MAPPING THE VOID: TWO-SPIRIT AND LGBTIQ+ EXPERIENCES IN HAMILTON

A RESEARCH PARTNERSHIP AMONG: McMaster University, The AIDS Network and Hamilton community researchers who identify as Two-Spirit and Lesbian, Gay, Bisexual, Transgender, Intersex, Queer JUNE 11, 2019



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1.0 INTRODUCTION/ SETTING THE STAGE: OUR CHANGING NEEDS

In September of 2016, the Steel Lounge – a gay restaurant and bar – closed its doors. Earlier that year, The Well: Hamilton's LGBTQ+ Community Wellness Centre shut down after 10 years, as had the Embassy Nightclub, which had served our communities younger patrons since the mid-90s. For the first time in decades, Hamilton's Two-Spirit and LGBTIQ+ communities were without any community space to call their own. Without visible, dedicated public spaces, there was a sense that while Hamilton may be home to queer people, it lacked queer *community* – at best, it was now much harder to find. While the sustainability of any particular business or social service should not be taken as a good indicator of the health of the communities it serves, there could be little doubt that these closures pointed to changes in the needs of Two-Spirit and LGBTIQ+ Hamiltonians. The closure of dedicated Two-Spirit and LGBTIQ+ social spaces is not unique to Hamilton – it has been occurring in cities across North America and Europe.

To some degree, the decline of Two-Spirit and LGBTIQ+ spaces, particularly commercial ones, has occurred alongside advances in the legal recognition of our communities rights, as well as the more widespread acceptance of people of diverse sexual orientations and (to a lesser extent) gender identities in society. Sexual orientation was recognized as a protected ground under the Charter of Rights and Freedom in 1995, leading up to the recognition of same-sex marriage in 2005, and to the extension of rights to adopt and access assisted reproduction. According to CROP polling firm, as many as 75% of Canadians were in favour of same sex marriage in 2017¹ (CBC, 2017). This means that many people still do not support equal rights for Two-Spirit and LGBTIQ+ people, and some may be hostile towards them. The same poll found that three quarters of Two-Spirit and LGBTIQ+ people had experienced bullying. This lack of complete acceptance also takes a toll on mental health; for example, numerous studies have found that Two-Spirit and LGBTIQ+ youth, particularly those who identify as transgender, have a suicide risk several times higher than that of cisgender, heterosexual individuals² (di Giacomo et al. 2018).

Shifts in acceptance have not been equally beneficial for all members of Two-Spirit and LGBTIQ+ communities. Gender expression and gender identity only became protected grounds under the Canadian Human Rights Act in 2017, and in Ontario's Human Rights Code since 2012, and transgender people continue to face structural barriers, discrimination and violence that result in negative health outcomes. Moreover, the CROP poll cited above found that racialized people were less likely to be accepted by family and friends. In other words, while some members of our communities – notably affluent, white, able-bodied, middle-class lesbians and gay men – may not feel that they need dedicated community spaces, this is not true for many others – particularly those who are transgender, racialized, Indigenous, living with disabilities, and/or living in poverty. Because people's identities are composed of multiple intersecting aspects, many members of Two-Spirit and LGBTIQ+ communities face intersecting barriers based on race, ability, age, and income. For these groups, services and spaces are critical and

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¹ CBC 2017. For Canada's LGBT community, acceptance is still a work in progress, survey suggests CBC News · Posted: Aug 09, 2017 11:14 AM ET | Last Updated: August 9, 2017 retrieved April 3rd, 2019, https://www.cbc.ca/news/canada/montreal/canada-lgbt-community-survey-1.4240134

² di Giacomo, E., Krausz, M, Colmegna, F., Aspesi, F. and M. Clerici. 2018. Estimating the Risk of Attempted Suicide Among Sexual Minority YouthsA Systematic Review and Meta-analysis. JAMA Pediatr. 172(12):1145-1152. doi:10.1001/jamapediatrics.2018.2731

need to continually adapt to their specific needs (Oswin 2008; Nero 2005; Manalansan 2005; Doan 2007).

In the fall of 2016, when we first began developing this study, there was no permanent, public social space for Two-Spirit and LGBTIQ+ community members, and very few services designed to assist them. Since this time, several social service organizations have begun to fill the void by providing services for Hamilton's Two-Spirit and communities. The AIDS Network, which since its inception in 1986 has always provided services to Hamilton's diverse queer communities, has responded to the recent decline in spaces and services by expanding its mandate to provide more generalized, non-AIDS related programming. The AIDS Network became a formal partner on the project in the fall of 2017 and intends to use the information from the study to tailor their current services more towards the needs of Two-spirit and LGBTIQ+ communities. The information will also be used to assess whether additional services are needed.

This report builds on previous studies within Hamilton's Two-Spirit and LGBTIQ+ communities. In partnership with Hamilton Pride Festival Inc., the Social Planning and Research Council (SPRC) of Hamilton conducted a needs assessment report in 2006-7. This involved a survey at Pride and in various community locations, with multiple follow-up focus groups. Numerous community members were involved in its design and implementation. The report was well-received by the community but received a small number of responses and covered a limited range of needs. A subsequent 2016 study was more limited, conducted with few resources and short timelines. Consisting of only a handful of focus groups, few community members were involved in its design, implementation or response. This update ignited a community conversation within Hamilton's Two-Spirit and LGBTIQ+ communities about lack of services and meaningful engagement of issues facing our diverse communities. During two town hall meetings in the fall of 2016 and the winter of 2017, there was discussion of the need for a more comprehensive, bottom-up, needs assessment that would provide a detailed picture of the changing realities of life for Two-Spirit and LGBTIQ+ Hamiltonians. The team behind *Mapping the Void* set out to meet this need.

Mapping the Void aimed to capture the full range of Two-spirit and LGBTIQ+ experiences, especially those of traditionally marginalized populations. By exploring a variety of dimensions, the project aimed:

- 1. to engage Two-spirit and LGBTIQ+ communities in Hamilton in the process of designing and implementing a survey;
- 2. to describe the lived experiences of Two-Spirit and LGBTIQ+ people; and
- 3. to deduce what services, spaces, and institutional changes are needed to meet the needs of Two-Spirit and LGBTIQ+ people in Hamilton.

The rest of this report is divided into five sections. We begin by describing our methodology (Section 2.0) and how community members shaped the scope and approach of the survey. In Section 3.0 – "Who We Are" – we provide a snapshot of Hamilton's Two-Spirit and LGBTIQ+ communities and compare the characteristics of survey respondents to the greater Hamilton population. Section 4.0 – "Our Experiences" – describes community-members' experiences in a wide variety of spaces and with diverse institutions, organizations and social services. Section 5.0 – "Community Connections and Desires" – examines how Two-Spirit and LGBTIQ+ people

generally feel about Hamilton, as well as what services they leave the city for. We end with Section 6.0 – "Conclusions" to provide some thoughts about the study's findings and the future for Two-Spirit and LGBTIQ+ people in Hamilton.

1.1 A note about terminology

Language is important because it can be used to affirm or dismiss people's identities and lived experiences. Affirming language is also critical to ensuring that everyone under the broad umbrella of gender and sexual minorities is included. Having said this, language is always evolving to better represent the many facets of our diverse communities. As a result, there are many different views on how gender and sexuality should be represented. As a result of feedback from the town hall session, we have decided to change the language used in the report from the original terms used in the distributed survey. When designing the survey, we used the initialism LGBTQ2SIA+ communities. Two-Spirit and LGBTIQ+ is used throughout the report, and LGBTQ2SIA+ is used when the report makes reference to the specific wording of survey questions that were asked.

