

COMMUNITY PROFILES | SEX NOW 2018

# Trans & Non-Binary People

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## About Sex Now

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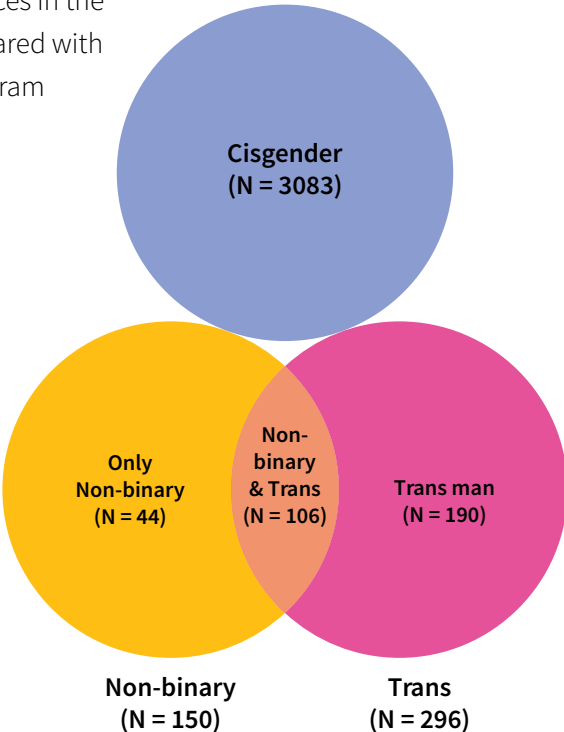
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# Executive Summary

## Overview & Background

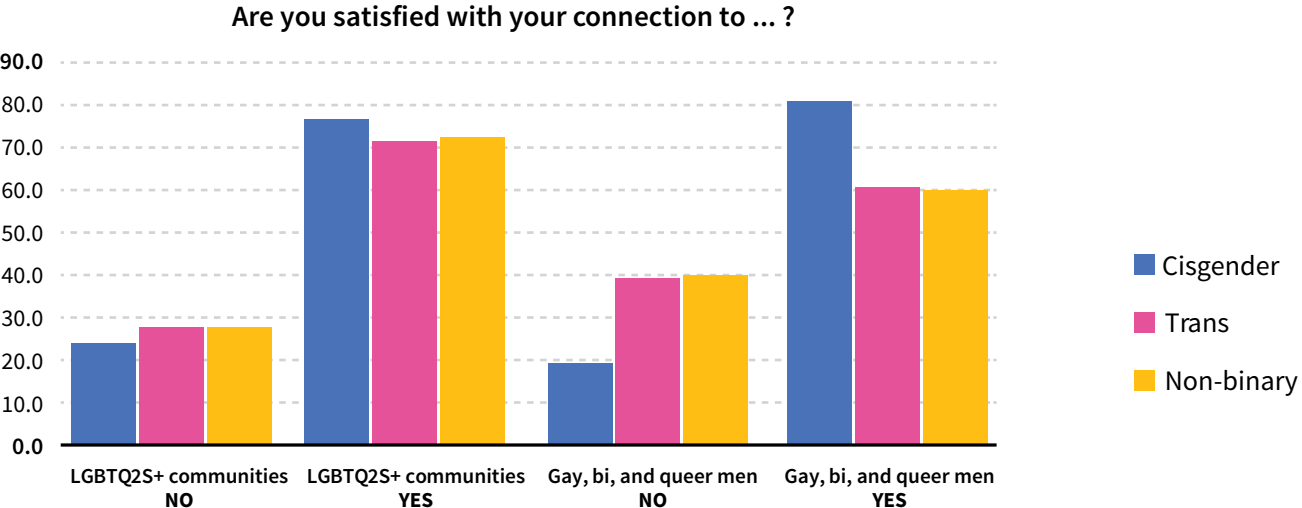
Sexual minority people in Canada continue to experience greater social, economic, and health challenges when compared with their cisgender heterosexual peers. These challenges are often larger for people who are also gender minorities due to the persistence of transphobia and cisnormativity. However, limited population data exists about the experiences of trans and non-binary sexual minority people in Canada.

In order to help bridge this knowledge gap, the **Community-Based Research Centre (CBRC)** produced a report on trans and non-binary participants from the **Sex Now** 2018 survey to highlight similarities and differences across three groups: transgender (trans), non-binary, and cisgender (cis) participants. Sex Now is Canada’s largest and longest running survey of gay, bisexual, trans, and queer men, and non-binary and Two-Spirit people’s health and well-being. The report explored demographics, health and well-being, substance use, social support, community involvement, and adverse life experiences. Our report found significant differences in the lived experiences of trans and non-binary participants, compared with cis participants, which must be considered in policy and program development for these communities.

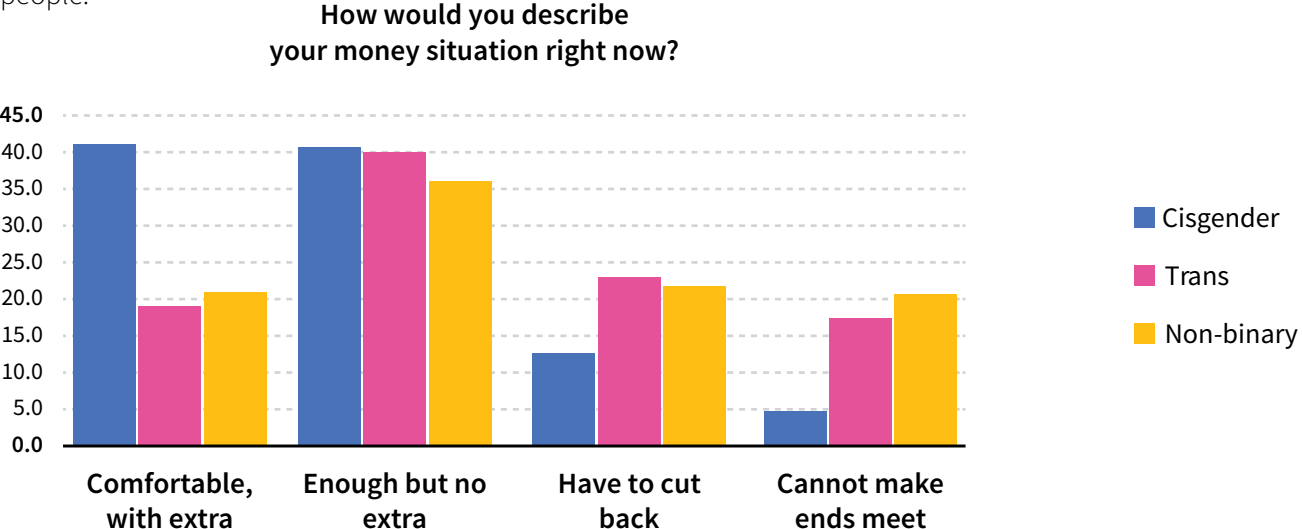


# Key Findings & Recommendations

When compared with cis participants, more trans and non-binary participants were involved in various community activities (e.g., gay organizations, volunteerism) (trans = 68.0%, non-binary = 73.6%, cis = 52.4%). Just as many trans and non-binary participants were satisfied with their general connection to LGBTQ2S+ communities, but fewer were satisfied with their connection to gay, bi, and queer men (trans = 60.5%, non-binary = 59.8%, cis = 80.6%). Community and social involvement are important aspects of health, and these community connections should be promoted through programing that is inclusive and affirming of trans and non-binary people.



Financial challenges, such as having to cut back or not being able to make ends meet, were reported more frequently by trans and non-binary participants (trans = 40.7%, non-binary = 42.9%, cis = 18.0%). In terms of education, significantly more trans participants under the age of 25 had not completed high school (trans = 21.6%, non-binary = 9.8%, cis = 6.8%). More educational supports and employment protections are needed to improve the financial wellbeing of trans and non-binary people.



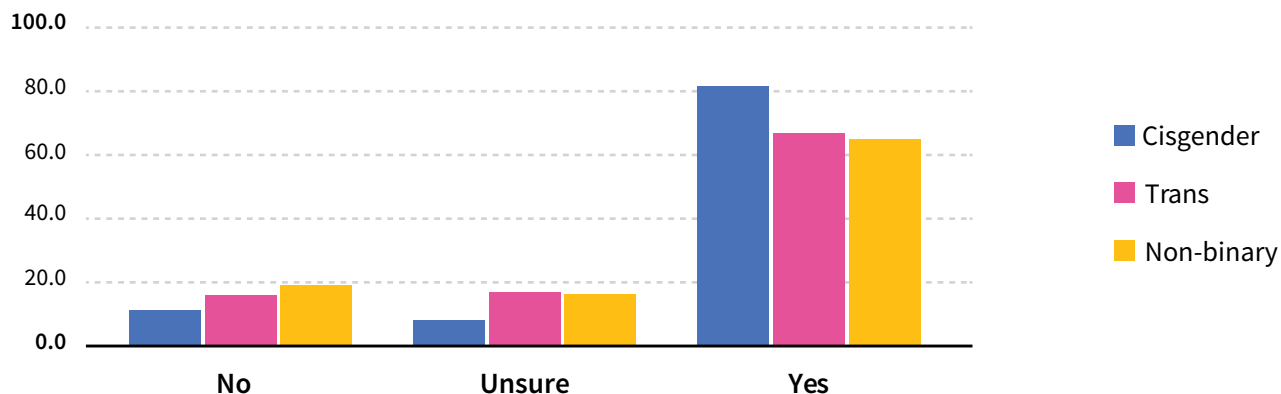
More trans and non-binary youth (aged less than 25) reported depression (trans = 48.3%, non-binary = 55.2%, cis = 21.1%) and anxiety (trans = 57.8%, non-binary = 64.9%, cis = 28.8%). More trans and non-binary participants used at least one support resource in the past year (trans = 65.2%, non-binary = 65.5%, cis = 33.7%). A broad mental health research and response plan is needed to address the unique experiences, needs, and desires of trans and non-binary people.

