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The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. This report presents results from the first national data on health and well-being among non-binary people in Canada.

HEALTH AND WELL-BEING AMONG NON-BINARY PEOPLE

Social support and barriers to health care



Highlights

Among non-binary participants:

- Only 47% were comfortable discussing non-binary health concerns with their primary care provider.
- 1 in 3 reported that their primary health care provider had no knowledge about trans/non-binary health needs.
- 1 in 4 did not have access to in-person spaces specific for non-binary people.
- 59% were misgendered daily.

Context

People who identify as non-binary are those whose gender identities resist/reject the gender binary (man vs. woman). They include people who identify

with a gender other than man or woman, who do not identify with any gender, or who have a gender identity that fluctuates, among other identities.^{1,2} Previous research has found that up to 1 in 3 transgender (trans) people identify as non-binary.^{1,2} Thus, although not all non-binary people identify as transgender or trans,¹ it is important to consider the unique experiences of non-binary people when assessing the health and well-being of broader trans communities.

Particularly within Western societies, the acceptance and visibility of non-binary people have shown recent improvement.² However, compared with the general population and other trans people, non-binary people still have worse mental health, having high rates of depression, suicidality, and self-harm, among other concerns.^{1,3,4} Non-binary people report limited access to culturally competent health care.^{4,6} Research finds that non-binary people are less likely to seek out gender-affirming care than

other trans people, but also that non-binary people who want gender-affirming care experience more barriers to access.⁴ Despite these disparities, research on non-binary people is limited and often focused on youth.³⁻⁵ This report provides the first quantitative nationwide profile of the health and well-being of non-binary people in Canada.

Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people age 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short form online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (only in major cities). The 10-minute short form contained key items from the full survey, and both versions were available in English or French. Participants responding to questions only in the full survey were assigned weights such that their responses reflected the demographic profile of the entire sample, accounting for potential differences between those who opted for the full and short forms. The Trans PULSE Canada survey included questions from the Ontario's Trans PULSE project, questions from Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. This report especially highlights questions developed by the team's Non-Binary Priority Population Team.

How to Interpret

This report presents results comparing non-binary participants with the rest of the Trans PULSE Canada sample (labelled as "rest of sample" in results tables). Participants were asked: "If you had to select ONE response that best describes your current gender identity for the purposes of a survey, what would it be?" In this report, those who responded as "Non-binary, genderqueer, agender, or a similar identity"

Table 1: Distribution of non-binary people across provinces and territories

	Non-binary n= 1327 %	Rest of sample n= 1417 %
Current province/territory		
Alberta	20	18
British Columbia	19	18
Manitoba	3	2
New Brunswick	2	3
Newfoundland and Labrador	1	1
Nova Scotia	3	4
Ontario	34	36
Prince Edward Island	0.4	0.6
Quebec	13	12
Saskatchewan	4	3
Northwest Territories	0.1	0.1
Nunavut	0.1	0
Yukon	0.2	0.4

were categorized as non-binary. Those who responded as "Man or boy," "Woman or girl," or "Indigenous or other cultural gender identity" were categorized as part of the rest of the sample. Almost half (48%, n = 1,327) of all participants identified as non-binary. Questions on employment and income were limited to those aged 16 and older; in this report, results for these questions only include those aged 25 and older.

Although Trans PULSE Canada used multiple approaches to make the survey accessible, it was not possible to conduct a random sample of the trans and non-binary population. Therefore, results cannot be assumed to represent true population demographics. For instance, that 48% of Trans PULSE Canada participants were non-binary, does not mean exactly 48% of all trans and non-binary people in Canada are non-binary.

The final column of all comparative tables in this report contains a p-value. A p-value indicates whether there is a statistically significant difference between groups. Tables 2-6, 7 and 8 compare non-binary participants and the rest of the sample and Table 6a compares non-binary participants assigned male sex at birth (AMAB) and those assigned female

Table 2: Socio-demographics

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Age			
14 - 19	11	15	
20 - 24	26	17	
25 - 34	41	32	
35 - 49	17	22	
50 - 64	4	12	
65 +	0.5	2	
Sex assigned at birth			
Male	18	47	
Female	82	53	
Sexual orientation (check all that apply) ^b			
Asexual	18	9	<0.0001
Bisexual	27	29	0.281
Gay	12	13	0.577
Lesbian	11	20	<0.0001
Pansexual	36	27	<0.0001
Queer	70	34	<0.0001
Straight or heterosexual	2	13	<0.0001
Two-Spirit	2	5	<0.0001
Unsure or questioning	7	10	0.033
Relationship status ^c			
In a relationship(s)	57	49	
Not in a relationship	43	51	
Indigenous in Canada			
Indigenous in Canada	7	11	0.0002
Not Indigenous in Canada	93	89	
Racialization			
Racialized	14	13	0.429
Not racialized	86	87	
Immigration history			
Newcomer (past 5 years)	4	3	0.407
Immigrant (non-newcomer)	9	9	
Born in Canada	87	88	
Urban / rural ^d			
Rural or small town	5	8	0.0002
Not rural or small town	95	92	