Since the time of conducting the study, Two-Spirit members of our communities, requested that Two-Spirit be separated from the initialism and written in full before the rest of the initialism This change reflects our desire to de-colonize our community practices by ensuring that Two-Spirit members are not hidden within the initialism, and to affirm that the marginalization of Two Spirit people in our society is not a result of Indigenous cultural tradition, but rather an extension of the settler-colonial marginalization of Indigenous people as well as all people of diverse sexual orientations and gender identities. We also hope that writing 'Two-Spirit' out fully helps to educate people within and outside of Two-Spirit and LGBTIQ+ communities in Hamilton about the presence and importance of Two-Spirit people. We must also acknowledge that while this choice in language represents our commitment to emerging best practice and respect for the direction received by our communities in consultation, that it could give the impression that this study includes meaningful data relating to people who identify as Two Spirit, which is unfortunately not the case. Two Spirit respondents represent too small a group in our sample to make any meaningful observations or recommendations specific to Two Spirit people, and we strongly recommend more research is done specifically examining the needs of Two Spirit people in Hamilton.

Also note that the survey used the term "racialized minorities" as synonymous for people of colour. Although there is emerging literature in critical race theory that characterizes all people, regardless of skin colour as "racialized", for the purposes of this report, the language will be "racialized people" or "people of colour" to denote all people who are not white and "white people" to denote people who did not self select into categories indicating racial minority or racially marginalized status.

1.2 Limitations of the study

We recognize that life experiences are not only the result of someone's gender identity and/or sexual orientation but also the product of the how these intersect with other social markers such as ability, income, being Indigenous, or whether or not a person is racialized. Where possible, we compared outcomes among distinct populations under the Two-Spirit and LGBTIQ+ umbrella. However, this was not always possible, both because of the limitations of our sample and

because of the small numbers within some categories in the overall surveyed population. Of particular note, the numbers of trans women, Two-Spirit LGBTIQ+ people, and older adults (64+) were too small to be analyzed. We recommend that future studies use sampling strategies particularly targeted to studying the experiences of these groups.

2.0 A GRASSROOTS APPROACH: METHODOLOGY

The research for this report emerged from community discussion and was developed and implemented by community members. In this sense, every aspect of the research, including the research questions themselves, reflect the values and priorities of Two-Spirit and LGBTIQ+ people living in Hamilton. The project therefore engaged a community-based participatory-research approach to building and implementing the survey.

The project began as a response to two town hall meetings, which took place in October 2016 and January 2017. These broadly publicized meetings brought Two-Spirit and LGBTIQ+ community members together to discuss the future of research involving their communities in Hamilton. Interested participants were invited to form a research steering committee. To keep to a commitment of openness and inclusion, anyone who identified as Two-Spirit or LGBTIQ+ was welcome to join the steering committee at any point during the research, as long as they lived or worked in the Greater Hamilton Area.

Early on, the steering committee decided to use an online survey method, believing that it would encourage the greatest participation from Two-Spirit and LGBTIQ+ people who are often considered a "hidden population". This method was thought to be beneficial in reaching people who may not be 'out'. The steering committee spent six months drafting questions and consulting with over 30 key informants about what questions should be asked and how they should be worded. Key informants included Two-Spirit and LGBTIQ+ people working for organizations serving Two-Spirit and LGBTIQ+ people, as well as individuals from social groups not represented by the steering committee.

Those who participated in this step of survey formation were incredibly productive! The number of questions they came up with made for an overly long survey, so at this stage the survey was divided into sections to make participation easier. Demographic questions, as well as questions that were identified as having the highest priority were included in a General Survey, which all survey participants were required to complete. After completing the General Survey, respondents were then able to choose whether or not to participate in several sub-surveys that would capture more detailed information about a variety of topics. These included: Health; Trans Experiences; Work, Employment, and Income; Recent Education; Housing; Religion, Spirituality, and Faith; Body Image, Sex, and Relationships; general HIV-Related Questions; Justice and Violence; and Parent/Guardian/Caregiver of Children.

The survey was open to anyone over the age of 16 who identified as 'LGBT2SIQ+' (or was romantically or sexually involved with someone of the same gender) and who also lived, worked, or played in the City of Hamilton. The survey was launched on the LimeSurvey platform hosted by McMaster on June 15th, 2018.

The success of the project depended heavily on reaching a large and diverse sample of Two-Spirit and LGBTIQ+ community members, spanning dimensions of age, race, class, disability, and HIV risk factors, as well as geographic coverage of Hamilton. We used \$5 gift cards and a draw for an iPad to incentivize participation. The research team promoted the survey in three main ways. First, we relied on our own personal networks including e-mail lists, word of mouth and social media. We also promoted the survey at Two-Spirit and LGBTIQ+ community events, spaces and groups (including Pride Events, Queer Pub Night, Cedars Campground, SAGE,

Hamilton's Trans Youth Support Group, PFLAG and Speqtrum). One of our most successful outreach endeavours came from having a survey booth at Hamilton's Pride Festival in June 2018, where individuals could fill out the survey on-site on one of five iPads. Hundreds of leaflets were handed out over the course of the day encouraging engagement. Last, we promoted the survey using posters in public spaces such as Hamilton Public Library, grocery store bulletin boards and coffee shops. Paper surveys were available at The AIDS Network and at the North Hamilton Community Health Centre – now known as Compass Community Health - to allow people without Internet access to participate. To refer to a paper copy of the survey as they were printed, please see Appendix A.



The survey remained open until September 30th, 2018, at which point responses from 906 unique individuals had been collected. Data was analyzed from October 2018 to February 2019. Responses to demographic questions that allowed multiple answers were recoded into larger categories for analysis.

On January 31st, 2019, The AIDS Network, Speqtrum and the YWCA partnered to organize a town hall meeting with Hamilton's Two-Spirit and LGBTIQ+ communities. The aim was to present initial findings and solicit community feedback for the final report. This meeting, which was attended by approximately 40-50 people despite very cold temperatures, informed additional analysis as well as the overall direction of the final report. In general, attendees called for greater information about some demographic groups, such as people living with disabilities and older

adults. There was also interest in analyzing data with university students removed because university students were over-represented in the sample and some thought that their presence in the sample might under represent discrimination and over represent access to resources and support. Others also requested more information about mental health, police interactions, as well as insignificant and/or positive data to frame other results. The research team responded to these requests wherever possible. As mentioned in the limitations above, there were times when the number of responses became too small to provide an accurate picture of what specific groups experience.



3.0 WHO WE ARE

This section describes the demographic characteristics of those who responded to the survey and compares these characteristics to those of the population at large. These characteristics are interesting in themselves, since there is no good existing source of demographic information about Hamilton's Two-Spirit and LGBTIQ+ population. Just as importantly, this section identifies groups that we heard from more than we might have expected and groups that we heard from less than we would have hoped for. Although we heard from many more people than any local needs assessment has ever achieved before, there are still limitations to be aware of. The survey received a total of 906 valid responses. On the basis of national survey numbers³, the total size of Hamilton's Two-Spirit and LGBTQ+ population, 16 years of age or older, should be in the order of 27,000. That means we heard from about 3.3% of the whole community – about 1 in 30.

We wanted to hear from people who 'live, work, study, or play in Hamilton', since we know that as a larger centre, Hamilton serves as a cultural, economic and services hub for people living in the region more broadly and that Hamilton may be a critical access point for services for Two-Spirit and LGBTQI+ people living in surrounding communities. To find out where people live, we asked for the first three digits of their postal codes. Using these partial postal codes, it was determined that 74.7% of respondents were Hamilton residents, while 7.0% were living elsewhere, and are assumed to either work or spend leisure time in the city (of 906). 18.3% of participants did not provide their postal code data (of 906).