Overall, levels of substance use did not differ by gender group. However, use of certain substances did vary. For example, fewer trans and non-binary participants used poppers (amyl or alkyl nitrites) (trans = 11.9%, non-binary = 16.5%, cis = 21.8%), but more used tobacco (trans = 33.1%, non-binary = 35.3%, cis = 21.0%). A review of substance use harm reduction services and treatment programs from a gender equity perspective is needed to ensure that services are provided in an affirming manner.

In terms of negative life experiences, over half of trans (51.2%) and non-binary participants (61.5%) had experienced discrimination related to gender expression (cis = 6.4%). More trans and non-binary participants experienced violence from an intimate partner that was verbal (trans = 40.8%, non-binary = 44.4%, cis = 27.1%), physical (trans = 22.2%, non-binary = 20.1%, cis = 13.2%), or sexual (trans = 22.2%, non-binary = 23.6%, cis = 7.8%). This highlights the need for greater legal protections and trauma-informed services for trans and non-binary people to reduce negative life experiences.

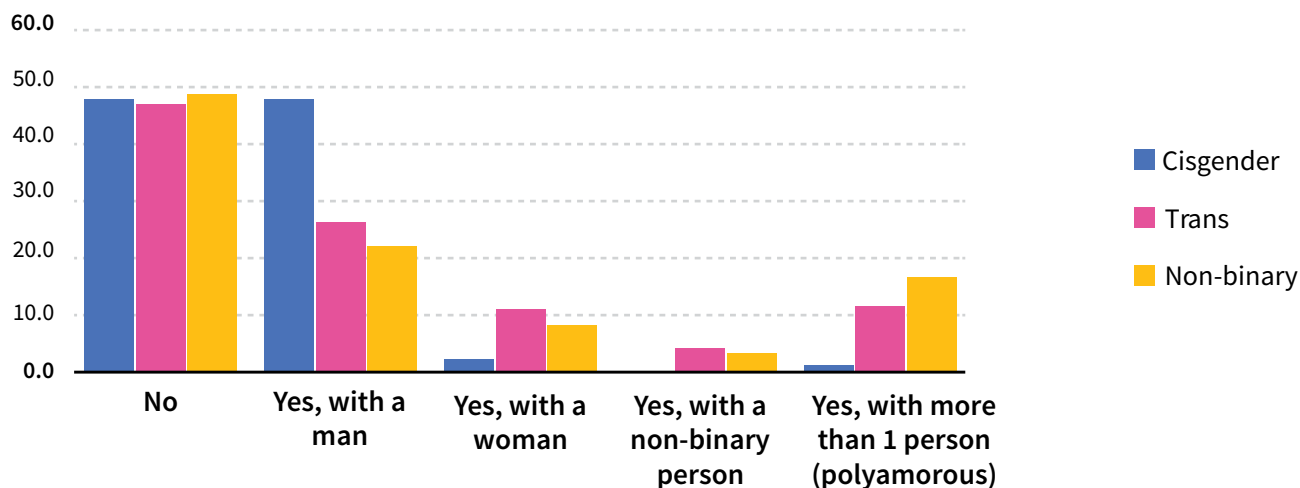
Fewer trans and non-binary participants were “out” to health care providers about having sex with men (trans = 67.0%, non-binary = 64.9%, cis = 81.4%), which may indicate a lack of access to queer and trans affirming health care. Future research should examine trans and non-binary people’s health care needs, access, and uptake in order to improve trans- and non-binary-specific care and health care provider competency.

**Does your regular family doctor or nurse practitioner know that you have sex with men? (%)**



In each gender group, just less than half of participants were single. More trans and non-binary participants were in polyamorous relationships (trans = 11.7%, non-binary = 16.7%, cis = 1.8%), and in a relationship with a woman (trans = 11.3%, non-binary = 8.7%, cis = 2.8%) or non-binary partner (trans = 4.1%, non-binary = 4.0%, cis = 0.4%). Future policies and programs for trans and non-binary folks should not assume monogamy and should affirm diverse relationship types.

**Are you currently in a relationship?**



## Limitations

This report only examined some of the issues affecting some trans and non-binary people in Canada. The report did not include data on the experiences of trans women, since participants who identified as women were ineligible for the study. Additionally, the experiences of Two-Spirit people were not analyzed in this report. Additional resources should be invested into Indigenous Two-Spirit research that centres Two-Spirit communities’ experiences and lived realities to produce culturally relevant knowledge on their unique experiences.

## Summary

Our findings demonstrate that trans and non-binary people experience increased challenges across many important areas of health and well-being. Future research and interventions should seek to understand and address the unique health and social needs of trans and non-binary people with respect to education, employment, mental health, substance use, and social connectivity. Additional data from Sex Now 2018 is also publicly accessible on the [Our Stats](#) dashboard.

Funding for this report was provided by Women and Gender Equality (WAGE) Canada. The report was produced by CBRC’s Sex Now team and was reviewed by CBRC’s Research Working Group, WAGE, and by 10 trans and non-binary community consultants.



# Introduction

Sexual and gender marginalized people experience numerous social, economic, and health disparities compared with their heterosexual and/or cisgender peers. However, there is a gap in the data needed to inform and measure Canada's progress towards ameliorating these inequities. In particular, Canada has a paucity of data regarding trans, non-binary, and Two-Spirit people. With a few notable exceptions (e.g., **TransPULSE Canada study**), little population health research has been conducted with trans, non-binary, and Two-Spirit people in Canada. This is an underexplored area of research, which contributes to the erasure of trans, non-binary and Two-Spirit people from organizational policies and practices. In order to bridge this knowledge gap, the current report presents a socio-demographic and health profile of trans and non-binary participants from an existing population data source. Two-Spirit people were not a specific focus of the current report, which requires a different Indigenous Two-Spirit research process and analysis that centres Indigenous Two-Spirit partners and communities. In 2018, the Community-Based Research Centre (CBRC) ran the Sex Now survey in-person at fifteen LGBTQ2+ Pride festivals across Canada, which provides valuable information for guiding interventions to address inequities among trans and non-binary communities. The survey's target population included sexual and gender marginalized men, inclusive of transmasculine people. We also included non-binary people in this survey because of the paucity of data on their experiences; we acknowledge the problematic erasure of non-binary people's unique identities, experiences, and embodiments when subsumed under the umbrella of sexual and gender marginalized men.

## About Sex Now

**Sex Now** is a national periodic survey of gay, bisexual, and queer men (inclusive of trans men), non-binary people, and Two-Spirit people (GBT2Q), conducted by the CBRC ([www.cbrc.net/sexnow](http://www.cbrc.net/sexnow)). It is Canada's largest and longest-running survey of GBT2Q health and provides an essential source of data for community, public health, research, and policy stakeholders alike. The survey was originally commissioned in 2002 by the British Columbia Centre for Disease Control as an investigation into rising human immunodeficiency virus (HIV) infections in gay men in the province of British Columbia. Since then, there have been many additional survey cycles, starting with British Columbia Pride festivals in 2002 and 2004 and then moving to an online survey in 2006, 2007 and 2008. For survey cycles in 2010, 2012, and 2015, data were collected online from respondents across Canada. In 2018, the in-person survey was expanded nationally, and participants were recruited from cities in British Columbia, Alberta, Manitoba, Ontario, Quebec, and Nova Scotia.

# Methods

## Data Collection

*Sex Now 2018* was conducted in-person at 15 Pride festivals across Canada, and one Two-Spirit pow-wow in Winnipeg, during May through September of 2018 to provide data to inform changes to blood donor deferral policies and improve health outcomes for GBT2Q men and non-binary people. Recruitment cities (from west to east) included Vancouver, New Westminster, Surrey, Abbotsford, Kamloops, Kelowna, Calgary, Edmonton, Winnipeg, London, Toronto, Ottawa, Cornwall, Montreal, and Halifax. Recruitment was led by community organizations across the country in partnership with CBRC. Funding for the *Sex Now 2018* survey cycle was provided by Canadian Blood Services (CBS) to generate evidence on potential policy alternatives to blood donor deferral for “men who have sex with men”. At the time of survey administration, men (defined by CBS as people assigned male at birth) were deferred from donating blood if they had had sex with another man in the previous 12 months. Subsequently, this has been reduced to 3 months. Furthermore, trans blood donors were screened based on their sex assigned at birth, unless they had had any lower gender affirming genital surgery procedure(s), previously referred to as sex reassignment. We recognize that these risk assessment policies are cisnormative, do not affirm the identities of trans and non-binary people, and do not attend to the complexity of trans and non-binary bodies.

In order to be eligible for the survey, participants had to: 1) self-identify as men (inclusive of people reporting trans experience), non-binary (regardless of sex assigned at birth), or Two-Spirit; 2) identify as gay, bisexual, queer, or another non-heterosexual identity and/or have reported having had sex with a man (cis or trans) in the last 5 years; 3) be 15 years of age or older; 4) be living in Canada; 5) be able to provide informed consent and complete the questionnaire in either French or English; and, 6) must not have already participated in the *Sex Now 2018* study at another venue. Eligible participants self-completed a paper-and-pen questionnaire in-person, which was then manually entered and verified. The questionnaire is freely available on the [CBRC website](#), and includes sections on demographics, sex life, sexual health, blood donation, HIV and Hepatitis C, mental health, substance use, social health, health-

care, discrimination, and violence. Not all questionnaire data are included in the current report. Given this, all questions were optional and some participants elected not to respond to some questions. *Sex Now 2018* resulted in over 3,500 completed paper surveys with numerous responses from trans, non-binary, and Two-Spirit participants. Participants also had an option to provide a dried blood spot sample, which was screened for HIV and Hepatitis C virus; these biological data and results are not a part of the current report.

