs and self-harm.

Amit Paley, who was the CEO and Executive Director of The Trevor Project, carried out a national survey on LGBTQ2+ Youth Mental Health in 2021. In this survey, nearly 35,000 LGBTQ2+ youth aged 13 to 24 in the United States answered. Paley pointed out that among respondents, 45% were LGBTQ2+ youth of color and 38% were transgender or nonbinary people. (According to "Nonbinary Definition & Meaning | Dictionary.com.", nonbinary is a person who is noting or relating to a gender identity that does not fit into male/female division.) According to Figure 1, 65% of cisgender youth and 77% of transgender and nonbinary youth experienced symptoms of generalized anxiety disorder. Also, 53% of cisgender youth and 70%

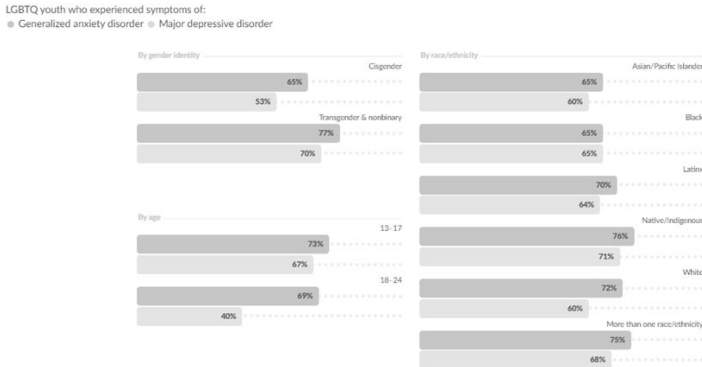


Figure 1. Paley, Amit. "The Trevor Project National Survey." *The Trevor Project*. Accessed 17 Nov. 2021.
<https://www.thetrevorproject.org/survey-2021/?section=Introduction>

of transgender and nonbinary youth experienced symptoms of major depressive disorder. By race and ethnicity, Native or Indigenous and more than one race or ethnicity people were higher rate than other race or ethnicity.

According to Taylor, there are 3 main risk factors which LGBTQ2+ people face and lead to their mental health problems. One of the factors is victimization. Victimization includes verbal harassment, physical harassment, and physical assault. According to data from the Youth Risk Behavior Survey (YRBS) in 2015 (in CDC), 10% of LGBTQ2+ students were threatened or injured with a weapon at school. Also, 34% of LGBTQ2+ students were bullied at school, 28% of them were bullied electronically which was used by SNS, and 18% of them experienced physical dating violence. Moreover, according to Taylor,

over 65% of LGBTQ2+ youth heard anti-LGBTQ2+ comments and 80% of them became a target of verbal victimization in schools because of their sexual orientation. Furthermore, between 5 to 21% of LGBTQ2+ youth experienced physical harassment and violence.

A second risk factor is discrimination. According to Taylor, discrimination is defined as "the extent to which LGBTQ2+ youth perceived that they had been discriminated against on the basis of sexual orientation." Discrimination is resulted to worsen mental health and social functioning. It leads to harmful quality of life (QOL), indicators of psychiatric comorbidity, and increases symptoms of depression, self-harm, and suicidal ideation.

Third risk factor is family rejection. According to Taylor, family rejection is based on three things: sexual identity, disownment, and removal from the family household. LGBTQ2+ individuals who tell their sexual orientation to their family members experienced more verbal and physical harassment from their family than others who did not come out to their family. In addition, LGBTQ2+ individuals who have experienced family rejection during adolescence have increased depression, anxiety, and risk-taking behaviors. Moreover, they are more likely to have high levels of depression, illegal drug use, engagement in unprotected sexual intercourse. Besides, LGBTQ2+ individuals who experienced family rejection are at risk to become homeless. According to Taylor, 40% of homelessness are LGBTQ2+ youth. Also, according to "LGBTQ2S Youth Homelessness in Canada",

there were 150,000 young people who experienced homelessness in Canada, and 25 to 40% of homeless youth were LGBTQ2+. In addition, according to Rech, homeless youth who identified as male was 57.6%, identified as female was 36.4%, identified as transgender or two-spirit were 1.8%, and identified as nonbinary was 2.5%.