Though 906 people filled out the general survey, only a portion of these respondents filled out additional modules. 52.5% of all survey participants also filled out at least one optional module (of 906). Table 3.0.1 shows the percent of all respondents who completed each section.

Table 3.0.1: Percent of all respondents who completed each optional survey modern
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Section	Respondents (%)
Health	46.0
Trans Experiences	10.7
Work, Employment, and Income	37.9
Recent Education	37.0
Housing	19.6
Religion, Spirituality, and Faith	36.0
Body Image, Sex, and Relationships	42.4
General HIV-Related Questions	23.1
Justice and Violence	34.1
Parent/Guardian/Caregiver of Children	7.4

3.1 Gender Identity

The question: "Which of the following best describes your present gender identity?" was designed to allow survey participants to self-select their personal gender identity. Participants

https://www.forumresearch.com/forms/News%20Archives/News%20Releases/67741_Canadawide - Federal LGBT (Forum Research) (20120628).pdf

³ See

could select all that applied from a list of 20 terms, with another option consisting of a blank space allowing participants to self-identify their gender.

One quarter (25.7%) of all 906 respondents chose two or more of the options provided. In order to analyze participants' shared experiences, it was necessary to regroup respondents into clear categories. The full breakdown of gender identity categories is in Appendix B. We first grouped participants into seven gender categories (Table 3.1.1). People were sorted into trans, non-binary or cis categories based on their selections.

Table 3.1.1: Gender identity with female-identified, male-identified, and gender non-conforming categories. N=862

Gender identity	Respondents (N)	% of respondents
Female-identified	419	48.6
Cisgender women	311	36.1
Cisgender women + otherwise gender non-conforming marker(s)	85	9.9
Transgender women	23	2.7
Male-identified	279	32.4
Cisgender men	202	23.4
Cisgender men + otherwise gender non-conforming		
marker(s)	14	1.6
Transgender men	63	7.3
Non-binary	164	19.0

These categories were then clustered into a three-category gender identity variable (cisgender, transgender and gender non-conforming) and a two category gender identity variable (cisgender, transgender). Tables 3.1.2 and 3.1.3 show the results of this resorting. For more information on this process.

Table 3.1.2: Gender identity resorted into three categories. Respondents could select multiple options. N=906

Gender identity	Respondents (N)	% of respondents	
Cisgender	513	56.6	
Otherwise Gender non-	263	29.0	
conforming			
Transgender	86	9.5	
No response	44	4.9	

Table 3.1.3: Gender identity resorted into two categories. Respondents could select multiple options. N=906

Gender identity	Respondents (N)	% of respondents	
Cisgender	612	67.6	
Transgender	250	27.6	
No response	44	4.9	

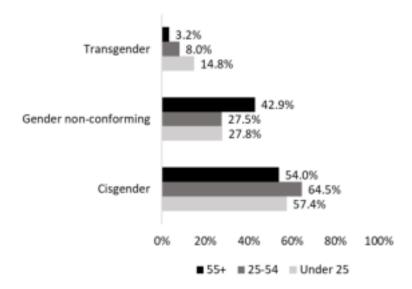


Figure 3.1.1: Gender identity resorted into three categories, organized by participants' age. $N_{(under 25)}=277$, $N_{(25-54)}=473$, $N_{(55+)}=63$

The relationship between gender identity and age revealed some differences. For example, respondents over the age of 55 were more likely to self-identify using a gender non-conforming marker (e.g. a cisgender woman selecting butch or a cisgender man selecting femme) compared to other age groups. Conversely, respondents under 25 who selected at least one identity marker were more likely to identify as transgender. Figure 3.1.1 shows the percentages of each age category that identified as cisgender, gender non-conforming, and transgender.

When asked: "Does your gender identity match your gender expression?" just under half of transgender and gender non-conforming respondents reported that their expression and identity aligned (44.8%, of 239). However, others indicated that it only matched some of the time (50.6% of 239), and for some, it did not align at all (4.6% of 239). This suggests that many people may not be 'out' with respect to their gender identity and do not or cannot present in a way that aligns with their identity. For some individuals this may be true all the time, and for others it may be situational.

3.2 Sexual Orientation

As was the case with gender identity, participants could select any combination of 13 options to indicate their sexual orientation, and/or fill in an option for additional identifiers. One third (31.9% of 906) chose a combination of two or more options to reflect their attractions to others. Again, these responses were re-sorted for analysis. Participants were re-sorted into five categories (See Table 3.2.1. and Appendix C).

There was a relationship between participants' age and how they self-identified in terms of their sexual orientation. Participants under the age of 25 were more likely to select options that were classified as bisexual/pansexual and were less likely to select 'lesbian' or 'gay' compared to those older than 24 (see Figure 3.2.1). Since the categories used to indicate sexual attraction to a particular gender (lesbian, gay and heterosexual) presumed that respondents were situated on one side of the gender binary, people who identified as non-binary were more likely to choose bisexual/pansexual than other sexual orientation categories.

Table 3.2.1: Sexual orientation re-sorted into five categories. Respondents could select multiple options. 'Other' is a category consisting of those who indicated they were asexual, heterosexual, or questioning, and those who gave no response for their sexual orientation. N=906

Sexual orientation	Respondents (N)	Respondents (%)
Bisexual/pansexual	443	48.9
Gay	196	21.6
Lesbian	166	18.3
Queer	44	4.9
Other	57	6.3

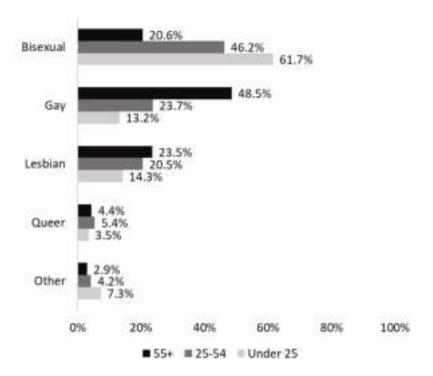


Figure 3.2.1: Sexual orientation resorted into five categories, organized by participants' age. $N_{(under 25)}$ =287, $N_{(25-54)}$ =498, $N_{(55+)}$ =68

3.3 Age

Most survey participants provided information about their age when the survey asked: "In what year were you born?" (94.2% of 906). Of the 853 participants who indicated their age, 33.6% were under the age of 25, 58.4% were between the ages of 25 and 54, and 8.0% were over the age of 55 (Table 3.3.1).

Table 3.3.1: Comparison of age groups between survey participants, the population of the City of Hamilton, ⁴ and an estimation of the Two-spirit and LGBTIQ+ population in Hamilton.⁵

Age	Respondents (%)	City of Hamilton (%)	Estimated Hamilton Two-spirit and LGBTIQ+ pop. (%)
Under 25	33.6	14.2	25.6
25-34	31.5	16.1	28.6
35-44	16.9	14.9	19.1
45-54	10.0	17.9	9.6
55-64	6.0	16.9	8.3
64+	2.0	20.0	8.8

Table 3.3.1, shows survey respondents tended to be much younger than the Hamilton population at large, and we received responses from only a small fraction of those over the age of 55.

However, this is the one case where national surveys⁶ can allow us to say something about Two-Spirit and LGBTIQ+ populations, independent of our survey. *Self-identified* Two-Spirit and LGBTIQ+ populations actually *are* younger than the population at large. As identifying this way has become less of a risk over the last few years, younger people have become increasingly willing to do so. If we accept this premise, our respondents no longer seem *as* unrepresentative. By an estimate, about 29% of our respondents should be between 25 and 34, and 31.5% actually are. About 8% of our respondents should be between 55 and 64, and 6.0% actually are.