## Defining the Groups

The current report analyzes *Sex Now 2018* socio-demographic and health and well-being data to highlight salient similarities and differences across three overarching gender history and identity groups: cisgender, transgender, and non-binary. Participants were grouped into these categories based on their responses to two survey questions: gender identity and transgender lived experience. The first question, “What is your gender identity?,” had three options: “man,” “woman,” and “neither. I prefer to self-describe as: \_\_\_\_\_.” A participant could only select one answer as a response. As per above, participants were eligible if they answered “man” or “neither;” those who answered “neither” had an opportunity to provide a written response for how they prefer to self-describe their gender identity. The most common responses to this open text question were “non-binary” or “they/them” (n=40), followed by “transmasculine” or “FTM” (n=29), and then “genderfluid” (n=15). The second question asked was, “Do you have trans experience? (i.e., your gender is different than the sex you were assigned at birth).” A participant could answer either “yes” or “no.” In order to be included in this report’s analysis, participants had to answer both of these questions.

Using these two questions, we created three participant groups. The **cisgender group** is composed of all participants that selected “man” as their gender identity and responded “no” to the question about trans experience. The **transgender group** includes all participants who selected “yes” to trans experience, regardless of their gender identity being man or non-binary. The **non-binary group** encompasses those who responded “neither” man nor woman to the question of gender identity, irrespective of their trans experience. Therefore, the trans and non-binary groups are not mutually exclusive. This means that some trans participants are also included in the non-binary group and vice versa; there were 106 participants that identified both as non-binary and as having trans experience. **Overall, there was a final analytic sample of 296 trans respondents and 150 non-binary respondents, and both groups were compared with a final analytic sample of 3,083 cisgender participants.**

# Analysis

We used purposive and convenience sampling to obtain as large and diverse a sample as possible. As such, this is a non-probability sample that we expect is not fully representative of the broader target population. However, a recent systematic review<sup>1</sup> highlights the strengths and limitations of this sampling approach. Of note, non-probability community venue samples tend to under-represent married/partnered sexual minority individuals and over-represent sexual minority individuals with higher incomes and current employment, who are lesbian/gay-identified, and who report suicidal ideation, alcohol use, and substance use. We are not aware of a similar review specifically for trans and non-binary people.

The survey data were analyzed using Statistical Package for the Social Sciences (SPSS) version 26 for Mac. The cisgender group was compared with both the trans and the non-binary group. A statistical comparison of the trans group with the non-binary group was not possible due to the overlap of participants across these two groups (i.e., these groups are not mutually exclusive). However, although statistical comparisons were not possible, we include some descriptive comparisons of the two groups. A chi-squared test ( $\chi^2$ ) was used to determine initial significance for categorical variables (the p-values are shown at the bottom of each table). For non-binary categorical variables (i.e., variables with more than two levels), if the result of the chi-squared test indicated statistical significance (i.e., p-value of less than or equal to 0.05), a z-test was performed to determine the specific significant differences between different levels of that variable (note that the p-values are shown in each table in the row corresponding to that variable level). As these statistical tests assume that data were collected through random probability sampling, results should be taken with caution as they may be biased by the fact that respondents are not representative of the broader population.

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<sup>1</sup> Salway TJ, Morgan J, Ferlatte O, Hawkins B, Lachowsky NJ, Gilbert M. A Systematic Review of Characteristics of Nonprobability Community Venue Samples of Sexual Minority Individuals and Associated Methods for Assessing Selection Bias. *LGBT health*. 2019 Jul 1;6(5):205-15.

# Demographics

## City of Recruitment

City of Recruitment	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (X <sup>2</sup> )
Calgary	236	7.7	26	8.8	0.488	10	6.7	
Edmonton	263	8.5	19	6.4	0.210	15	10.0	
Halifax	164	5.3	27	9.1	<b>0.007</b>	8	5.3	
Kamloops and Kelowna	101	3.3	18	6.1	<b>0.012</b>	10	6.7	
London	115	3.7	30	10.1	<b>&lt;0.001</b>	11	7.3	
Montreal	351	11.4	26	8.8	0.175	21	14.0	
Ottawa	371	12.0	24	8.1	<b>0.045</b>	11	7.3	
Toronto	716	23.2	58	19.6	0.156	33	22.0	
Vancouver	606	19.7	52	17.6	0.386	23	15.3	
Winnipeg	160	5.2	16	5.4	0.873	8	5.3	
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			0.088
% Calculated out of total	3083		296			150		

City of recruitment differed between trans and cisgender participants in notable ways. A higher percentage of trans respondents participated in the smaller cities of Halifax, London, and the interior of British Columbia compared with cisgender participants, while Ottawa had a smaller percentage of trans respondents participate. There was no significant difference in city of recruitment between non-binary and cisgender participants.

## Age

How old are you?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
<25	555	18.1	125	42.7	<b>&lt;0.001</b>	61	41.2	<b>&lt;0.001</b>
25-29	644	21.0	53	18.1	0.240	38	25.7	0.170
30-39	883	28.8	59	20.1	<b>0.002</b>	28	18.9	<b>0.009</b>
40-49	380	12.4	26	8.9	0.078	11	7.4	0.072
50-59	399	13.0	21	7.2	<b>0.004</b>	5	3.4	<b>0.001</b>
60+	206	6.7	9	3.1	<b>0.015</b>	5	3.4	0.110
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = &lt;0.001</b>
% Calculated out of total	3067		293			148		

There were significant differences in the age profiles of trans and non-binary participants when compared with cisgender participants. Both trans and non-binary groups were younger than the cisgender group; the proportions of both trans and non-binary participants under the age of 25 was more than double the proportion of cisgender participants under the age of 25. Compared with cisgender participants, trans participants were more likely to be under the age of 25 (42.7% vs. 18.1%) and less likely to be aged 30-39 (20.1% vs. 28.8%), 50-59 (7.2% vs. 13.0%), and over 60 (3.1% vs. 6.7%). Among non-binary respondents, two-thirds (66.9%) were under the age of 30. Compared with cisgender participants, non-binary participants were more likely to be under the age of 25 (41.2% vs. 18.1%) and less likely to be aged 30-39 (18.9% vs. 28.8%) or 50-59 (3.4% vs. 13.0%).

## Ethnoracial Identities

Which of these do you identify with? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
African, Caribbean, Black	124	4.0	14	4.7	0.554	11	7.3	<b>0.049</b>
Arab, West Asian (e.g. Iranian, Afghan)	101	3.3	8	2.7	0.596	8	5.3	0.175
East or Southeast Asian (e.g. Chinese, Japanese, Korean)	274	8.9	15	5.1	<b>0.025</b>	10	6.7	0.344
Indigenous	250	8.1	49	16.6	<b>&lt;0.001</b>	24	16.0	<b>0.001</b>
Latin American, Hispanic	159	5.2	13	4.4	0.570	7	4.7	0.786
South Asian (e.g. East Indian, Pakistani, Sri Lankan)	89	2.9	14	4.7	0.077	7	4.7	0.212
White	2271	73.8	227	76.9	0.243	105	70.0	0.298
Other	27	0.9	5	1.7	0.167	4	2.7	<b>0.028</b>
% Calculated out of total	3076		295			150		

Ethnoracial identities were not mutually exclusive as participants could identify with multiple groups. Compared with cisgender participants (8.9%), a lower percentage of trans participants identified as East or Southeast Asian (5.1%). The percentage of trans participants identifying as Indigenous was twice that of the cisgender sample (16.6% vs. 8.1%). Given that we only asked Indigenous respondents if they were Two-Spirit, this finding supports the recommendation for a distinct process, analysis, and report on Indigenous and Two-Spirit participants that is culturally relevant and centres Two-Spirit people and their communities. Compared with cisgender participants, non-binary participants were significantly more likely to identify as African, Caribbean or Black (7.3% vs. 4.0%), Indigenous (16.0% vs. 8.1%), or “other” (2.7% vs. 0.9%).

## Indigenous Identities

Do you identify as?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
First Nations	128	4.2	24	8.1	<b>0.002</b>	12	8.1	<b>0.024</b>
Métis	78	2.5	20	6.8	<b>&lt;0.001</b>	7	4.7	0.110
Inuk	8	0.3	1	0.3	0.800	1	0.7	0.360
None	2856	93.0	250	84.7	<b>&lt;0.001</b>	128	86.5	<b>0.002</b>
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = 0.028</b>
% Calculated out of total	3070		295			148		

As noted above, trans and non-binary respondents were more likely than cisgender respondents to identify as Indigenous. Among trans participants, 8.1% identified as First Nations, 6.8% as Métis, and 0.3% as Inuk. Indigenous trans participants were more likely to identify as First Nations or Métis than Indigenous cisgender participants. Among non-binary participants, 8.1% identified as First Nations, 4.7% as Métis, and 0.7% as Inuk. Indigenous non-binary participants were more likely to identify as First Nations than Indigenous cisgender participants.

## Birthplace

Were you born in Canada?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
No	799	26.2	52	17.9		30	20.7	
Yes	2245	73.8	239	82.1		115	79.3	
% Calculated out of total	3044		291		<b>0.002</b>	145		0.140

A significant difference existed between the proportion of cisgender and trans participants who were born in Canada, with trans participants being more likely to be born in Canada than cisgender participants (82.1% vs. 73.8%). There was no significant difference between the proportion of cisgender and non-binary participants born in Canada. Approximately 1 in 5 trans and non-binary participants were born in a country other than Canada.

## Sexual Identity

How do you identify sexually? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Gay	2627	85.8	108	36.7	<b>&lt;0.001</b>	49	33.3	<b>&lt;0.001</b>
Asexual	19	0.6	11	3.7	<b>&lt;0.001</b>	7	4.8	<b>&lt;0.001</b>
Straight	20	0.7	5	1.7	<b>0.046</b>	1	0.7	0.970
Bisexual	320	10.5	80	27.2	<b>&lt;0.001</b>	26	17.7	<b>0.006</b>
Pansexual	87	2.8	81	27.6	<b>&lt;0.001</b>	48	32.7	<b>&lt;0.001</b>
Queer	204	6.7	100	34.0	<b>&lt;0.001</b>	74	50.3	<b>&lt;0.001</b>
Heteroflexible	17	0.6	7	2.4	<b>&lt;0.001</b>	2	1.4	0.214
Other	13	0.4	7	2.4	<b>&lt;0.001</b>	4	2.7	<b>&lt;0.001</b>
% Calculated out of total	3060		294			147		

Participants were able to select more than one sexual identity (i.e., selections were not mutually exclusive). There was a larger variation in sexual identities among trans and non-binary participants compared with cisgender participants. Most cisgender participants identified as gay (85.8%) and/or bisexual (10.5%). **More than one-third of trans respondents identified as gay (36.7%) and as queer (34.0%)**, and more than one-quarter as pansexual (27.6%) and as bisexual (27.2%). Compared with cisgender participants, trans participants were significantly less likely to identify as gay (36.7% vs. 85.8%), but significantly more likely to identify as queer (34.0% vs. 6.7%), pansexual (27.6% vs. 2.8%), bisexual (27.2% vs. 10.5%), asexual (3.7% vs. 0.6%), heteroflexible (2.4% vs. 0.6%), straight (1.7% vs. 0.7%), and other (2.4% vs. 0.4%).