The coronavirus disease 2019, Covid-19 pandemic has also impacted on the health of LGBTQ2+ people. Covid-19 is an infection which occurred in February, 2020, and has been spreading globally. According to Salerno, as of April 29, 2020 in the United States, there were 1,005,147 cases and 57,505 deaths due to the Covid-19. Due to the Covid-19 pandemic, millions of Americans lost their jobs. Because of Covid-19, LGBTQ2+ youth health, especially mental health, has worsened. According to Salerno, LGBTQ2+ youth face two types of stressors, subjective proximal stressors and objective distal stressors. Salerno explains that subjective proximal stressors are negative internalized self-experiences among LGBTQ2+ young persons as a direct result of their identities. On the other hand, objective distal stressors are external and often enacted through discriminatory events perpetrated against LGBTQ2+ young persons as a direct result of their identities.

One of the objective distal stressors is family rejection. According to Salerno, LGBTQ2+ youth who did not disclose their sexual identities or sexual orientation to their family struggle with the inability and fear of being disclosed their identities and potential consequences. Also, LGBTQ2+ youth who were high level of family rejection were 6 times more likely to

feel depression, and 8 times more likely to attempt suicide. In addition, according to Salerno, LGBTQ2+ youth who experience distal minority stress like family rejection and victimization increase proximal minority stress such as internalized homophobia and transphobia, and LGBTQ2+ identity rejection hypervigilance. Moreover, it increases risks for substance use, suicidal ideation, cumulative psychological distress, and psychiatric symptoms like depression, anxiety, and a Post Traumatic Stress Disorder (PTSD).

To reduce risks of depression, anxiety, PTSD, and suicidality due to these stresses, K-12 schools and universities were good places for LGBTQ2+ youth and a gateway to mental health support. However, to prevent the spreading of the Covid-19, the government regulates people to stay home, wear masks when people go outside, and keep social and physical distance. Also, educational places from kindergartens to 12th grade schools and universities close or move to virtual operation. It means that students are forced to stay home and take classes using online meeting systems. Also, they reduce their opportunity to take social and community support. It promotes the risk of family rejections, harassment, victimizations, and the associated negative mental and physical health consequences. In addition, it is difficult for schools to support LGBTQ2+ youth. Therefore, instead of face to face conferences, schools move to online systems to support students. For example, schools use video conference applications like Zoom, Skype, and Messenger by Facebook. Also, they use social media like Twitter, Facebook, and Instagram.

They begin to do online therapy to maintain extra support. This way is good for LGBTQ2+ youth who have not come out their identities to their family and felt uncomfortable at home to protect their privacy, safety, and confidentiality.

However, some LGBTQ2+ youth still have problems during the Covid-19. Salerno explains that intersectional LGBTQ2+ people such as racial and ethnic minorities, the homeless, undocumented immigrants, disability, and those who had backgrounds of low socioeconomic status have complex experiences and trauma because of various forms of social and structural inequality. One good example is undocumented immigrants LGBTQ2+ youth. Salerno points out that they face various forms of social inequality like poverty and language barriers. Also, they face prejudice and discrimination from service providers because they have intersectional background and identity. In addition, they lack access to health insurance and are unable to benefit from Coronavirus Aid, Relief, Economic Security Act emergency relief services and programs. Salerno finds that 17% of LGBTQ2+ people lack access to health insurance compared with 12% of non LGBTQ2+ people. Moreover, Salerno explains that 22% of LGBTQ2+ people face poverty. Thus, they can not access and use medical, mental health, social support, and crisis intervention services.

Another health problem which LGBTQ2+ youth face is suicide. It has increased among LGBTQ2+ youth. According to "LGBTQ2S Youth Suicide.", suicide is 2nd leading cause of death among young aged 10 to 24. Also, the article says that LGBTQ2+

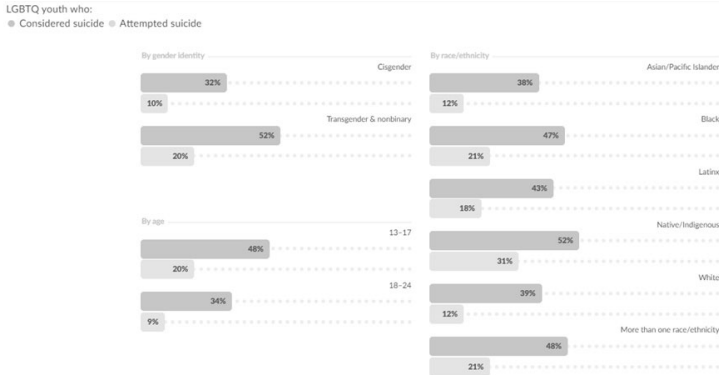


Figure 2. Paley, Amit. "The Trevor Project National Survey." *The Trevor Project*. Accessed 17 Nov. 2021.