Table 2: Socio-demographics, continued

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Disability identities (check all that apply) ^b			
Autistic	15	12	0.012
Blind	0.5	0.4	0.692
Crip	3	1	0.001
Deaf	1	1	0.837
Disabled or living with a disability	23	16	<0.0001
Chronic pain	25	17	<0.0001
Neurodivergent	41	21	<0.0001
Psychiatric survivor, mad, or person with mental illness	52	36	<0.0001
Other (not listed above)	7	6	0.250
Education (age ≥ 25) ^e			
< High school	2	5	
High school diploma	7	8	
Some college or university	20	23	
College or university degree	48	48	
Grad/professional degree	23	16	
Employment situation (age ≥ 25) ^{c, e}			
Permanent full-time	42	45	0.001
Employed, not permanent full-time	39	30	
Not employed or on leave	13	18	
Not employed and student or retired	6	7	
Personal annual income (age ≥ 25) ^e			
None	2	1	0.001
< \$15,000	25	23	
\$15,000 - \$29,999	27	21	
\$30,000 - \$49,999	23	22	
\$50,000 - \$79,999	16	18	
\$80,000 +	8	14	
Low-income household (past year, age ≥ 25) ^e			
Low-income household	42	38	0.103
Non-low-income household	58	62	

- a Values <0.050 indicate that differences between groups are statistically significant.
- b Participants could select more than one option, so total will be more than 100%.
- c These variables were missing for 10% of participants or more.
- d Rural and small town includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.
- e Personal income, education, and employment are reported here for those ages 25 and older; additional data on student status and other factors will be reported in our youth report.

sex at birth (AFAB). P-values that are less than 0.0500 indicate that differences between groups are statistically significant, while p-values that are greater than or equal to 0.0500 indicate that there is no statistically significant difference.

Socio-Demographics

Table 1 shows that non-binary participants were similarly distributed across the provinces and territories compared to the rest of the Trans PULSE Canada sample. The largest proportion of participants reported currently living in Ontario, followed by Alberta and British Columbia, then Quebec.

Table 2 shows that the largest proportions of both non-binary participants and the rest of the sample were between the ages of 25 and 34 (41% and 32%, respectively). Non-binary participants were more likely than the rest of the sample to be youth (ages 24 and under, 37% vs. 32%), and less likely to be over the age of 50 (4.5% vs. 14%). Most non-binary participants were AFAB (82%), whereas 18% were AMAB. A large majority of non-binary participants identified as queer, being two times more likely than the rest of the sample to identify as such (70% vs. 34%). Non-binary participants were also more likely than the rest of the sample to identify as disabled or living with a disability (23% vs. 16%). Non-binary participants were two times as likely as the rest of the sample to identify as neurodivergent (41% vs. 21%).

Among those ages 25 and older, the majority of both non-binary participants (71%) and the rest of the

sample (64%) had at least a college or university degree and the majority was employed. However, a significantly larger proportion of non-binary participants had a graduate/professional degree compared with other Trans PULSE Canada participants (23% vs. 16%). Despite this, non-binary participants reported lower annual incomes than the rest of the sample, being less likely to report an income greater than \$80,000 (8% vs. 14%), and more likely to report an income of less than \$30,000 (54% vs. 45%).

Health and Well-being

Table 3 shows that non-binary participants generally had worse self-reported health and health care access than the rest of the sample. While most participants had a primary health care provider, 25% of non-binary participants did not, compared with 14% of the other Trans PULSE Canada participants. Half (52%) of the non-binary sample reported past-year unmet health care needs, a significantly larger proportion than the rest of the sample which was a still notable 38%. Non-binary participants had worse self-rated physical and mental health than other survey participants, with 62% of non-binary participants self-reporting fair or poor mental health compared with 49% of the rest of the sample. One in three non-binary participants reported considering suicide in the past year. Non-binary participants were less likely than other participants to be planning to receive any gender-affirming medical care. However, among those who sought gender-affirming care, non-binary participants were about half as likely to have received all the gender-affirming care they needed compared with the rest of the sample (16% vs. 35%).