**Half of non-binary participants identified as queer (50.3%)**, and one-third as gay (33.3%) and as pansexual (32.7%). Compared with cisgender participants, non-binary participants were significantly less likely to identify as gay (33.3% vs. 85.8%), but significantly more likely to identify as queer (50.3% vs. 6.7%), pansexual (32.7% vs. 2.8%), bisexual (17.7% vs. 10.5%), asexual (4.8% vs. 0.6%), heteroflexible (1.4% vs. 0.6%), and other (2.7% vs. 0.4%). Non-binary participants were just as likely to identify as straight compared with cisgender participants (0.7% for both groups).

## Being “Out”

How open (out) are you about your sexual identity?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
1 (not at all open/out)	85	2.8	6	2.0		1	0.7	
2	91	3.0	8	2.7		3	2.0	
3	260	8.5	24	8.1		15	10.1	
4	575	18.7	66	22.4		25	16.8	
5 (Open/out to all or most people I know)	2064	67.1	191	64.7		105	70.5	
% Calculated out of total	3075		295		0.599	149		0.445

Participants were asked how open (out) they were about their sexual identity. There were no statistically significant differences between either trans or non-binary participants when compared with cisgender participants. Approximately two-thirds of cisgender participants reported being open/out about their sexual identity to all or most people they knew (67.1%), and 64.7% of trans participants and 70.5% of non-binary participants reported the same. Participants were not asked about how open (out) they were about their trans experience or non-binary gender identity, which is a limitation of the present analysis.

## Education

Given the difference in age structures of the sample, we looked separately at measures of formal education completion among participants under the age of 25 and those aged 25 or older. Recall that survey participants could be as young as 15 years old, so there may still be differential age structures within these age categories.

What is the highest level of education that you completed? (Participants under 25)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
Did not finish high school	38	6.8	27	21.6	<b>&lt;0.001</b>	6	9.8	0.390
High school or equivalent	222	40.0	61	48.8	0.071	31	50.8	0.100
Post-secondary school (e.g. certificate, diploma)	140	25.2	23	18.4	0.110	19	31.1	0.320
Bachelor's degree	131	23.6	13	10.4	<b>0.001</b>	5	8.2	<b>0.006</b>
Above a bachelor's degree (e.g., masters, doctorate)	24	4.3	1	0.8	0.590	0	0.0	<b>&lt;0.001</b>
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = 0.021</b>
% Calculated out of total	555		125			61		

Educational completion of participants under the age of 25 was significantly different for both trans and non-binary participants when compared with cisgender participants. Trans participants were more likely to report not completing high school (21.6% vs. 6.8%) and less likely to report completing a Bachelor's degree (10.4% vs. 23.6%) than cisgender participants. Non-binary participants were significantly less likely to report completing a Bachelor's degree (8.2% vs. 23.6%) or above a Bachelor's degree (0% vs. 4.3%).



What is the highest level of education that you completed? (Participants 25 and older)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
Did not finish high school	63	2.5	10	6.0	<b>0.008</b>	5	5.7	0.063
High school or equivalent	298	11.9	28	16.7	0.065	16	18.4	0.066
Post-secondary school (e.g. certificate, diploma)	630	25.2	61	36.3	<b>0.001</b>	24	27.6	0.600
Bachelor's degree	861	34.4	43	25.6	<b>0.021</b>	31	35.6	0.790
Above a bachelor's degree (e.g., masters, doctorate)	651	26.0	26	15.5	<b>0.003</b>	11	12.6	<b>0.005</b>
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = 0.015</b>
% Calculated out of total	2503		168			87		

Among participants 25 years or older, there were also differences in education level completion for trans and non-binary participants when compared with cisgender participants. Compared with cisgender participants, trans participants were more likely to report not having completed high school (6.0% vs. 2.5%) and to have completed a post-secondary school certificate or diploma (36.3% vs. 25.2%). Compared with cisgender participants, trans participants were less likely to report having completed a Bachelor's degree (25.6% vs. 34.4%) or above a Bachelor's degree (15.5% vs. 26.0%). There was only one significant difference between non-binary and cisgender participants: non-binary participants were less likely to have completed education above a Bachelor's degree than cisgender participants (12.6% vs. 26.0%).

## Financial Strain

How would you describe your money situation right now?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
Comfortable, with extra	1264	41.3	57	19.3	<b>&lt;0.001</b>	31	21.1	<b>&lt;0.001</b>
Enough, but no extra	1244	40.7	118	40.0	0.870	53	36.1	0.220
Have to cut back	390	12.8	68	23.1	<b>&lt;0.001</b>	32	21.8	<b>0.002</b>
Cannot make ends meet	160	5.2	52	17.6	<b>&lt;0.001</b>	31	21.1	<b>&lt;0.001</b>
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = &lt;0.001</b>
% Calculated out of total	3058		295			147		

Participants were asked to self-rate their money situation at one of four levels shown in the table above. Overall, cisgender participants reported less financial strain than both trans and non-binary participants. More than 4 in 5 (82.0%) cisgender participants reported having enough money at the time of survey. Compared with cisgender participants, trans participants were approximately half as likely to report their money situation as “comfortable, with extra” (19.3% vs. 41.3%), almost twice as likely to report having to cut back (23.1% vs. 12.8%), and more than three times as likely to not be able to make ends meet (17.6% vs. 5.2%). Compared with cisgender participants, non-binary participants were approximately half as likely to report their money situation as “comfortable, with extra” (21.1% vs. 41.3%), almost twice as likely to report having to cut back (21.8% vs. 12.8%), and four times as likely to not be able to make ends meet (21.1% vs. 5.2%).

# Health & Well-being

## Depression and Anxiety Symptoms

Participants were asked four questions about how often they had been bothered by different symptoms of depression and anxiety over the last two weeks. The first two questions (“Little interest or pleasure in doing things” and “Feeling down, depressed, or hopeless”) were taken from the Patient Health Questionnaire-2 (PHQ-2) to assess for depressive symptoms. Questions three and four (“Feeling nervous, anxious or on edge” and “Not being able to stop or control worrying”) were taken from the Generalized Anxiety Disorder-2 (GAD-2) to assess symptoms of anxiety. Response options were “not at all,” “several days,” “more than half the days,” and “nearly every day.” From these questions, two mental health measures were established: one for depression and one for anxiety. For each measure, the possible range of scores was 0 through 6, with a score of 0 indicating a respondent answered “not at all” to both questions, and a score of 6 meaning the person answered “nearly every day” to both questions. A score of 3 could mean that a participant had either experienced one symptom “nearly every day” or selected “more than half the days” as one response and “several days” as the other response. A cut-off of 3 or higher is indicative of a possible depression or anxiety disorder, and was chosen by the developers of these measures to determine if further evaluation is necessary.

Depression Score	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	M (SD)	n	M (SD)	p (t-test)	n	M (SD)	p (t-test)
	2886	1.1 (1.4)	271	2.2 (1.9)	<b>&lt;0.001</b>	138	2.3 (2.1)	<b>&lt;0.001</b>

The depression scores for each group were analyzed using an independent t-test. Significant differences were found when comparing both the non-binary and the trans group with the cisgender group. The average depression scores for trans participants (2.2) and non-binary participants (2.3) were significantly higher than the average score for the cisgender group (1.1).

Next, a binary variable was created using the cut-off value of 3 (the standard cut-off point for these measures). When respondents were separated into two age groups, there were significant differences in experiences of depressive symptoms. Nearly half (48.3%) of trans participants under the age of 25 scored greater than or equal to 3, compared with 55.2% of non-binary participants. In contrast, 1 in 5 (21.1%) cisgender participants under the age of 25 scored 3 or higher on this measure.

Depression Score (Participants under 25)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Score less than 3	418	78.9	60	51.7		26	44.8	
Score higher than or equal to 3	112	21.1	56	48.3		32	55.2	
% Calculated out of total	530		116		<b>&lt;0.001</b>	58		<b>&lt;0.001</b>

Depression Score (Participants 25 and older)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
2070	88.3	120	78.9		61	77.2		
273	11.7	32	21.1		18	22.8		
% Calculated out of total	2343		152		<b>0.001</b>	79		<b>0.003</b>

Generally, the proportion of participants with higher depressive symptom scores was lower among those aged 25 years and older than among those under the age of 25. Approximately 1 in 10 cisgender participants aged 25 years and older reported a depressive score of 3 or higher. The level of depressive symptoms reported among trans and non-binary participants was approximately twice that of cisgender participants. Roughly 1 in 5 trans participants (21.1%) and non-binary participants (22.8%) scored a 3 or higher.

Anxiety Score	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	M (SD)	n	M (SD)	p (t-test)	n	M (SD)	p (t-test)
	2884	1.4 (1.6)	270	2.5 (2.0)	<b>&lt;0.001</b>	137	2.7 (2.1)	<b>&lt;0.001</b>

The anxiety scores from each sample were analyzed using an independent t-test. Significant differences were found when comparing both the non-binary and the trans group to the cisgender group. The mean anxiety scores for trans participants (2.5) and non-binary participants (2.7) were significantly higher than the mean score for the cisgender group (1.4).