<https://www.thetrevorproject.org/survey-2021/?section=Introduction>

youth are 14 times more at risk of suicide than cisgender youth. In addition, according to Krisberg, more than 1.8 million LGBTQ2+ youth between aged 13 and 24 think suicide action each year. Moreover, according to Figure 2, 32% of cisgender youth and 52% of transgender and nonbinary youth seriously considered suicide. By age, 13 to 17 years old was 48% and 18 to 24 years old was 34%. In addition, by race or ethnicity, the survey found out that Black, Latinx, Native or Indigenous, more than one race or ethnicity people were higher rate than White and Asian or Pacific Islander people.

One of the reasons why LGBTQ2+ youth consider suicide or attempt suicide is bullying in schools. According to Franki, 21% of suicide decedents who were identified as LGBTQ2+ between aged 10 to 19 had been bullied. In addition, according to Herling,

because of the hostile environment, 60% of LGBTQ2+ students doubted they would graduate from high school. Also, more than half of them felt that schools were unsafe places. In addition, under half of students commonly avoided going to school bathrooms, locker rooms and gym classes. Besides, almost one quarter of them experienced verbal harassment because of their sexual orientation.

Bullying affects students' school life. According to Herling, LGBTQ2+ students who experienced victimization had lower grades than other students. Also, they were 3 times as likely to be absent from classes because they kept their safety concerns. In addition, Herling explained that almost 11% Montana high school students were teased or called names because other students thought they were gay, lesbian or bisexual.

Another reason is family rejection. As I wrote before, family rejection leads not only to health problems such as depression, anxiety, and substance use, but also social problems like homelessness. For LGBTQ2+ youth, family members are the most reliable people. However, LGBTQ2+ youth can not rely on anyone when family rejection occurs. Some of them feel that they are outsiders. Thus, LGBTQ2+ youth feel negative feelings such as anxiety and depression. In addition, some LGBTQ2+ youth may use illegal drugs to release their negative feelings. Others may become homeless to escape uncomfortable environments. Herling estimated between 20 to 40% of youth who are homeless each year are identified as LGBTQ2+ in Montana. Also, Herling pointed out that youth who experienced rejection were more

than 8 times as likely to attempt suicide, more than 3 times as likely to use illegal drugs, and 3 times as likely to be risk for HIV and sexually transmitted diseases.

How do people take action to reduce LGBTQ2+ youth stress and health problems? The most important thing is to understand their feelings and thoughts. According to "LGBTQ2S Youth Suicide.", LGBTQ2+ youth who have strong family support decrease the risk of suicide by 93%. That means people who are understanding of LGBTQ2+ are strong supporters for LGBTQ2+ youth. Also, family support prevents LGBTQ2+ youth health problems from worsening.

Social support is also an important thing to reduce health problems. Public work for LGBTQ2+ youth. According to Downie, municipalities in Canada plan to establish GSAs, Gay Straight Alliances or Gender Sexuality Alliances, drop in youth programs that are LGBTQ2+ friendly, and engage LGBTQ2+ youth through internships or advisory councils. These supports make LGBTQ2+ youth more positive. In addition, these supports help LGBTQ2+ youth become confident.

LGBTQ2+ youth suffer from mental health problems and suicides. On mental health, LGBTQ2+ youth are likely to feel depression and anxiety, and have PTSD disorder. On suicide, LGBTQ2+ youth are higher risk to consider and attempt suicide than cisgender youth. Both of them are caused by bullying at schools and online, rejections by family and friends, and discrimination due to their gender identities. In addition to bullying, Covid-19 has caused LGBTQ2+ youth mental health to

worsen. However, by understanding LGBTQ2+ youth thoughts or feelings, these problems are likely to decrease. Public support also helps LGBTQ2+ youth. Through the research, I have a better understanding of the problems that LGBTQ2+ youth experience. People have multiple identities such as color of skin, race, religion, culture, to name a few. Understanding and respecting each other is the key step to making a comfortable environment for all people.

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