In the past 5 years, non-binary participants generally experienced higher levels of sexual harassment (50% vs. 35%) and sexual assault (30% vs. 22%) than the other Trans PULSE Canada participants. A large majority of the non-binary sample (70%) reported verbal harassment. Non-binary participants reported lower levels of transphobic physical and/or sexual assault than the rest of the sample (16% vs. 20%). A notable 59% of non-binary participants reported avoidance of

Table 3: Health & well-being

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Has primary health care provider			
Yes	75	86	
No	25	14	
Unmet health care need(s) (past year)			
Unmet need(s)	52	38	
No unmet need	48	62	
Avoided emergency room (past year)			
Yes	9	14	
No	70	64	
Never needed ER care	21	22	
Gender-affirming medical care status			
Had all needed care	16	35	
In the process of completing	19	45	
Planning, but not begun	15	14	
Not planning	20	3	
Unsure if going to seek care	30	4	
Self-rated health			
Excellent or very good	32	42	
Good	37	36	
Fair or poor	31	23	
Self-rated mental health			
Excellent or very good	11	22	
Good	28	29	
Fair or poor	62	49	
Considered suicide (past year)^b			
Yes	31	32	
No	69	68	
Attempted suicide (past year)^b			
Yes	5	6	
No	95	94	
Experienced violence or harassment (past 5 years, check all that apply)^{b,c}			
Verbal harassment	70	66	0.020
Physical intimidation or threats	37	37	0.968
Physical violence	16	17	0.649
Sexual harassment	50	35	<0.0001
Sexual assault	30	22	<0.0001

Table 3: Health & well-being, continued

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Transphobic physical or sexual assault (past 5 years)^{b,d}			
Yes	16	20	0.006
No	84	80	
Avoided public spaces for fear of harassment or outing (past 5 years)^{b,e}			
No avoidance	19	12	
1 or 2 types of spaces	21	19	
3 or more types of spaces	59	68	
Avoidance of specific spaces for fear of harassment or outing (past 5 years, check all that apply)^{b,c}			
Public washrooms	56	68	<0.0001
Gyms or pools	54	70	<0.0001
Travelling internationally	37	41	0.022
Travelling within Canada	10	16	<0.0001
Housing security^b			
Secure	90	90	0.535
Insecure ^f	10	10	
Household food security (past year)^b			
Always had enough to eat	86	84	0.520
Sometimes did not have enough	11	12	
Often did not have enough	3	4	

a Values <0.050 indicate that differences between groups are statistically significant.

b These variables were missing for 10% of participants or more.

c Participants could select more than one option, so total will be more than 100%.

d Experience happened “because you’re trans or non-binary.”

e Of 14 spaces given as options in survey (e.g., public washrooms, schools, being out on the land, public transit).

f Included living in shelters, motels or boarding houses, temporarily with partners/friends/family, on the street, in a car, or in an abandoned building.

3 or more types of public spaces such as washrooms and gyms, with the rest of the sample reporting even higher levels (68%).

Primary Care Experiences

Table 4 indicates that, overall, non-binary participants reported worse experiences in primary care than other Trans PULSE Canada participants. Among those with a primary health care provider, 59% of non-binary participants had a primary health care provider that knew about their trans/non-binary identity, compared to 92% of all other participants. Non-binary participants were also less comfortable discussing trans/non-binary health needs with their primary health care providers, with 47% very or mostly comfortable, compared to 79% of other participants. **One in three non-binary participants reported that their primary health care provider had no knowledge about trans/non-binary health needs. In the past 12 months, less than half (47%) of non-binary participants were referred to by their correct name or pronouns by their provider**, compared to 80% of other participants.

Barriers to Gender-Affirming Care

Table 5 shows that more than 1 in 3 Trans PULSE Canada participants were on a waitlist for gender-affirming care, and this level was similar for non-binary participants. The most common barriers to gender-affirming care for non-binary and other participants were the cost of treatment and transportation to treatment. A significantly greater proportion of non-binary participants ages 14-24 (29%) could not afford travel to treatment compared to non-binary participants ages 25+ (16%). Among non-binary participants, no other statistically significant differences by age group were found (results for analyses by age not shown in tables).

When it comes to sharing information at a mental health assessment, more than 1 in 3 non-binary participants avoided sharing information about their mental health to receive gender-affirming care. More than 1 in 5 non-binary participants avoided discussing their non-binary identity for this reason.