Anxiety Score (Participants under 25)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Score less than 3	375	71.2	49	42.2		20	35.1	
Score higher than or equal to 3	152	28.8	67	57.8		37	64.9	
% Calculated out of total	527		116		<b>&lt;0.001</b>	57		<b>&lt;0.001</b>

When categorized into higher (score of 3 or greater) and lower (score less than 3) anxiety scores, significantly higher proportions of both trans participants and non-binary participants under the age of 25 had a score of 3 or higher when compared with cisgender participants. Over half (57.8%) of trans participants and nearly two-thirds (64.9%) of non-binary participants had a score of 3 or higher on the anxiety measure, compared with about 3 in 10 (28.8%) cisgender participants.

Anxiety Score (Participants 25 and older)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Score less than 3	2019	86.1	103	68.2		53	67.1	
Score higher than or equal to 3	326	13.9	48	31.8		26	32.9	
% Calculated out of total	2345		151		<b>&lt;0.001</b>	79		<b>&lt;0.001</b>

Similar to the depression measure, anxiety scores were generally lower among those aged 25 years and older across all gender groups. Among participants aged 25 years and older, both trans participants and non-binary participants were more than twice as likely to report higher scores on the anxiety symptom measure than cisgender participants. Nearly one-third of trans participants (31.8%) and non-binary participants (32.9%) aged 25 years and older scored 3 or higher on the anxiety measure, compared with about 1 in 7 (13.9%) cisgender participants.

Do you want help for any of the following issues? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Depression	651	23.3	140	52.2	<b>&lt;0.001</b>	61	43.6	<b>&lt;0.001</b>
Anxiety	801	28.7	146	54.5	<b>&lt;0.001</b>	69	49.3	<b>&lt;0.001</b>
% Calculated out of total	2798		269			140		

Participants were asked if they wanted help with either depression or anxiety. Trans and non-binary participants were both significantly more likely than cisgender participants to indicate they wanted help with depression and anxiety. More than half of trans respondents wanted help for depression (52.2%) and anxiety (54.5%). Just less than half of non-binary participants wanted help for depression (43.6%) and anxiety (49.3%). Roughly one-quarter (23.3%) of cisgender participants indicated the same for depression and almost 1 in 3 (28.7%) indicated the same for anxiety.

## Help Wanted for Other Issues

Do you want help for any of the following issues? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Coming out	115	4.1	18	6.7	<b>0.047</b>	12	8.6	<b>0.011</b>
Gender dysphoria/transition	17	0.6	100	37.2	<b>&lt;0.001</b>	48	34.3	<b>&lt;0.001</b>
Eating disorders	132	4.7	54	20.1	<b>&lt;0.001</b>	30	21.4	<b>&lt;0.001</b>
Body image	497	17.8	108	40.1	<b>&lt;0.001</b>	56	40.0	<b>&lt;0.001</b>
Relationships problems	304	10.9	38	14.1	0.105	26	18.6	<b>0.005</b>
Suicidal thoughts	171	6.1	62	23.0	<b>&lt;0.001</b>	24	17.1	<b>&lt;0.001</b>
Other	46	1.6	12	4.5	<b>0.005</b>	6	4.3	<b>0.036</b>
None of the above	1624	58.0	79	29.4	<b>&lt;0.001</b>	43	30.7	<b>&lt;0.001</b>
% Calculated out of total	2798		269			140		

When asked about the different issues with which participants wanted help, there were significant differences between both trans and non-binary participants and cisgender participants on almost every issue. Over half (58.0%) of cisgender respondents indicated not wanting help for any issue, compared to about 3 in 10 trans

(29.4%) and non-binary (30.7%) participants. The most common issue with which participants wanted help was body image, regardless of gender identity, with 40.1% of trans participants and 40.0% of non-binary participants reporting this—more than double that of cisgender participants (17.8%).

Wanting help with relationship problems did not vary significantly between trans and cisgender participants (14.1% vs. 10.9%), but a significant difference existed between non-binary participants and cisgender participants (18.6% vs. 10.9%). Otherwise, significantly more trans participants and non-binary participants wanted help with the other listed issues when compared with cisgender participants. For trans participants, the next most common issues with which they wanted help were gender dysphoria/transition (37.2%), suicidal thoughts (23.0%), eating disorders (20.1%), and coming out (6.7%). For non-binary participants, the next most common issues were gender dysphoria/transition (34.3%), eating disorders (21.4%), suicidal thoughts (17.1%), and coming out (8.6%). In some cases, trans and non-binary participants reported wanting help with these issues at a rate two or three times that of cisgender participants. For example, 23.0% of trans participants and 17.1% of non-binary participants reported wanting help with suicidal thoughts compared with 6.1% of cisgender participants.

## Use of Health Resources

In the past year, which of the following resources have you gone to? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Elder (Indigenous)	60	2.2	16	6.1	<0.001	11	7.9	<0.001
Knowledge Keeper (Indigenous)	36	1.3	13	4.9	<0.001	9	6.5	<0.001
Psychiatrist	320	11.6	78	29.5	<0.001	38	27.3	<0.001
Clinical psychologist	269	9.8	47	17.9	<0.001	25	18.1	0.002
Registered counsellor	378	13.7	91	34.5	<0.001	49	35.3	<0.001
Peer counsellor/Navigator	124	4.5	47	17.8	<0.001	23	16.5	<0.001
Social worker	209	7.6	75	28.4	<0.001	45	32.4	<0.001
Sex Therapist/Sexologist	44	1.6	7	2.7	0.204	6	4.3	0.016
I am not involved in any of the above	1826	66.3	92	34.8	<0.001	48	34.5	<0.001
% Calculated out of total	2755		264			139		

In general, significantly more trans participants and non-binary participants used resources for health in the past year than cisgender participants. Approximately two-thirds of trans participants (65.2%) and non-binary participants (65.5%) used at least one health resource in the past year compared with one-third (33.7%) of cisgender respondents. Trans participants and non-binary participants were approximately three times more likely than Indigenous cisgender participants to access support from an Indigenous Elder, and approximately four times more likely to visit an Indigenous Knowledge Keeper (five times more likely for non-binary participants). Recall that compared with cisgender participants, twice as many Indigenous participants were trans and non-binary.

Compared with cisgender participants, trans participants were more likely to have gone to a registered counsellor (34.5% vs. 13.7%), a psychiatrist (29.5% vs. 11.6%), a social worker (28.4% vs. 7.6%), a clinical psychologist (17.9% vs. 9.8%) and a peer counsellor/navigator (17.8 vs. 4.5%). Compared with cisgender participants, non-binary participants were more likely to have gone to a registered counsellor (35.3% vs. 13.7%), a social worker (32.4% vs. 7.6%), a psychiatrist (27.3% vs. 11.6%), a clinical psychologist (18.1% vs. 9.8%) and a peer counsellor/navigator (16.5% vs. 4.5%). While it cannot be fully determined by the current study, variations in the use of these resources may be explained by the disproportionate impact of systemic transphobia and cisnormativity, financial barriers, as well as some trans and non-binary people's need to access mental health services for gender affirming surgical assessments.

## Access to Health Services

Do you have a regular family doctor or nurse practitioner?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
No	752	25.4	59	20.7		40	27.2	
Yes	2212	74.6	226	79.3		107	72.8	
% Calculated out of total	2964		285		0.082	147		0.617

The majority of respondents indicated they had a regular family doctor or nurse practitioner. There were no significant differences in the proportions of trans participants (79.3%) and non-binary participants (72.8%) who had a regular family doctor or nurse practitioner when compared with cisgender participants (74.6%).

Does your regular family doctor or nurse practitioner know that you have sex with men?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
No	234	11.0	33	16.3	<b>0.026</b>	18	19.1	<b>0.015</b>
Unsure	161	7.6	34	16.7	<b>&lt;0.001</b>	15	16.0	<b>0.003</b>
Yes	1725	81.4	136	67.0	<b>&lt;0.001</b>	61	64.9	<b>&lt;0.001</b>
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			<b>p = &lt;0.001</b>
% Calculated out of total	2120		203			94		

However, when asked if this provider was aware that they had sex with men, both trans participants and non-binary participants were more likely to indicate “no” or being “unsure” when compared with cisgender respondents. Approximately two-thirds of trans participants (67.0%) and non-binary participants (64.9%) indicated this provider knew they had sex with men, which was significantly lower than the 4 in 5 (81.4%) cisgender participants who reported the same. Of note, not all participants were necessarily having sex with men, since recruitment criteria was based on sexual identity or sexual behaviour.

Have you ever asked and been denied the following? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
An HIV test	103	3.7	17	6.2	<b>0.036</b>	9	6.6	0.082
PEP	32	1.1	8	2.9	<b>0.013</b>	3	2.2	0.267
PrEP	72	2.6	7	2.6	1.00	3	2.2	0.788
HPV vaccination	49	1.7	12	4.4	<b>0.003</b>	5	3.6	0.104
Hormone therapy	9	0.3	46	16.8	<b>&lt;0.001</b>	20	14.6	<b>&lt;0.001</b>
Gender affirming surgery	5	0.2	36	13.1	<b>&lt;0.001</b>	14	10.2	<b>&lt;0.001</b>
None of the above	2595	92.3	192	70.1	<b>&lt;0.001</b>	102	74.5	<b>&lt;0.001</b>
% Calculated out of total	2813		274			137		

The majority of participants did not report having asked and been denied certain health care services. One in six (16.8%) trans participants reported having asked and been denied hormone therapy and one in seven (13.1%) trans participants reported having asked and been denied gender affirming surgery. Compared with cisgender participants, trans participants were more likely to be denied an HIV test (6.2% vs. 3.7%), an HPV vaccination (4.4% vs. 1.7%), and HIV post-exposure prophylaxis (PEP; 2.9% vs. 1.1%). There was no difference in the proportion of trans and cisgender participants who asked and were denied PrEP (2.6%). One in six (14.6%) non-binary participants reported having asked and been denied hormone therapy and one in ten (10.2%) the same for gender affirming surgery. No other significant differences existed between non-binary and cisgender participants.