That said, while the gaps are much smaller once we allow for how Two-Spirit and LGBTIQ+ communities differ from the population in general, 20-somethings were still over-represented in our sample, and older respondents were still under-represented. We clearly were more successful reaching younger than older Two-Spirit and LGBTIQ+ people with our survey. This will limit what we can say about the specific needs of Hamilton's Two-Spirit and LGBTIQ+ seniors.

3.4 Race/Ethnicity and Indigeneity

One particular goal of this needs assessment was to be able to look specifically at how experiences and needs differ for people who are racialized. 17.5% (of 874) participants self-identified as a member of a racialized community.

As shown in Table 3.4.1, survey respondents are actually *exactly* as likely to self-identify as what Statistics Canada calls a "visible minority" as the Hamilton population as a whole. Since the racialized population of Hamilton is younger than the total population, however, a perfectly

https://www.forumresearch.com/forms/News%20Archives/News%20Releases/67741_Canadawide_-_Federal_LGBT_(Forum_Research)_(20120628).pdf
⁶ See note 3.

⁴ City of Hamilton figures for all tables in this section, including those adjusted for age, were derived from Census data by special request to the City of Hamilton. SOURCE: Statistics Canada. 2018. *EO2755 Table 8 (CD-CSD) – 2016 Target Group Profile – Age groups – Part 1* (table). "2016 Census: Semi-custom profile." *Census*. Ottawa, Ontario. Last updated November 2. 2018.

⁵ See

representative sample of people of colour given that the age demographics of the sample skew young should be approximately 22%. When the population of Hamilton is weighted so that its age demographic matches that of the survey sample, racialized respondents are underrepresented to a small degree.

Table 3.4.1: Survey respondents' self-identification as "a member of a racialized community" compared with results for the city of Hamilton and the city of Hamilton adjusted for age. $N_{\text{(survey respondents)}}$ =874

			City of Hamilton
	Respondents (%)	City of Hamilton (%)	adjusted for age (%)
Racialized	17.5	17.5	21.9
White	82.5	82.5	78.1

We then posed a more detailed question, asking, "Which of the following best describes your racial or ethnic group?" and invited people to check as many as apply. Results were re-coded into eight categories⁷ (Table 3.4.2.).

Table 3.4.2: Percent of respondents from specific racial or ethnic categories compared to results for the City of Hamilton. N_(survey respondents)=874

Racial or ethnic group	Respondents (%)	City of Hamilton (%)
Asian – East	4.2	2.5
Asian – South	3.2	4.2
Asian – South East	1.5	2.8
Black	3.1	3.8
Indigenous	2.4	2.3
Latin American	1.1	1.6
Middle Eastern	1.5	2.9
Mixed Heritage*	4.8	0.7

^{* 2.7%} of all respondents who gave an answer indicated they were of 'Mixed Heritage'. 4.8% of all respondents who gave an answer indicated they were of 'Mixed Heritage' or answered 'Yes' to multiple heritages.

While the number of respondents who belonged to Indigenous or the racial and ethnic groups listed above was large enough to discern one from another, they were too small to reliably analyze differences among ethno-racial groups. As a result, throughout the report we analyze differences between racialized people, including Indigenous respondents, and white people.

25.5% of the 145 participants who provided information about their gender and racial minority status were both racialized and transgender. This compares to 28.9% of 686 white participants who identified as transgender. Additionally, 33.3% of 153 participants who identified as being racialized also reported living with a disability, compared to 39.0% of 721 white participants.

3.5 Immigration

Of the 896 participants who answered the question: "How long have you been living in Canada?" 83.3% had been living here since birth. 16.7% were born elsewhere, and 3.0% had lived in Canada for less than five years (Table 3.5.1). The survey sample under-represented the

⁷ Respondents who checked either (or both) of Asian - South and/or Indian - Caribbean were reported as Asian - South. Respondents who checked one or more of Black - African, Black - Caribbean, and/or Black - North American were reported as Black. Respondents who checked one or more of First Nations, Inuit, Métis, and/or Indigenous, were reported as Indigenous. Respondents who checked more than one ethnic/racial identity were reported as Mixed Heritage.

immigrant population in Hamilton, particularly for people who have lived in the country over 15 years.

Table 3.5.1: Percent of respondents belonging to different immigration/residence categories compared with results for the city of Hamilton and the city of Hamilton adjusted for age. N_(survey respondents)=896

Immigration	Respondents (%)	City of Hamilton (%)	adjusted for age (%)
Foreign-born	16.7	28.8	21.1
0-5 years	3.0	2.3	3.3
5-10 years	2.0	2.7	3.6
10-15 years	2.6	2.9	3.6
15+ years	9.2	20.9	10.6
Since birth	83.3	71.2	78.9

3.6 Disability

When asked: "Do you self-identify as a person with a disability?" 39.3% of 872 respondents said 'yes'. For the purpose of this survey, 'persons with disabilities' corresponds to persons who have a long-term or recurring physical, mental, sensory, psychiatric, or learning disability. It is recognized that individuals often prefer to self-identify using terms such as: mad, differently-abled, psychiatric survivor, consumer, service user, mentally ill, patient, neuro-diverse, disabled etc. Since the definition for disability used in the survey was much broader than the definition used by Statistics Canada, it was not possible to compare our sample with that of the general population. Compared to cisgender participants, transgender and gender non-conforming respondents were more likely to identify as living with a disability (see Table 3.6.1). Bisexual/pansexual and queer respondents were also more likely to identify as living with a disability compared to lesbian and gay participants (see Table 3.6.2). Respondents under the age of 25 were also more likely to indicate they were living with a disability, compared to those between the ages of 25 and 54, and those 55 and older (see Table 3.6.3).

Table 3.6.1: Percent of participants in each gender category that identified as living with a disability. $N_{(cisgender)}=513$, $N_{(gender non-conforming)}=263$, $N_{(transgender)}=86$

Gender identity	Respondents (%)
Transgender	55.8
Otherwise gender non-conforming	43.7
Cisgender	32.4

Table 3.6.2: Percent of participants in each sexual orientation category that identified as disabled. $N_{(bisexual)}$ =443, $N_{(gay)}$ =196, $N_{(lesbian)}$ =166, $N_{(queer)}$ =44, $N_{(other)}$ =57

Sexual orientation	Respondents (%)
Bisexual	46.3
Lesbian	31.3
Gay	22.4
Queer	45.5
Other	38.6

Table 3.6.3: Percent of participants in each age category that identified as living with a disability. $N_{(55+)}=68$, $N_{(25-54)}=498$, $N_{(under 25)}=287$

Age	Respondents (%)
55+	26.5
25-54	35.5
Under 25	45.6

3.7 Education

Of the 892 participants who responded to a question about whether they were currently attending school in the general survey, 58.2% said that they were students or had been within the past five years. Table 3.7.1 shows the highest level of education achieved by survey. In contrast with Hamiltonians as a whole, the survey sample was dominated by people with a university degree. Approximately 40% of respondents had a university degree compared with 22.2% of Hamilton residents. 13.9% (of 906) of respondents were currently attending university on a full-time basis.

