

partner + increased masturbation/porn, and a decrease in all behaviors relative to no behavior change. Greater distancing (RRR=1.16) was significantly associated with increased bonding/sex with main partner vs. all behaviors stable.

Conclusions: The initial wave of COVID-19 impacted AYA solo sexual behaviors, partnered bonding behaviors, in-person sexual behaviors and virtual sexual behaviors. Evidence of individual differences in these classes should inform SRH preparation efforts for future public health emergencies.

Sources of Support: None.

15.

THE FALLACY OF “SYSTEMS LITERACY”; HOW STRUCTURAL VIOLENCE IN SERVICE PROVISION AFFECTS THE HEALTH OF TRANSGENDER YOUTH EXPERIENCING HOMELESSNESS

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Purpose: Clear health and mortality disparities exist both in transgender populations and for youth experiencing homelessness (YEH). Furthermore, transgender youth are overrepresented within populations of YEH. However, no peer-reviewed research has yet explored the structural factors that underlie health disparities experienced by transgender YEH. We conducted a qualitative study to better understand the mechanisms by which structural factors cause health disparities in a population of transgender YEH in the San Francisco Bay Area.

Methods: Semi-structured, in-depth interviews were conducted with (1) youth ages 19-24, recruited through flyers at service provision sites and via snowball sampling, and (2) key stakeholders. Topics explored included physical and mental health, identity, causes of homelessness, survival strategies, HIV risk, violence, stigma, and service access. Interviews were audio-recorded, transcribed, and double-coded. We conducted a grounded theory analysis of our data.

Results: We completed 27 in-depth semi-structured interviews with transgender YEH (n=20) and key informants (n=7). Youth participants included 6 trans women, 3 trans men, and 11 youth who identified as genderqueer, nonbinary, agender or multiple genders. Youth's median age was 22 years, and two-thirds were people of color or mixed. Youth described within-group differences in health and social service systems success and outcomes, tying these differences to a structurally-produced set of skills, attitudes, knowledge, and other traits that allow them to successfully access systems – a concept we are naming “systems literacy.” Systems literacy affected systems access, which ultimately impacted trans YEH health, and was itself shaped by structural factors including bias and stigma, criminalization, formal education, childhood economic class, and social ties. Youth also offered systems access-focused recommendations for health and social service provision organizations.

Conclusions: Trans YEH face significant health disparities, mediated by social and structural determinants of health, including structurally-produced systems literacy. In coining the term systems literacy, we frame systems literacy as a structural determinant of health and a form of structural violence. In addition, we aim to draw attention to the bias inherent in systems that require subjects' systems literacy as a prerequisite for systems success and health. Incorporating feedback from trans YEH, we point to modifiable targets for intervention in health and social service provision, toward decreasing systemic violence, decreasing risk exposure, and improving health for trans YEH and diverse marginalized populations.

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16.

THE LINKS BETWEEN DISCRIMINATION, VIOLENCE AND HEALTH OUTCOMES FOR GENDER MINORITY BIPOC YOUTH IN CANADA

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Purpose: Research on stigma, discrimination and violence towards transgender and non-binary (TNB) youth has proliferated in the recent years. With this research, inclusive and anti-bullying school policies have been developed and successfully implemented by some school districts, and additional research has demonstrated improvements in health outcomes of these youth. However, what is lacking in most of the research is how intersectionality plays a role in experiences of discrimination and violence and how these experiences in turn affect the health outcomes for youth who are not only TNB, but also Black, Indigenous, and/or people of color (BIPOC).

Methods: The 2019 Canadian Trans and Non-binary Youth Health Survey was an online survey conducted in English and French. Participants were 14-25 years old, and involved 1,518 youth from all provinces and territories across Canada. Out of the entire sample, 390 of youth were BIPOC. Among this subgroup of BIPOC youth, we conducted logistic regression analyses to explore the relationship between discrimination, such as discrimination based on race or physical appearance, and violence, such as verbal harassment, physical threats, or injuries, with self-rated physical health, self-rated mental health, self-harm, suicidality, and foregone medical and mental health care.

Results: Compared to peers, TNB BIPOC youth who reported experiencing racism had significantly higher odds of rating their physical health as poor or fair (OR: 1.5, 95% CI: 1.1-2.2), foregone physical health care (OR: 1.6, 95% CI: 1.1-2.3), suicide ideation (OR: 1.7, 95% CI: 1.1-2.8), and suicide attempt(s) (OR: 2.6, 95% CI: 1.7-4.0) in the past year. Youth who reported physically being threatened or injured had significantly higher odds of rating their physical health as poor or fair (OR: 2.1, 95% CI: 1.7-2.7), their mental health as poor or fair (OR: 2.1, 95% CI: 1.1-4.4), forgone physical health services (OR: 3.0, 95% CI: 2.3-3.8), forgone mental health services (OR: 2.5, 95% CI: 1.8-3.3), self-harm (OR: 3.6, 95% CI: 2.7-4.8), suicide ideation (OR: 3.1, 95% CI: 2.3-4.2), and suicide attempt(s) (OR: 4.3, 95% CI: 3.2-5.8).

Conclusions: Experiences of discrimination and violence had significant negative relationships to physical health, mental health and access to health care services for TNB BIPOC youth in Canada. This further emphasizes that inclusive laws and anti-bullying policies need to be co-created with TNB BIPOC community members in order to decrease the experiences of discrimination and violence for trans and non-binary BIPOC youth. This is especially important given the health impacts these negative experiences appear to have on TNB BIPOC youth during critical and sensitive periods of their development.

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