## Substance Use

Have you used any substances (alcohol or drugs) in the past 6 months?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
No	582	20.4	48	18.0		27	19.3	
Yes	2272	79.6	219	82.0		113	80.7	
% Calculated out of total	2854		267		0.347	140		0.751

Overall, there were no significant differences across gender identity groups when asked if they had used any substances (i.e., alcohol or drugs) in the past 6 months. This was reported by approximately 4 in 5 trans participants (82%), non-binary participants (80.7%), and cisgender participants (79.6%). It should be noted that the specific substances used by participants reflect their best knowledge of what they consumed. For substances obtained from an unregulated supply, there is the possibility of contamination or a mismatch between what they thought they were consuming and what they actually were consuming.

Given the difference in age structures across gender identity groups, we conducted a stratified analysis of reported substances used for those under the age of 25 and those aged 25 years and older.

For each substance below, check off if you ever used it in the past 6 months (Participants under 25)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Alcohol (5+ drinks within 2 hours)	392	74.0	81	67.5	<b>0.004</b>	42	72.4	0.490
Tobacco/cigarettes	196	37.0	56	46.7	0.120	27	46.6	0.340
Marijuana/weed/hash/pot/grass	288	54.3	83	69.2	<b>0.012</b>	41	70.7	0.051
Poppers/amyl	75	14.2	16	13.3	0.410	7	12.1	0.700
Ketamine/special K	22	4.2	4	3.3	0.400	0	0.0	0.210
Ecstasy/MDMA	66	12.5	11	9.2	0.220	7	12.1	0.800
Crystal meth/tina	20	3.8	6	5.0	0.400	0	0.0	0.240
Erection drugs (e.g., Viagra, Cialis)	30	5.7	4	3.3	0.230	0	0.0	0.130
Crack, free base	12	2.3	7	5.8	0.060	2	3.4	0.710
Cocaine	77	14.5	14	11.7	0.270	5	8.6	0.320
Heroin (smack)	10	1.9	5	4.2	0.170	0	0.0	0.450
Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	15	2.8	9	7.5	<b>0.028</b>	3	5.2	0.520
Fentanyl	11	2.1	4	3.3	0.350	0	0.0	0.420
GHB/"G"	25	4.7	8	6.7	0.340	2	3.4	0.710
Tranquilizers or benzos (e.g., Valium, Xanax)	22	4.2	9	7.5	0.160	1	1.7	0.510
Psychadelics (e.g. LSD, mescaline, acid, mushrooms)	44	8.3	15	12.5	0.200	10	17.2	0.077
Non-medicinal steroids	9	1.7	4	3.3	0.250	0	0.0	0.470
Other	7	1.3	5	4.2	0.060	0	0.0	0.530
% Calculated out of total	530		120			58		

An examination of substance use by type of substance and stratified by age reveals a few notable differences between trans and non-binary people under the age of 25 when compared with cisgender participants under the age of 25. Younger trans participants were significantly less likely to report consuming 5+ alcoholic drinks within 2 hours (67.5% vs. 74.0%), but more likely to use cannabis (69.2% vs. 54.3%) and prescription opioids (7.5% vs. 2.8%) than cisgender participants. There were no significant differences in substances used between non-binary and cisgender participants under the age of 25.



For each substance below, check off if you ever used it in the past 6 months (Participants 25 and older)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Alcohol (5+ drinks within 2 hours)	1396	58.1	92	57.5	0.980	44	51.8	0.470
Tobacco/cigarettes	504	21.0	53	33.1	<b>0.001</b>	30	35.3	<b>0.003</b>
Marijuana/weed/hash/pot/grass	956	39.8	69	43.1	0.590	41	48.2	0.150
Poppers/amyl	523	21.8	19	11.9	<b>0.010</b>	14	16.5	0.500
Ketamine/special K	103	4.3	9	5.6	0.700	7	8.2	0.190
Ecstasy/MDMA	287	12.0	17	10.6	0.880	15	17.6	0.220
Crystal meth/tina	143	6.0	10	6.3	0.960	10	11.8	0.072
Erection drugs (e.g., Viagra, Cialis)	318	13.2	12	7.5	0.110	7	8.2	0.400
Crack, free base	68	2.8	5	3.1	0.950	9	10.6	<b>&lt;0.001</b>
Cocaine	290	12.1	20	12.5	0.960	16	18.8	0.130
Heroin (smack)	47	2.0	3	1.9	0.980	5	5.9	<b>0.038</b>
Other prescription opioids (e.g., Percocet, Dialudid, OxyContin)	79	3.3	10	6.3	0.130	7	8.2	<b>0.040</b>
Fentanyl	49	2.0	3	1.9	0.970	3	3.5	0.570
GHB/"G"	186	7.7	8	5.0	0.450	8	9.4	0.760
Tranquilizers or benzos (e.g., Valium, Xanax)	102	4.2	9	5.6	0.680	7	8.2	0.180
Psychadelics (e.g. LSD, mescaline, acid, mushrooms)	145	6.0	12	7.5	0.720	7	8.2	0.620
Non-medicinal steroids	65	2.7	2	1.3	0.530	3	3.5	0.820
Other	23	1.0	2	1.3	0.910	3	3.5	0.063
% Calculated out of total	2401		160			85		

When analyzing participants aged 25 years and older, trans participants were significantly more likely to use tobacco (33.1% vs. 21.0%), but less likely to use poppers (11.9% vs. 21.8%) compared with cisgender participants. The differences observed among participants under the age of 25 with respect to alcohol, cannabis, and prescription opioid consumption were not observed among those aged 25 years and older. Non-binary participants aged 25 years and older were more likely to use tobacco (35.3% vs. 21.0%), crack (10.6% vs. 2.8%), prescription opioids (8.2% vs. 3.3%), and heroin (5.9% vs. 2.0) compared with cisgender participants.

Have you ever injected any drugs?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (X <sup>2</sup> )
No, never	2796	95.2	251	89.0	<b>0.001</b>	132	93.0	
Yes, in the past 6 months	39	1.3	13	4.6	<b>&lt;0.001</b>	4	2.8	
Yes, longer than 6 months ago	101	3.4	18	6.4	<b>0.012</b>	6	4.2	
X <sup>2</sup> test result p-value					<b>p = &lt;0.001</b>			
% Calculated out of total	2936		282			142		0.292

Participants were asked to report if they had ever injected any drug and, if so, whether that occurred in the past 6 months or longer than 6 months ago. Across all gender identity groups, the majority of participants reported never having injected drugs. However, trans participants were significantly more likely to report having ever injected drugs than cisgender participants (11.0% vs. 4.7%). Significantly more trans

participants reported recent injection drug use (4.6% vs. 1.3%) and injection drug use longer than 6 months ago (6.4% vs. 3.4%) compared with cisgender participants. There was no significant difference in injection drug use histories between cisgender and non-binary participants. There was no follow-up question to determine the substance injected by the participants. As such, it is possible that trans participants may have interpreted this question to include use of hormone injections.

In the past 6 months, have you used any of the following? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Needle exchange	24	1.2	21	10.2	<0.001	7	7.0	<0.001
Harm reduction supplies (e.g. free pipes, straws)	46	2.3	12	5.9	0.004	10	10.0	<0.001
Supervised injection/ consumption site	8	0.4	0	0.0	0.238	0	0.0	0.743
Naloxone/ Narcan	23	1.2	10	4.9	<0.001	5	5.0	0.005
Detox or drug treatment facility	27	1.4	4	2.0	0.294	4	4.0	0.096
Sweat lodge or other cultural traditions	37	1.9	10	4.9	0.006	8	8.0	<0.001
Alcoholics Anonymous	5	0.3	1	0.5	0.305	0	0.0	0.804
Narcotics Anonymous	2	0.1	0	0.0	0.331	0	0.0	0.869
Other substance use service/resource	2	0.1	1	0.5	0.129	1	1.0	0.062
None of the above	1842	93.8	163	79.5	<0.001	77	77.0	<0.001
% Calculated out of total	1964		205			100		

Participants who responded “yes” to using substances were asked whether they had used various forms of substance use harm reduction and treatments in the six months prior to survey. Although the majority of participants reported having never used any of these services, both trans participants and non-binary participants were much more likely to report using at least one of these (20.5% for trans, 23.0% for non-binary) compared with cisgender participants (6.2%). In contrast to cisgender participants, trans participants were about nine times more likely to use needle exchange services (8.3% vs. 0.9%), almost three times more likely to use harm reduction supplies (4.8% vs. 1.8%), about four times more likely to use Naloxone/Narcan (4.0% vs. 0.9%), and more than twice as likely to attend a Sweat lodge or other cultural tradition (4.0% vs. 1.5%). Non-binary participants were about four times more likely to use harm reduction supplies (7.9% vs. 1.8%), more than four times more likely to attend a Sweat lodge or other cultural tradition (6.3% vs. 1.5%), six times more likely to use a needle exchange (5.5% vs. 0.9%), and more than four times more likely to use Naloxone/Narcan (3.9% vs. 0.9%). Some trans and non-binary individuals may access a needle exchange or harm reduction supplies to obtain needles or supplies for intramuscular hormone injections. Of note, supervised injection/ consumption sites are not available in all areas where *Sex Now* data were collected, and there have been additional sites opened since then.