Table 3.7.1: Highest level of education achieved, including current students. N_(survey respondents)=889

Level of education		distribution of the second of	City of Hamilton
achieved	Respondents (%)	City of Hamilton (%)	adjusted for age (%)
Less than complete secondary	9.7	19.9%	19.4%
Complete secondary	32.6	28.4%	31.0%
Complete secondary	12.5		
Less than complete college	5.7		
Less than complete university	14.4		
Trade certification	1.9	6.9%	4.7%
College diploma	15.9	22.5%	21.7%
University degree	39.9	22.2%	23.1%

Compared to the sample as a whole, full-time university students were more likely to self-identify as being racialized as a person of colour (29.0% of 124) and more likely to self-identify as living with a disability (46.3% of 123).

3.8 Relationships

Just as our communities recognize a more diverse and complex set of sexual and gender identities, so too do we recognize more complex possibilities for relationships. We asked people to identify their current relationship status according to the usual legally-defined categories, so as to be able to make comparisons to Statistics Canada results. We then asked people to describe the nature of their relationships. The results of these two questions can be seen together in Table 3.8.1.

Table 3.8.1: Relationship status and relationship practices. Formerly partnered includes separated, divorced, and widowed. N=889

"In your relationships are you."

"In your relationships are you"								
		Dating (%)	Monogamous (%)	Poly- amorous (%)	No relationship (%)	Total	City of Hamilton (%)	City of Hamilton adjusted for age (%)
"What is your	Common law	0.0	17.6	4.9	0.1	22.6	8.7	10.1
current relationship status?"	Formerly partnered *	1.2	2.2	1.0	3.0	7.4	15.3	6.0
	Married	0.1	11.1	2.9	0.0	14.2	46.9	31.2
	Single	8.6	16.4	6.5	24.4	55.8	29.2	52.6
	Total	9.9	47.3	15.3	27.5			

Our respondents were more likely to be single or formerly partnered than the city as a whole, even when adjusted for age. Survey respondents were twice as likely to be in common law relationships and half as likely to be married as people in the city as a whole, even after we adjusted for age. Regardless of legal relationship status, a considerable proportion (15.3%) of our respondents were in explicitly non-monogamous, or polyamorous, relationships.

We also asked people about the presence of children in their relationships. Some 20.2% of respondents indicated that they either had, or were trying to have children in their relationships (N=884). Respondents in their 30s, 40s, and 50s were nearly twice as likely to be parents or to have taken steps to have become parents as older or younger respondents (Table 3.17). Female-identified respondents – whether lesbian, bisexual or queer, trans or cis, and at all ages – were more likely to indicate that they were, or were trying to become, parents than male-identified or otherwise gender non-conforming respondents (25.9 % of 410 versus 12.0% of 276).

Table 3.17: Percent of respondents are currently, or who have taken steps to become, a parent, caregiver or guardian. N=884 Cell values show percent responding "yes".

	n=410	n=276	n=154	n=44	n=884	
Parent/Guardian/Caregiver	Female-identified (%)	Male- identified (%)	Gender non- conforming (%)	No Response (%)	Total(%)	
Age						
< 20	5.1	0.0	0.0	0.0	2.6%	n=77
20-29	7.2	5.6	9.8	14.3	7.4%	n=363
30-39	47.6	12.1	36.4	72.7	37.1%	n=194
40-49	52.6	35.1	21.1	42.9	39.6%	n=101
50-59	46.2	18.8	46.7	100.0	36.8%	n=76
60+	38.5	0.0	9.1	0.0	17.6%	n=34
Missing	10.0	9.1	14.3	0.0	10.3%	n=39
Gender Identity						
Cisgender	25.2	12.5			20.2%	n=505
Otherwise gender non-						
conforming	26.5	7.1	18.2		20.3%	n=251
Transgender	13.6	11.3			11.9%	n=84
No response				36.4	36.4%	n=44
Sexual Identity						
Bisexual	24.0	11.1	33.3	12.6	19.4%	n=434
Gay		10.7	12.5	18.5	11.9%	n=194
Lesbian	25.8	22.			25.8%	n=163
No response/Other	25.0	18.8	33.3	35.7	26.5%	n=49
Queer	33.3	27.3	66.7	33.3	38.6%	n=44
Total	24.9	12.0	36.4	18.2	20.2%	n=884

4.0 OUR EXPERIENCES

The survey captured a broad range of information about the lived experiences of Two-Spirit and LGBTIQ+ people who lived, worked or played in Hamilton. In general, we found that Two-Spirit and other members of LGBTIQ+ communities continue to face discrimination in

education, employment and health care, and that a high proportion of Two-Spirit and LGBTIQ+ people reported poor mental health outcomes and so the need for mental health services.

A central point of concern is that many people faced economic challenges in accessing mental and physical health care as well as barriers related to unwelcoming health care settings. Groups that had greater needs for mental and physical health care services, including transgender and bisexual people, often faced the greatest barriers to accessing these services compared to other members of Two-Spirit and LGBTIQ+ communities. We begin by discussing the experiences of Two-Spirit and LGBTIQ+ individuals in school, employment and economic stability, housing, and religious institutions before discussing health outcomes.

4.1 Education⁸

Responses to questions about people's experiences at school were moderately encouraging. Most respondents reported that they had access to safer spaces at school and that other efforts had been made to support Two-Spirit and LGBTIQ+ students and less than half (34.0%) of respondents reported having ever been bullied or faced discrimination on the basis of being a member of a sexual or gender minority. There were, however, some causes for concern. Several students who had been bullied reported that teachers had not intervened to stop the bullying. Moreover, many people did not feel comfortable accessing the safe spaces at their respective schools.

Of those who had faced bullying at school, classmates were most likely to be the source of bullying (26.5%), followed by teachers, professors or instructors (18.6%), friends (15.6%), and principals and instructors (12.3%)⁹. Among those who had experienced bullying, verbal bullying was most prevalent (82.0% of 61), followed by indirect bullying ¹⁰ (65.6% of 61), cyberbullying (39.3% of 61), and physical bullying (16.4% of 61). Full-time university students were less likely to have reported bullying or discrimination than all other students (including high school students, part-time university students and people in college or trade school).

Most students who reported bullying said that bystanders were present and either participated in the bullying (37.1% of 62), or did nothing to stop it (62.9% of 62). There were some cases where student bystanders did stop the bullying (25.8% of 62). Respondents reported that teachers would sometimes be present when bullying was occurring but that they did not stop it (25.8% of 62) or they participated in the behaviour (16.1% of 62). Only 4.8 % of students who reported bullying indicated that a teacher had intervened to stop it.

The survey asked students whether their school had a physical safer space for Two-Spirit and LGBTIQ+ students (either a permanent space or a consistently allocated space such as a Gay-Straight Alliance, Positive Space, or a resource centre). Most students were aware that such a space existed (Figure 4.1.1); however, half either were not comfortable accessing that space, or did not want to (Figure 4.1.2).

⁸ Respondents who had attended school in the past five years were invited to participate in the education sub-module about the school that they had most recently attended. 178 people completed this module, of which 53 were full-time university students. The remaining were either part-time university students, high school students, or students in trade school or community college.

⁹ 166 people answered this question.

¹⁰ Indirect bullying is the act of a group or individual purposely spreading rumours about another or excluding one from a group.

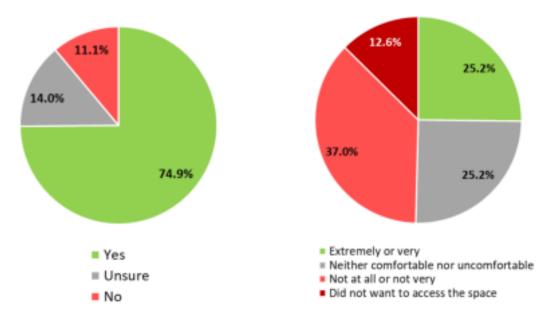


Figure 4.1.1: Percent of students reporting that their school had a safer space for 2S & LGBTIQ+ students. N=171

Figure 4.1.2: Percent of students who felt comfortable accessing the safe space for 2S & LGBTIQ+ students. N=127

Surprisingly, full-time university students were less likely to report feeling comfortable in a designated safer space – only 18.2% of 44 felt extremely or very comfortable, and 57.0% either did not feel comfortable in the space or did not want to access space, hence the use of the word, 'safer'.

