

Trans & Non-Binary People

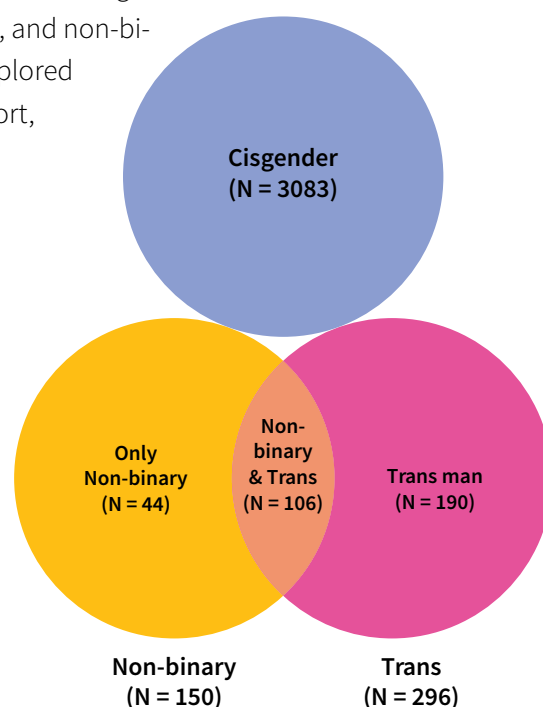


Executive Summary

Overview & Background

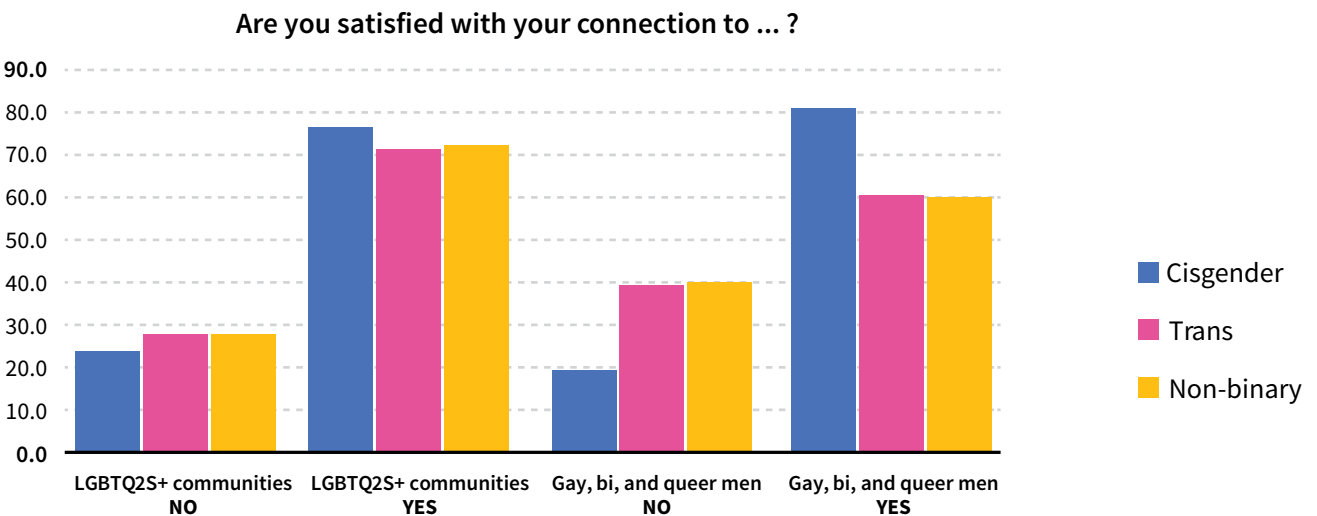
Sexual minority people in Canada continue to experience greater social, economic, and health challenges when compared with their cisgender heterosexual peers. These challenges are often larger for people who are also gender minorities due to the persistence of transphobia and cisnormativity. However, 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.