# Social Support & Community Involvement

## Relationships

Are you currently in a relationship?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
No	1460	47.6	135	46.4	0.565	73	48.7	0.754
Yes, with a man	1452	47.4	77	26.5	<0.001	33	22.0	<0.001
Yes, with a woman	87	2.8	33	11.3	<0.001	13	8.7	<0.001
Yes, with a non-binary person	12	0.4	12	4.1	<0.001	6	4.0	<0.001
Yes, with more than 1 person (polyamorous)	55	1.8	34	11.7	<0.001	25	16.7	<0.001
X <sup>2</sup> test result p-value					p = <0.001			p = <0.001
% Calculated out of total	3066		291			150		

Just less than half of participants in each group were single, with all three groups having approximately the same proportion of respondents who were single (46.4% of trans participants, 48.7% of non-binary participants, and 47.6% of cisgender participants). However, the gender of participants' partners varied significantly for trans and non-binary participants compared with cisgender participants. Approximately half as many trans and non-binary participants were in a relationship with a man (26.5% for trans and 22.0% for non-binary compared with 47.4% of cisgender participants). Trans respondents were significantly more likely than cisgender participants to be in a polyamorous relationship (11.7% vs. 1.8%), partnered with a woman (11.3% vs. 2.8%), or partnered with a non-binary person (4.1% vs 0.4%). Non-binary participants were also more likely than cisgender participants to be in a polyamorous relationship (16.7% vs. 1.8%), partnered with a woman (8.7% vs. 2.8%), or partnered with a non-binary person (4.0% vs 0.4%). This question did not specify whether a man or woman partner was cisgender or transgender, which limits our understanding.

## Social Support

How many people can you count on for support if you need help or if something goes wrong?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (X <sup>2</sup> )
No one	93	3.2	15	5.6	0.055	6	4.3	
1 person	102	3.6	18	6.7	0.014	8	5.7	
2-3 people	792	27.6	88	32.7	0.130	39	27.7	
4-6 people	781	27.2	67	24.9	0.310	37	26.2	
7-9 people	312	10.9	25	9.3	0.360	15	10.6	
10+ people	787	27.5	56	20.8	0.012	36	25.5	
X <sup>2</sup> test result p-value					p = 0.004			
% Calculated out of total	2867		269			141		0.806

Participants were asked how many people they could count on for support if they needed help or something went wrong. Generally, trans participants reported fewer available support people than cisgender participants. Compared with cisgender participants, trans participants were more likely to report only one support person (6.7% vs. 3.6%) and less likely to report 10+ people (20.7% vs. 27.5%). There was no significant difference between non-binary and cisgender participants.

## Community Satisfaction

Questions assessed how satisfied participants were with their connections to broader LGBTQ2S+ communities, as well as specifically to gay, bisexual, and queer men’s communities. Differences in responses to these two questions might help inform potential within-group interventions to support better inclusion and affirmation of trans and non-binary people.

Are you satisfied with your connection to LGBTQ2S+ communities?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
No	503	23.7	61	28.4		34	28.1	
Yes	1615	76.3	154	71.6		87	71.9	
% Calculated out of total	2118		215		0.131	121		0.280

Across all gender identity groups, the majority of participants indicated they were satisfied with their connection to LGBTQ2S+ communities. There was no difference in the proportions of transgender and non-binary participants indicating that they were satisfied with their connection to LGBTQ2S+ communities when compared with cisgender participants (71.6% of trans participants, 71.9% of non-binary participants, and 76.3% of cisgender participants).

Are you satisfied with your connection to gay, bi and queer men?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
No	464	19.8	85	39.5		43	40.2	
Yes	1890	80.6	130	60.5		64	59.8	
% Calculated out of total	2345		215		<0.001	107		<0.001

However, when asked about their level of satisfaction with gay, bi, and queer men, there were significant differences across the groups. Compared with cisgender participants, trans participants were about twice as likely to report not being satisfied with their connection to gay, bi, and queer men (39.5% vs. 19.8%). Similarly, non-binary participants were more than twice as likely to not be satisfied with their connection to gay, bi and queer men (40.2% vs. 19.8%) compared with cisgender respondents.

## Community Involvement and Participation

What are you currently involved in? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Personal voluntary action, neighbourhood support, elder care	667	23.3	80	29.0	<b>0.035</b>	52	36.1	<b>&lt;0.001</b>
Gay activism, organization, or cultural activities	844	29.5	127	46.0	<b>&lt;0.001</b>	76	53.1	<b>&lt;0.001</b>
LGBTQ2S+ sport leagues or recreational activities	329	11.5	33	11.9	0.837	24	16.7	0.060
HIV advocacy, AIDS service organization	264	9.2	33	11.9	0.144	27	18.8	<b>&lt;0.001</b>
Civic (non-LGBTQ2S+) activism, charity, or cultural activities	350	12.2	49	17.7	<b>0.009</b>	33	22.9	<b>&lt;0.001</b>
Political organizing, advocacy, party membership	303	10.6	34	12.3	0.385	22	15.3	0.077
Pop-ups (queer dance party, art show, etc.)	331	11.6	91	32.9	<b>&lt;0.001</b>	60	42.0	<b>&lt;0.001</b>
Ethnoracial community groups, activities	120	4.2	22	7.9	<b>0.004</b>	17	11.8	<b>&lt;0.001</b>
I am not involved in any of the above	1363	47.6	89	32.0	<b>&lt;0.001</b>	38	26.4	<b>&lt;0.001</b>
% Calculated out of total	2863		278			144		

Participants were asked about their engagement in different types of community activities. Compared with cisgender participants, both trans and non-binary participants were more likely to report any community participation (68.0% of trans participants, 73.6% of non-binary participants, and 52.4% of cisgender participants). Compared with cisgender participants, trans participants were more likely to be involved in gay activism, organizations, or cultural activities (46.0% vs 29.5%), pop-ups (32.9% vs 11.6%), personal voluntary action, neighbourhood support, or elder care (29.0% vs. 23.3%), civic activism, charity or cultural activities (17.7% vs. 12.2%), and ethnoracial community groups, activities (7.9% vs. 4.2%).

Non-binary participants were more likely than cisgender participants to be involved in gay activism, organizations, or cultural activities (53.1% vs 29.5%), pop-ups (42.0% vs 11.6%), personal voluntary action, neighbourhood support, or elder care (36.1% vs. 23.3%), civic activism, charity or cultural activities (22.9% vs. 12.2%), HIV advocacy or AIDS service organizations (18.8% vs. 9.2%), and ethnoracial community groups, activities (11.8% vs. 4.2%). There were no significant differences between trans and non-binary participants relative to cisgender participants with respect to expressed engagement in political organizing, advocacy or party membership by gender, or LGBTQ2S+ sport leagues or recreational activities. We did not examine whether age confounded any of these comparisons.

# Adverse Life Experiences

## Discrimination

Have you experienced discrimination in the past year? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Age	687	23.7	81	28.6	0.067	41	28.7	0.177
HIV status	136	4.7	10	3.5	0.371	5	3.5	0.505
PrEP status	119	4.1	11	3.9	0.855	5	3.5	0.717
Race/ethnicity	427	14.8	46	16.3	0.499	26	18.2	0.261
Body type	721	24.9	114	40.3	<b>&lt;0.001</b>	59	41.3	<b>&lt;0.001</b>
Gender expression	186	6.4	145	51.2	<b>&lt;0.001</b>	88	61.5	<b>&lt;0.001</b>
Sexual orientation	718	24.8	112	39.6	<b>&lt;0.001</b>	64	44.8	<b>&lt;0.001</b>
Trans experience	30	1.0	158	55.8	<b>&lt;0.001</b>	71	49.7	<b>&lt;0.001</b>
Dis(abilities)	133	4.6	61	21.6	<b>&lt;0.001</b>	28	19.6	<b>&lt;0.001</b>
% Calculated out of total	2894		283			143		

In terms of discrimination, significant differences existed in the proportions of trans and non-binary participants who experienced different types of discrimination relative to cisgender participants. Over half of trans respondents (51.2%) and non-binary participants (61.5%) had experienced discrimination related to gender expression, compared with 6.4% of cisgender participants. Trans participants were more likely to experience discrimination based on trans experience (55.8% vs. 1.0%), body type (40.3% vs 24.9%), sexual orientation (39.6% vs. 24.8%), and disabilities (21.6% vs. 4.6%) compared with cisgender participants. Non-binary participants were more likely to experience discrimination based on trans experience (49.7% vs. 1.0%), body type (41.3% vs 24.9%), sexual orientation (44.8% vs. 24.8%), and disabilities (19.6% vs. 4.6%) compared with cisgender participants. Experiences of discrimination based on age, HIV status, PrEP status, or race/ethnicity did not vary by gender.

## Intimate Partner Violence

Has a lover or boyfriend ever done the following to you? (check all that apply)	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
Insulted or verbally abused you	779	27.1	116	40.8	<0.001	64	44.4	<0.001
Hit, kicked, or slapped you	380	13.2	63	22.2	<0.001	29	20.1	0.018
Sexually abused or raped you	223	7.8	63	22.2	<0.001	34	23.6	<0.001
% Calculated out of total	2871		284			144		

Trans and non-binary participants were both significantly more likely than cisgender participants to have experienced various forms of intimate partner violence in their lifetime.<sup>2</sup> More than one-quarter (27.1%) of cisgender participants experienced being insulted or verbally abused by a lover or boyfriend, compared with about 2 in 5 trans (40.8%) and non-binary (44.4%) participants. Approximately 1 in 5 trans (22.2%) and non-binary (20.1%) participants experienced physical partner violence, compared with 13.2% of cisgender participants. Sexual abuse or rape by an intimate partner was three times more likely for trans (22.2%) and non-binary (23.6%) participants compared with cisgender participants (7.8%).

## Sexual Coercion

Has anyone ever forced sex on you?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (z-test)	n	%	p (z-test)
No, never	2012	73.0	112	45.7	<0.001	63	46.7	<0.001
Yes, when I was younger than 18	261	9.5	59	24.1	<0.001	25	18.5	<0.001
Yes, when I was 18 or older	389	14.1	37	15.1	0.950	22	16.3	0.460
Yes, when I was both younger and older than 18	94	3.4	37	15.1	<0.001	25	18.5	<0.001
X <sup>2</sup> test result p-value					p = <0.001			p = <0.001
% Calculated out of total	2756		245			135		

More than half of trans participants (54.3%) and non-binary participants (53.3%) reported having had sex forced on them at least once in their lifetime, compared with more than one-quarter (27.0%) of cisgender participants. Approximately 2 in 5 trans participants (39.2%) and non-binary participants (37.0%) had sex forced on them when they were younger than 18, compared with 12.9% of cisgender respondents. A third (n=37/96, 38.5%) of trans participants who had sex forced on them when they were younger than 18 also reported having had sex forced on them when they were older than 18. Half (n=25/50, 50.0%) of non-binary participants who had sex forced on them when they were younger than 18 also reported having had sex forced on them when they were older than 18. There was no difference in the proportions of trans and non-binary respondents, relative to cisgender participants, who only had sex forced on them as an adult (15.1% of trans participants, 16.3% of non-binary participants, and 14.1% of cisgender participants). Of note, many of the trans and non-binary

<sup>2</sup> Recall that trans and non-binary participants were younger than cisgender participants, providing a shorter time period for lifetime exposure measures such as these.

nary participants in this study would have been assigned female at birth, which may confound the significant differences noted here given the disproportionate burden of childhood sexual assault experienced by young people assigned female at birth, particularly given the similar prevalence across gender identity groups of experiences of forced sex only experienced in adulthood.