Survey participants were also asked if their school had made any other efforts to promote safety and inclusion for Two-Spirit and LGBTIQ+ students (Table 4.1.1). Efforts to make schools safer and more inclusive environments for learning are ongoing; however, it is clear that more work is needed in the areas of anti-bullying and the creation and promotion of welcoming safer spaces.

Table 4.1.1: Percent of students reporting the presence of LGBT2SIQ+ efforts. Respondents could select multiple options. N_(all students)=177, N_(full-time university students)=53

Effort	All students (%)	Full-time university students (%)
LGBT2SIQ+ positive space posters	71.2	81.1
Community workshops (sex education facilitators from	40.1	52.8
community organizations, LGBT2SIQ+ facilitators etc.) All gender washrooms	55.9	81.1
School shares LGBT2SIQ+ community resources	40.7	52.8
Zero tolerance for bullying policies	34.5	24.5
Teacher spoke about LGBT2SIQ+ people positively	30.5	39.6

4.2 Housing

Housing is a concern for many Two-Spirit and LGBTIQ+ people, particularly for those who are living on low incomes or who are trans-identified. Providing housing support was a critical service provided by The Well: Hamilton's LGBTQ+ Community Wellness Centre, before its closure. Most survey participants felt safe in their housing, although many people felt less safe outside of their housing, on the street, or in their neighbourhood. A substantial number of people suspected that they had faced discrimination in accessing housing.

When respondents were asked how to best describe their current housing situation, most reported living with partners or family (parents, siblings, or other family members) (Table 4.2.1). Full-time university students were slightly more likely to be living with roommates (42.1% of 126) and less likely to be living with partner(s) (15.9% of 126),

Table 4.2.1: Current living arrangement (not including full-time university students). N=758

Living arrangement	Respondents (%)
With family	26.6
Alone	19.3
With partner(s)	37.6
With roommate(s)	16.5

People living with disabilities were more likely to live with their family (33.1% of 281) compared to those who did not report living with a disability (21.1% of 457). Age also influenced people's likelihood of different living arrangements (Figure 4.2.1). Notably, almost half of participants over the age of 55 were living alone (45.6% of 68).

Most respondents (81.8 % of 340) reported feeling physically safe in their housing, whereas only 60.8% (of 339) said that they felt safe on their street or block, and only 51.8% (of 340) said that they felt safe on their street. Transgender and people who were otherwise gender non-conforming were much less likely to report feeling safe outside of their housing than cisgender people (Figure 4.2.2).

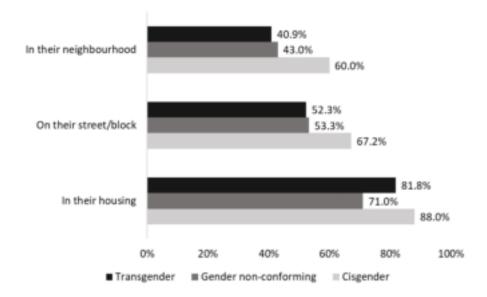


Figure 4.2.2: Percent of respondents reporting feeling physically safe, by gender identity. N_(gender non-conforming)=92, N_(transgender)=44, N_(cisgender)=192)

Access to housing was also a concern for survey participants. Just under a third (26.8% of 336) of respondents felt that they had faced barriers or discrimination in housing or were unsure if they had been denied housing or a housing opportunity unjustly. Respondents who were racialized were more likely to report that they were unsure whether they had faced discrimination in housing (Table 4.2.2).

Table 4.2.2: Percent of respondents reporting barriers and/or discrimination in housing opportunities. $N_{\text{(racialized as people of colour)}}$ =42, $N_{\text{(racialized as white)}}$ =289

	No or unsure but		Yes or unsure but
	suspect no (%)	Unsure (%)	suspect yes (%)
Racialized	69.0	11.9	19.0
White	74.7	6.6	18.7

Although most participants felt safe in their housing, people who identified as transgender and/or gender non-conforming were less likely to feel safe in their housing, in their neighbourhoods or on their street. The different housing situations of younger and older respondents also speak to the different needs of these two groups. While young people may need access to safe housing in cases when their families do not support their sexual orientation or gender identity, older people in Two-Spirit and LGBTIQ+ communities may be more likely to experience loneliness and lack of support.

4.3 Income, Economic Well-being and Employment

Many survey respondents reported low incomes or difficulty making ends meet. Low incomes were particularly prevalent for people living with disabilities and for people who identified as transgender.

4.3.1 Income

Individual incomes of Two-Spirit and LGBTIQ+ people surveyed were lower than those of Hamilton as a whole, even when compared to Hamilton data weighted for age (resulting in lower incomes) (Table 4.3.1.1). People living with disabilities (see Figure 4.3.1.1), and younger people (see Figure 4.3.1.2) had lower personal incomes than non-disabled people and older people respectively. Even with full-time university students removed from the sample, 52.4% (of 185) of participants under the age of 25 reported an income below \$10,000, and a total 73.5% (of 185) reported their income fell below \$20,000 (Figure 4.3.1.2).

Table 4.3.1.1: Individual gross annual income of survey respondents compared to the Hamilton population 11 as a whole. $N_{(all \ survey \ respondents)}=849$, $N_{(survey \ respondents, \ full-time \ university \ students \ removed)}=724$

Individual income	Respondents (%)	City of Hamilton (%)	City of Hamilton, adjusted for age (%)
Less than \$10,000	27.1%	14.4%	22.2%
\$10,000 to \$19,999	15.0%	17.4%	18.7%
\$20,000 to \$29,999	11.0%	14.6%	13.4%
\$30,000 to \$39,999	10.7%	11.6%	10.6%
\$40,000 to \$49,999	7.5%	10.1%	8.9%
\$50,000 to \$59,999	6.2%	8.0%	7.0%
\$60,000 to \$69,999	5.1%	6.0%	5.3%
\$70,000 to \$79,999	3.2%	4.5%	3.9%
\$80,000 to \$89,999	3.5%	3.4%	2.8%
\$90,000 to \$99,999	2.0%	2.9%	2.3%
\$100,000 or more	3.7%	6.9%	4.8%

"2016 Census: Semi-custom profile." Census. Ottawa, Ontario. Last updated November 2, 2018.

¹¹ Statistics Canada. 2018. E02766 Table 8 (CD-CSD) - 2016 Target Group Profile - Age groups - Part 2 (table).