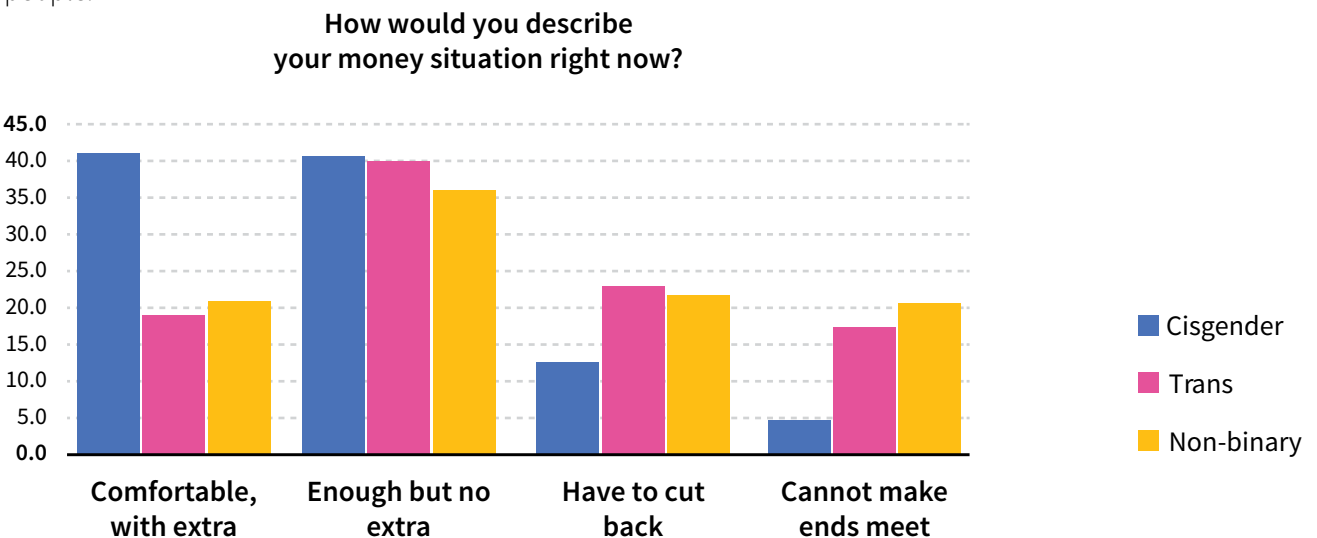


Key Findings & Recommendations

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 programming 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.