Table 4: Primary care experiences among those who have a primary health care provider

	Non-binary n= 954 %	Rest of sample n= 1138 %	P-value ^a
Primary care provider knows you're trans or non-binary			
Yes	59	92	
No	41	8	
Comfort discussing trans/non-binary health needs with primary care provider			
Very or mostly	47	79	<0.0001
Somewhat	25	13	
Not at all	28	9	
Primary care provider's level of knowledge about trans/non-binary health needs			
Very or mostly	34	53	<0.0001
Somewhat	33	30	
Not at all	33	17	
Primary care provider experiences (past 12 months, check all that apply) ^b			
Clinic used inclusive forms	25	40	<0.0001
Provider asked about name or pronouns	31	35	0.095
Provider used correct name or pronouns	47	80	<0.0001
Repeatedly misgendered by provider	27	10	<0.0001

a Values <0.0500 indicate that differences between groups are statistically significant.

b Participants could select more than one option, so total will be more than 100%.

Experiences Related to Misgendering

Table 6 shows that more than twice as many non-binary participants as other Trans PULSE Canada participants (59% vs. 26%) reported being misgendered daily. A high proportion (70%) of non-binary participants either never corrected others when misgendered or corrected others less than half the time. However, more than half of non-binary par-

Table 5: Barriers to gender-affirming medical care among those planning or in the process of completing desired care

	Non-binary n= 415 %	Rest of sample n= 752 %	P-value ^a
Barriers delaying gender-affirming care (check all that apply)^b			
Can't afford treatment	34	34	0.884
Can't afford travel to treatment	21	22	0.914
Denied due to gender identity/expression	3	2	0.257
Denied due to weight	7	6	0.369
Denied due to mental health	6	4	0.244
Denied due to autism	0.5	0.4	1.000
On a waitlist	35	39	0.154
At a mental health assessment, avoided sharing information about: (check all that apply)^{b, c}			
Mental health	35	32	0.524
Autism	8	4	0.224
Non-binary identity	23	9	0.001
Gender dysphoria, or lack of dysphoria	17	12	0.208
Time spent living in true gender	11	8	0.452

a Values <0.0500 indicate that differences between the non-binary total and rest of sample total columns are statistically significant.

b Participants could select more than one option, so total will be more than 100%.

c Among participants who had a mental health assessment for gender-affirming medical care in the past 12 months.

ticipants (57%) and an even greater proportion of other survey participants (73%) reported feeling very or quite upset upon being misgendered.

Table 6a shows that the largest proportion of both AMAB and AFAB participants used they/them pronouns in day-to-day life, with 84% and 89% using these pronouns, respectively. Those AMAB were more likely to use she/her pronouns than those AFAB (42% vs 14%), and those AFAB were more likely to use he/him pronouns than those AMAB (28% vs. 15%). Appreciable proportions of both AMAB and AFAB participants (10% and 6%, respectively) used

Table 6: Experiences related to misgendering

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Frequency misgendered^b			<0.0001
Every day	59	26	
Every week	24	23	
Every month	7	19	
Every year	4	15	
Never	7	16	
Frequency you correct others when they misgender you^{b, c}			<0.0001
All or most of the time	13	33	
Half the time	17	15	
Less than half the time	42	31	
Never	28	22	
Reaction to misgendering^{b, c}			<0.0001
Very or quite upset	57	73	
Neutral	25	15	
Not very upset, or not upset at all	17	12	

a Values <0.050 indicate that differences between groups are statistically significant.

b These variables were missing for 10% of participants or more.

c Among participants who have been misgendered.

pronouns not provided as options in the survey, which were he/him, she/her, they/them, or ze/zir.

Relationship with Broader Trans Communities

Table 7 shows that non-binary participants had a weaker relationship with broader trans communities than the rest of the sample. In in-person trans spaces, less than half of the Trans PULSE Canada sample reported a very or somewhat strong sense of belonging, with a smaller proportion of non-binary participants reporting this compared with the rest of the sample (40% vs. 49%). Furthermore, **1 in 4 non-binary participants did not have access to in-person spaces specific for non-binary people**.

Table 6a: Pronouns among those who have asked people to use other pronouns to better reflect their gender

Non-binary		P-value ^a
AMAB	AFAB	
n= 139 %	n= 788 %	

**Pronouns used in day-to-day life
(check all that apply) ^b**

She/her	42	14	<0.0001
He/him	15	28	0.001
They/them	84	89	0.091
Ze/Zir	2	3	0.859
Other	10	6	0.056

AMAB= Assigned male sex at birth.

AFAB= Assigned female sex at birth.

a Values <0.050 indicate that differences between groups are statistically significant.

b Participants could select more than one option, so total will be more than 100%.