Figure 4.3.1.1: Individual gross annual income (not including full-time university students). $N_{(general)}$ =724, $N_{(disabled)}$ =268

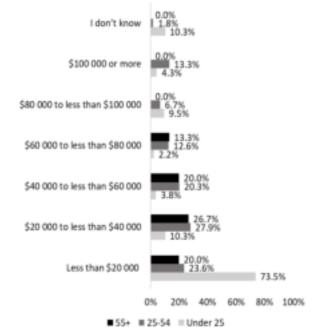


Figure 4.3.1.2: Individual gross annual income (not including full-time university students). $N_{(under 25)}$ =185, $N_{(25-54)}$ =444, $N_{(55+)}$ =60



Figure 4.3.1.3: Individual gross annual income (not including full-time university students). $N_{\text{(cisgender)}}$ =486, $N_{\text{(transgender)}}$ =202

Transgender people were also more likely than cisgender respondents to report personal incomes falling short of \$20,000, with 45.5% (of 202) of transgender participants in this category, compared to 32.9% (of 486) of cisgender respondents (see Figure 4.3.1.3). 12

4.3.2 Economic Wellbeing

Responses to subjective questions about economic wellbeing or stability also underscored the economic challenges facing Two-Spirit and LGBTIQ+ people in Hamilton. Over half of all respondents (46.4% of 851) reported that they sometimes have trouble making ends meet at the end of the month. Results were similar whether or not full-time university students were included. Transgender respondents and people living with disabilities were more likely to report having difficulty making ends meet (56.0% of 218 and 61.9% of 318, respectively) than cisgender and non-disabled respondents (43.0% of 589 and 36.3% of 510, respectively). Respondents who were racialized were slightly less likely to report difficulty making ends meet than participants who identified as white (41.4% of 145 versus 46.9% of 687, respectively).

Food insecurity was a reality for a small but significant number of survey participants. 14.1% (of 881) of respondents reported that there was at least one day in the past month where they or someone in their household went hungry because they did not have enough money for food. One fifth of respondents also stated that they had difficulty paying for food at least once in the past year (see Figure 4.3.2.1).

Other goods and services that participants had difficulty paying for in the past year included health care, communication, clothing, transportation, and food (see Figure 4.3.2.1). People with disabilities had more difficulty paying for every category listed in the survey. More people had difficulty paying for health care and communication than any other goods and services. Last, although a smaller percentage of respondents indicated that they had difficulty paying for gender gear and hormone replacement therapy (HRT), since these costs are not likely to be incurred by cisgender people, we can assume that a high percentage of transgender people have difficulty paying for these items.

30

 $^{^{\}rm 12}$ Full-time university students were not included in this analysis.

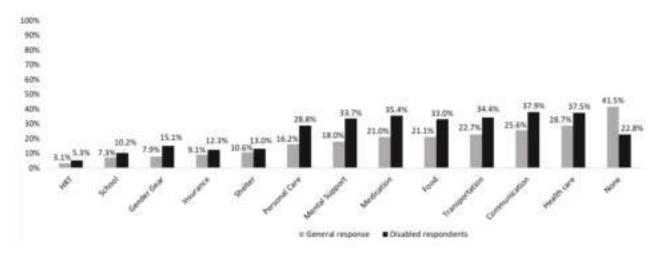


Figure 4.3.2.1: Percent of respondents who had difficulty paying for the above items in the past year (not including full-time university students). Respondents could select more than one response. N_(general)=771, N_(disabled)=285

4.3.3 Employment

Most people spend the majority of their waking hours at work; employment is therefore not only critical to economic wellbeing, but also to social, mental, and physical health. While employment numbers of survey participants were comparable to those in the general population, many Two-Spirit and LGBTIQ+ people reported facing discrimination at work, and many other stated that their desire be supported in their identity influenced their job choice. Transgender people and people with disabilities faced greater barriers to employment than non-disabled and cisgender people.

Survey participants were more likely to report being unemployed than the overall unemployment rate in Hamilton (5.3%) (Table 4.3.3.1). The number of respondents reporting part-time or full-time work, however, was not dissimilar from Hamilton's employment rate of 62.3% in 2018.

Table 4.3.3.1: Employment situation in the past 12 months. 'Other' includes: self-employed, on-leave, retired, receiving social assistance or disability, or providing care work ¹³. $N_{(all\ survey\ respondents)}$ =888, $N_{(survey\ respondents\ with\ full-time\ university\ students\ removed)}$ =760

Employment	Respondents (%)	Survey respondents with full-time university students removed (%)
Unemployed	11.9	13.9
Student (full-time and part-time)	21.1	7.8
Employed part-time	14.2	16.6
Employed full-time	38.9	45.4
Other	14.0	16.3

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¹³ Participants could choose multiple options to indicate their employment status. If they chose more than one option, they were recoded into the category that took the highest priority in the following order: full-time student, unemployed, on-leave, self-employed and working full-time, self-employed and working part-time, employed full-time, employed part-time, social assistance or disability, part-time student, care work.

Table 4.3.3.2: Employment situation in the past 12 months: Survey respondents compared with total Hamilton residents, 14 adjusted for age $N_{(all\ survey\ respondents)}$ =888.

Employment	Respondents (%)	City of Hamilton	City of Hamilton,
		(%)	adjusted for age (%)
Employed	59.7	58.7	66.8
Unemployed	11.9	4.4	6.8
Not in labour force	28.4	36.8	26.4

Similar to the findings of other studies, transgender respondents were much more likely to be unemployed (26.7% of 75) than cisgender respondents (10.0% of 422). Gender non-conforming respondents were also more likely to be unemployed (16.0% of 225), and both transgender and gender non-conforming participants were less likely to be employed full-time (32.0% of 75 and 40.0% of 225 respectively) than cisgender respondents (50.0% of 422). People living with disabilities were also more likely to be unemployed (24.1% of 278) and less likely to be employed full-time (26.3% of 278), compared to non-disabled respondents (7.4% of 461 and 57.9% of 461, respectively) ¹⁵.

Approximately one fifth (20.8% of 327) of respondents stated that they had left or declined a job offer due to a "lack of an LGBT2SIQ+ friendly work environment" while approximately 40% (of 323) stated that they had chosen a job either partly or exclusively because of a "positive LGBT2SIQ+ work environment". Transgender respondents were much more likely to report leaving or declining a job offer (37.8% of 82), compared to cisgender respondents (14.8% of 236). They were also more likely to report choosing a job because of a positive work environment (56.4% of 78), compared to cisgender respondents (33.6% of 323). People living with disabilities were also more likely to have left or declined a job (29.5% of 132 than those living without disabilities - 13.3% of 188). Participants living with disabilities were also more likely to choose jobs with positive environments (33.2% of 187). Bisexual and pansexual respondents were also more likely to report leaving or declining work because of a negative environment (28.8% of 163), compared to lesbian (9.2% of 65) and gay participants (14.7% of 75). Bisexual and pansexual participants were also more likely to have chosen a job because of a positive work environment (47.5% of 158), compared to lesbian (24.6% of 65) and gay (36.4% of 77) participants.

Fewer than 20% of respondents suspected that they had ever been denied employment, fired, or passed over for an advancement opportunity because of any of the following aspects of their gender expression, gender identity or sexual orientation (Table 4.3.3.3).

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¹⁴ Statistics Canada, 2018. EO2766 Table 8 (CD-CSD) - 2016 Target Group Profile - Age groups - Part 1 (table).

[&]quot;2016 Census: Semi-custom profile." Census. Ottawa, Ontario. Last updated November 2, 2018.

¹⁵ Full-time university students were not included in this analysis.

Table 4.3.3.3: Percent of respondents who had ever suspected they had been denied employment, fired, or passed over for an advancement opportunity because of the following aspects of their identity. N _(general response)=335, N _(transgender)=86

	Total (%)	Transgender (%)
Gender expression	13.7	33.7
Gender identity	15.2	41.9
Sexual orientation	17.6	22.1

When asked, "Would you feel comfortable reporting discrimination due to your LGBT2SIQ+identity in your workplace to the following?" respondents appeared somewhat comfortable reporting discrimination to co-workers (31.5% of 305), their union (26.6% of 173), human resources (30.3% of 264), their boss or supervisor (36.4% of 297), the Ministry of Labour (30.2% of 278), or another source (28.0% of 275).