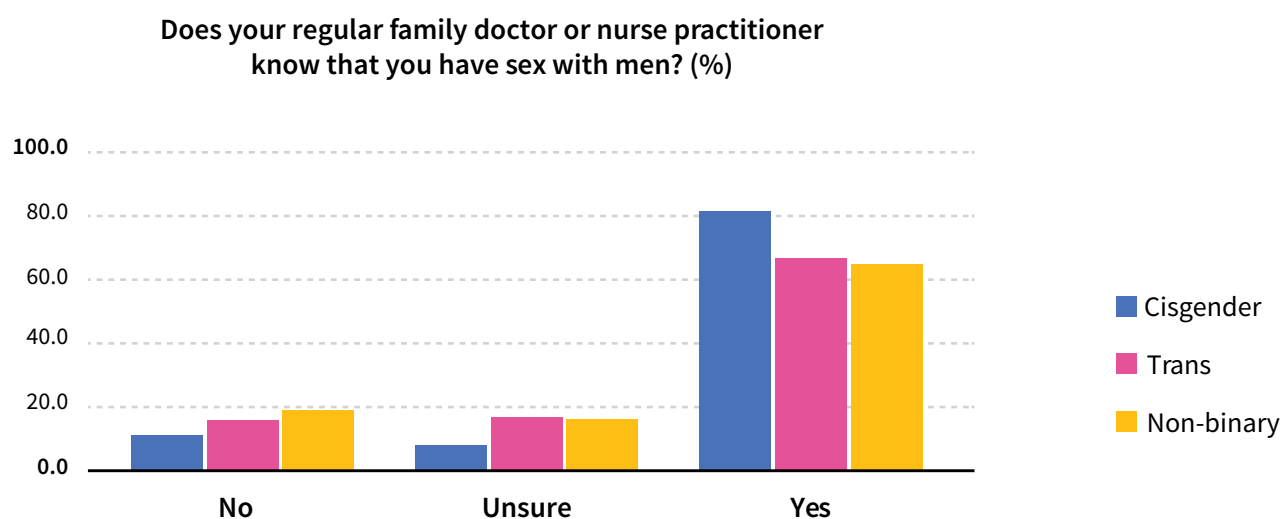


More trans and non-binary youth (aged less than 25) reported depression (trans = 48.3%, non-binary = 55.2%, cis = 21.1%) and anxiety (trans = 57.8%, non-binary = 64.9%, cis = 28.8%). More trans and non-binary participants used at least one support resource in the past year (trans = 65.2%, non-binary = 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.

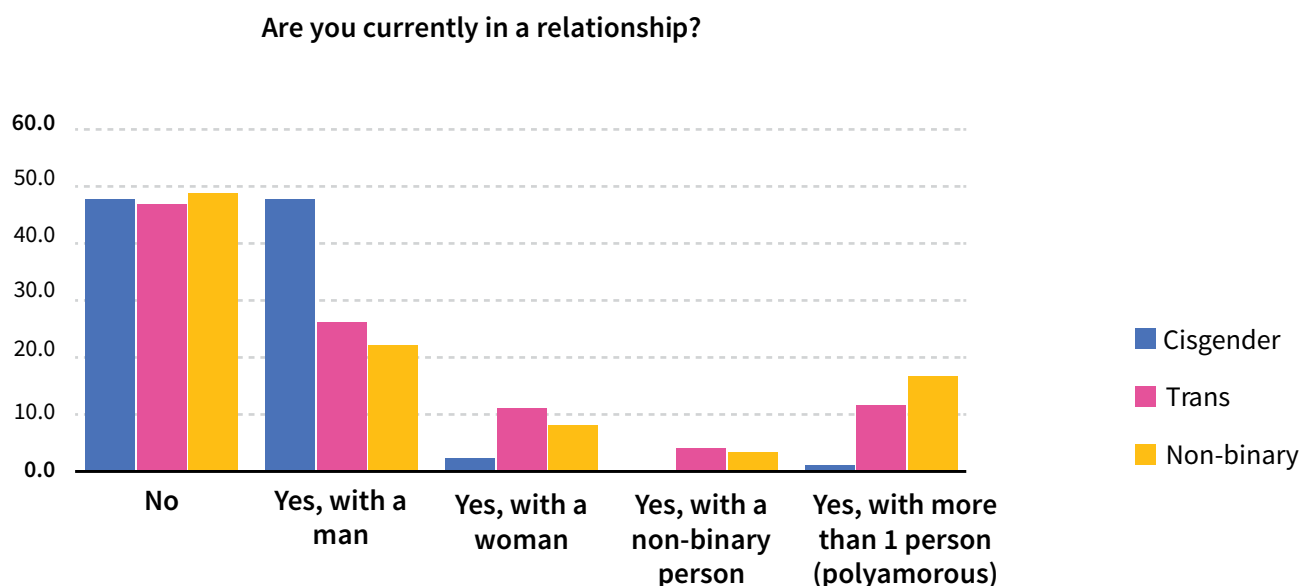
Overall, levels of substance use did not differ by gender group. However, use of certain substances did vary. For example, fewer trans and non-binary participants used poppers (amyl or alkyl nitrites) (trans = 11.9%, non-binary = 16.5%, cis = 21.8%), but more used tobacco (trans = 33.1%, non-binary = 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.



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.



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.

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