Non-binary participants were less likely to be “very or mostly” comfortable with being described as “transgender” (55% vs. 67%) and “trans” (67% vs. 77%), compared with other Trans PULSE Canada participants. Among both non-binary and other survey participants, a greater proportion was comfortable being described as “trans” than being described as “transgender.” Among non-binary participants, 74% of those ages 14-24 were “very or mostly” comfortable being described as “trans” compared to 64% of those ages 25-49 and 54% of those ages 50 and older. However, a notable 32% of non-binary participants ages 50 and older were “somewhat” comfortable being described as “trans” compared to 15% of those ages 14-24, and 23% of those ages 25-29. These differences between age groups among non-binary participants were statistically significant (results for age differences not shown in tables).

Romantic Partner Support and Transphobic Violence

Table 8 shows that, among non-binary people who had romantic relationships in the past 12 months,

Table 7: Relationship with the broader trans community

	Non-binary n= 1327 %	Rest of sample n= 1417 %	P-value ^a
Sense of belonging in trans spaces in-person <0.0001			
Very or somewhat strong	40	49	
Somewhat weak	28	19	
Very weak	16	10	
Don't have access to these spaces	11	13	
Not interested in these spaces	4	9	
Sense of belonging in non-binary spaces in-person <0.0001			
Very or somewhat strong	47	19	
Somewhat weak	16	14	
Very weak	9	11	
Don't have access to these spaces	25	15	
Not interested in these spaces	2	42	
Comfortable being described as “transgender” <0.0001			
Very or mostly	55	67	
Somewhat	27	21	
Not at all	18	12	
Comfortable being described as “trans” <0.0001			
Very or mostly	67	77	
Somewhat	20	15	
Not at all	12	8	

a Values <0.0500 indicate that differences between the non-binary total and rest of sample total columns are statistically significant.

the majority had partners who actively supported their trans or non-binary identity. Partners supported their identity by affirming their clothing or gender expression (88%), introducing them to friends and family (88%), and advocating for others to use their correct name or pronouns (80%). There was a low prevalence of transphobic violence perpetrated by romantic partners who, for most of the non-binary

sample, did not interfere with their gender-affirming care (97%), nor their clothing or gender expression (91%). Half (51%) of non-binary participants had romantic partners that reduced contact with people who were unsupportive of their non-binary gender. This is still a significantly lower proportion than other Trans PULSE Canada participants (63%).

Conclusion

This report presents the first national, quantitative data on non-binary people in Canada ages 14+. Half (48%, n = 1,327) of Trans PULSE Canada participants identified as non-binary. Non-binary participants had poorer self-rated physical and mental health, and lower general and gender-affirming health care access than the rest of the sample. Non-binary participants also experienced slightly higher levels of sexual assault, sexual harassment, and verbal harassment than the other survey participants. However, they were less likely to report physical or sexual violence specifically due to being trans or non-binary. Non-binary participants had a weaker connection to broader trans communities.

As Trans PULSE Canada recruited both trans and non-binary people in its promotional messaging, non-binary people that do not identify as trans may have been disproportionately excluded in our sample. Future research should aim to employ probabilistic sampling methods, and recruit a larger sample to increase the power to detect statistically significant differences not only between non-binary people and other non-cisgender people, but also between groups within non-binary communities, such as age groups. The identities that fall underneath the non-binary umbrella (e.g. genderqueer, agender, etc.) should also be disaggregated and explored both individually and in comparison to one another.

The differences found between non-binary and other non-cisgender participants point to a need for research examining non-binary people's experiences separately from those of broader trans communities. These differences also warrant the development of

Table 8: Romantic partner support and abuse related to being trans or non-binary among those who have had a romantic relationship in the past 12 months

	Non-binary n= 749 %	Rest of sample n= 700 %	P-value ^a
Affirmed your clothing or gender expression ^b			0.007
Yes	88	92	
No	12	8	
Introduced you to friends/family ^b			0.067
Yes	88	84	
No	12	16	
Advocated for others to use your correct name or pronouns ^b			0.086
Yes	80	84	
No	20	16	
Reduced contact with people who weren't supportive of your gender ^b			0.0003
Yes	51	63	
No	49	37	
Partner interfered with gender-affirming care ^b			0.199
Yes	3	4	
No	97	96	
Interfered with clothing or gender expression ^b			0.352
Yes	9	8	
No	91	92	
Avoided introducing you to friends/family ^b			0.175
Yes	13	16	
No	87	84	

^a Values <0.0500 indicate that differences between groups are statistically significant.

^b Among those for whom this question was applicable.

policies and programs that specifically support non-binary people, such as a greater incorporation of non-binary needs and experiences in health professional training, and the creation of public spaces specifically for non-binary people. Future research should ex-

amine characteristics of supportive romantic relationships and other sources of support, strength, and thriving for non-binary people, which can inform more balanced and holistic health promotion for these diverse communities.

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