## Incarceration

Have you ever spent time in a correctional facility?	Cisgender		Trans		Compared with Cisgender	Non-binary		Compared with Cisgender
	n	%	n	%	p (X <sup>2</sup> )	n	%	p (X <sup>2</sup> )
No	2579	95.1	240	92.0		121	88.3	
Yes	134	4.9	21	8.0		16	11.7	
% Calculated out of total	2713		261		<b>0.031</b>	137		<b>0.001</b>

Experience of incarceration varied by gender. Trans participants were more likely than cisgender participants to have spent time in a correctional facility (8.0% vs. 4.9%). Similarly, non-binary participants were more than twice as likely as cisgender participants to report ever having spent time in a correctional facility (11.7% vs. 4.9%).



# Conclusions

Based on the findings presented above, the following subsections provide a brief summary and detail some recommendations for future research, policy, service provision, and programming.

## Social Determinants: Education, Financial Strain, & Immigration

There are many social circumstances, environments, structures and systems that influence and shape individual and community health. Trans and non-binary people and communities who live with inequities in the social determinants of health experience a greater burden of negative health outcomes while also experiencing greater limitations in their access to resources that would improve the situation. These social determinants do not operate in isolation, and interact with each other to affect the intersecting realities of individuals and population-level community well-being. For example, trans and non-binary participants reported lower educational attainment and greater levels of a financial strain than cisgender participants. This highlights the economic barriers facing trans and non-binary people. Greater supports throughout primary, secondary, and tertiary education could help reduce socioeconomic disparities experienced by trans and non-binary individuals. Further, stronger and more active employment protections for trans and non-binary people are needed to ensure equity in hiring processes, workplace environments, and compensation. Future research should examine educational goals, experiences, and retention in programs, and generally explore what kinds of efforts to increase formal education and training may be necessary and desired among trans and non-binary communities. Finally, there were significantly lower levels of trans and non-binary people who reported being born outside Canada. It is critical that future work supporting trans and non-binary people look at policies, services, and programs in terms of access to and discrimination with respect to identity documents, legal barriers, and immigration processes.

## Social Connections

Trans and non-binary participants were more likely to be socially involved in their communities than cisgender participants, demonstrating an engagement with and contribution to improved community and societal well-being. There were no differences between the three gender groups in their self-reported satisfaction with participants' connections to LGBTQ2S+ communities. However, trans and non-binary participants were less satisfied with their connections to gay, bi, and queer men and were more likely to experience discrimination due to their body type, gender, sexual orientation, and their (dis)abilities. This finding highlights important needs for 'within LGBTQ2S+' group interventions, particularly with men, around the inclusivity and affirmation of trans and non-binary people.

## Mental Health & Adverse Experiences

More trans and non-binary participants articulated a desire for help with a variety of different mental health issues beyond gender dysphoria or transition. A comprehensive mental health research strategy and response plan is recommended to address health inequities experienced by these communities. Trans and non-binary participants, particularly those under the age of 25 years, had higher levels of both depression and anxiety symptoms than cisgender participants—a sexual minority sample that already experiences inequities compared with the general population. The higher screening scores of clinical depression and anxiety among trans and non-binary respondents are also despite a greater use of mental health resources than cisgender respondents. It is important for future research and evaluation efforts to carefully study the effectiveness of these resources and their ability to address the unique needs and desires of trans and non-binary people. Increased support is needed both at the clinical and subclinical levels. Further community-driven research on preferences for increasing mental wellness is needed, as is evaluation on how helpful these efforts are for these communities. This work and response must consider holistically the life course experiences of trans and non-binary people and their communities (e.g., community connectedness, social acceptance, violence, discrimination, substance use).

Trans and non-binary people are more likely to experience adverse life experiences, including violence, sexual coercion, and incarceration. Furthermore, trans and non-binary participants had greater levels of anxiety and were more likely to want help with mental health-related concerns. This highlights the need for greater mental health supports and trauma-informed care for trans and non-binary people. That said, these groups were also more likely to utilize many mental health resources than cisgender individuals, suggesting that existing supports may be unsatisfactory and/or ineffective at meeting their needs. More gender-based analysis plus (GBA+) policy interventions that consider trans and non-binary people and their experiences, as

well as cultural safety training for practitioners, might address these challenges. This includes the need for future research to pursue intersectional analyses of the experiences of trans and non-binary people with respect to other social location factors such as race/ethnicity, socioeconomic status, class, and education. Early affirmation of and support for trans and non-binary people may help avert adverse life experiences.

## Health Care & Relationships

Despite similar levels of primary care engagement, future research should more specifically examine trans and non-binary health care needs, access, and uptake. For example, trans people who use hormones without proper medical monitoring are at greater risk for immediate health complications (e.g., cardiovascular event) than cisgender men. As well, trans men who have a cervix are at increased risk for HPV and cervical cancer, and should have equitable access to pap screening. The current survey could not determine whether trans and non-binary participants felt that their provider was competent and met their needs. We did find differences in whether participants reported that their providers knew they had sex with men or not. This may be partially due to differences in the gender of sex and relationship partners, since trans and non-binary participants were half as likely to be partnered with a man and significantly more likely to be partnered with a woman or non-binary person. Alternatively, physicians may not be creating comfortable environments where trans and non-binary clients can disclose their sexual histories. Of note, polyamory was significantly more common among trans and non-binary participants, and these relationships may provide unique opportunities, challenges, and strengths for trans and non-binary people that should not be ignored. Future research, policy, and programs should not assume or require monogamy and should affirm diverse sexual partnership formations.

## Substance Use & Harm Reduction

Generally, there were few differences in the prevalence of different substances used between different gender groups. Trans and non-binary participants were more likely to report smoking or cigarette use than cisgender participants, and non-binary participants were more likely to report crack, heroin, and prescription opioid use than cisgender participants. Trans participants were also more likely to report having injected drugs both recently and in their lifetime. Trans and non-binary participants were more likely to access certain harm reduction services, demonstrating important health seeking practices. However, harm reduction services are underfunded and prioritize overdose prevention over other services due to greater demand and more immediate consequences. Current services and spaces may not be welcoming or affirming of trans and non-binary people, and a review of harm reduction services and treatment programs from a gender equity perspective is needed. Intramuscular injection and related supplies should be available within trans-friendly spaces (e.g., community centres) for those who do not require other harm reduction services.

# Indigenous Two-Spirit People Research

Research and policy makers must heed requests and cautions to not simply conflate Two-Spirit with Western notions of sexual orientation and gender identity. Research with Two-Spirit people led by settler researchers must engage meaningfully with Indigenous people, cultures, and approaches. We did not fully integrate Two-Spirit into this report given these differences in ways of knowing, being, and doing; a stand-alone report that centre's Two-Spirit people and communities' experiences and lived realities is needed. For this Sex Now survey, we consulted and listened to Two-Spirit leaders and made changes to our process and questionnaire as a result. For example, the survey included a question on whether participants were Two-Spirit only for Indigenous participants after asking about ethnoracial identity. This recognizes that Two-Spirit is an Indigenous organizing principle and limits access to this for non-Indigenous participants (i.e., avoids cultural appropriation or misunderstanding of the term). Additional resources should be invested into Indigenous Two-Spirit research to produce culturally relevant knowledge on the unique experiences of Indigenous and Two-Spirit people.



## Context & Limitations

Beyond those limitations mentioned previously, it is worth highlighting some distinctive features of this sample of trans and non-binary people. This is not a comprehensive study nor report of all issues affecting trans and non-binary people in Canada; for example, this report did not include or report on all data available in Sex Now survey (e.g. sexual health, HIV, STBBIs) and other data were not collected in the survey (e.g. disabilities). The Sex Now study is generally known and promoted as a survey of “sex between guys,” although more detailed language and specific eligibility was available in the current survey cycle. This men-focussed approach erases non-binary people, and some potentially eligible trans and non-binary people may have not participated because the language was not inclusive. Future surveys of sexual and gender minority populations should be more intentional about the inclusion of trans and non-binary people (e.g., consider over-recruitment, explicitly recruit from trans and non-binary spaces such as Trans Pride parades, hire trans and non-binary people as study staff and recruiters). Gender groupings for this report were determined through self-reported responses to two survey questions, so participants who skipped these questions or answered “prefer not to say” are not represented in these results. There were significant differences in age structure of the three different gender groups, and it is not possible to know whether this reflects true population differences or our sampling strategy. Regardless, research and programs need better strategies to reach and engage with older trans and non-binary people, especially those who may not identify with “LGBTQ2S+” or sexual orientation minority groups, spaces or places, as older trans and non-binary people may have different experiences and needs. Although we noted greater diversity among trans and non-binary participants in terms of sexual identities, it is worth noting that this sample was recruited at Pride festivals in urban centres. Accordingly, this study and report do not fully represent the experiences of heterosexual trans men and heterosexual non-binary people nor trans and non-binary people who do not live in or visit urban centres. **In summary, this report demonstrates that trans and non-binary people experience significant disadvantages compared with cisgender sexual minority men. It highlights a number of areas for future research and interventions to understand and address health and social inequities of trans and non-binary people with respect to education, employment, mental health, substance use, and social connectivity.**

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