4.4 Safety in public spaces and relationship with police

Most Two-Spirit and LGBTIQ+ people surveyed felt both emotionally and physically safe in commercial and public places in Hamilton. There were some distinct exceptions, however. Participants generally felt less safe outside, in spaces of worship and in spaces or organizations affiliated with religion. Participants who were transgender and/or racialized tended to feel less safe than the general population. Safety can include both emotional and physical safety. One measure of safety used in the report was whether people felt safe being 'out' about their Two-Spirit and/or LGBTIQ+ identity across a variety of locations (Figure 4.4.1).

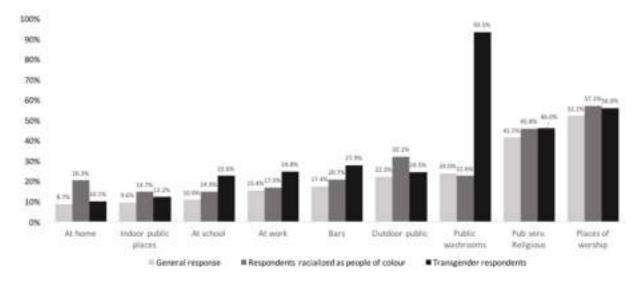


Figure 4.4.1: Percent of respondents who feel unsafe being 'out' in the above locations, according to gender identity and racialization. Pub serv. Religious= organizations and services provided by churches or religious organizations. $N_{\text{(general)}}=790$, $N_{\text{(racialized as people of colour)}}=131$, $N_{\text{(transgender)}}=217$

Compared to white cis and transgender people within the Greater Hamilton population, racialized cisgender and trans people felt considerably less safe at home, in indoor and outdoor public spaces and in restaurants. Transgender respondents in general were also more likely to feel unsafe at work, at school, in medical centres and in clubs and bars. The least safe places for

transgender respondents, however, were public washrooms, highlighting the need for all-gender washrooms in all public spaces.

With the exception of religious organizations, the places where respondents indicated they felt least safe, were also those places where they had experienced discrimination. Approximately half of all participants reported facing discrimination on the basis of their Two-Spirit and/or LGBTIQ+ identities in outdoor public places and in places of worship (Table 4.4.1). A considerable number of people also reported having faced discrimination at school and work.

Table 4.4.1: The most common locations where respondents reported discrimination on the basis of Two-Spirit and/or LGBTIQ+ identity. ¹⁶ Total N listed within table.

Location	Respondents reporting discrimination (%)	Total N
Outdoor public places (sidewalks, public	51.1	505
transit, parks, etc.)		
Places of worship (churches, mosques, temples,	48.4	308
etc.)		
School (if in Hamilton)	37.4	385
Work (if in Hamilton)	33.4	470
Bars and dance clubs	23.8	584
Healthcare system (medical clinics/emergency	23.0	599
departments/urgent care/hospitals)		

When asked about the frequency of experiences of discrimination, assault or harassment in the city, micro-aggressions¹⁷ were the most commonly reported, followed by bullying and verbal harassment. Transgender people were more likely to experience all forms of discrimination, particularly the lack of access to safe washrooms and not having their pronouns respected (Figure 4.4.2).

¹⁷ 'Micro-aggressions' is a term used for brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group (Wikipedia. Available at: https://en.wikipedia.org/wiki/Microaggression).

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¹⁶ Options not reported included: finding work, while at work, at school, finding housing, in your current housing arrangement, in indoor public spaces, in outdoor public spaces, in the healthcare system, in places of worship: churches, mosques, temples, etc., in restaurants or cafes, in bars and dance clubs, and in public services/commercial enterprises associated with religious organizations.

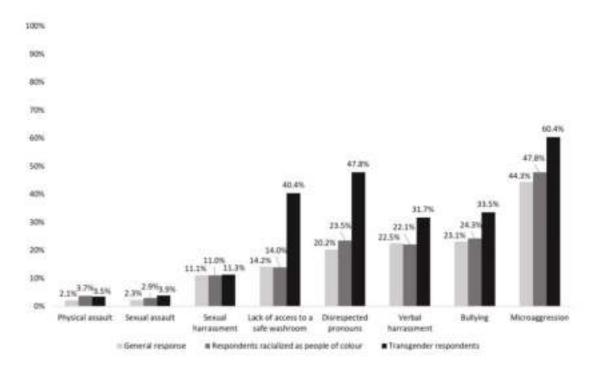


Figure 4.4.2: Percent of respondents reporting that they experienced the listed forms of discrimination on the basis of their Two-Spirit and/or LGBTIQ+ identity in Hamilton, either frequently or occasionally. $N_{\text{(transgender)}}$ =229, $N_{\text{(racialized as people of colour)}}$ =136 $N_{\text{(general)}}$ =825

About half of all respondents who participated in the justice and violence sub-module reported having experienced harassment, violence or a hate crime at least once while in Hamilton (53.4% of 305). Again, transgender and gender non-conforming respondents were both more likely to indicate they had had these experiences. Respondents who were racialized did not indicate they experienced harassment, violence, or hate crimes more frequently than white people (see Figure 4.4.3).

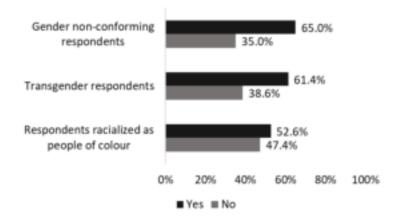
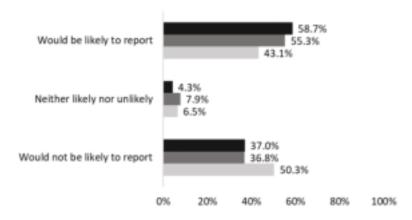


Figure 4.4.3: Percent of respondents who reported ever having experienced harassment, violence, or a hate crime in Hamilton, by gender identity and racialization. N_(racialized as people of colour)=36, N_(gender non-conforming)=80, N_(transgender)=44

Although the greatest number of people who had reported experiences of harassment, violence or a hate crime in the previous survey question felt that they were related to their sexual orientation

or gender identity (62.6% and 46.0% of 163 respectively), others related experiences to age (16.0%), class (14.1%), race (8.1%), ability (7.3%), or a combination of identities (19.0%).

Only 10% of all respondents who indicated that they had experienced harassment, violence or a hate crime had reported the incident(s) to the police (10.6.% of 255). Transgender (90.0% of 40), gender non-conforming (90.1% of 71), and racialized respondents (90.9% of 33) were neither more nor less likely to report incidents to police. When asked if they would report an incident in the future, about half of all respondents said that they would be "somewhat" or "very likely" to do so. Trans and racialized respondents were also less likely to say they would report harassment or violence to the police (see Figure 4.4.4).



■ Transgender respondents ■ Respondents racialized as people of colour ■ General response

Figure 4.4.4: Likelihood of reporting harassment, violence, or a hate crime by gender and racialization. Would be likely to report included "definitely would", "very likely", and "somewhat likely." Would not be likely included "definitely would not", "very unlikely", and "somewhat unlikely." $N_{(general)}=306$, $N_{(transgender)}=92$, $N_{(racialized as people of colour)}=38$

Approximately one third of respondents believed that they had been treated unjustly by the police. There was no difference between racialized people and white people, although transgender respondents were more likely to state that they had been treated unjustly (44.6% of 83).

4.5 Religion, Spirituality, and Faith

Responses to questions about religion, spirituality and faith suggest that Two-Spirit and LGBTIQ+ people who are practicing religion or spirituality have been able to find supportive faith communities. Overall, however, there were low levels of religiosity and many reported experiencing spiritual loss. When taken together, results suggest that there is a need for diverse supportive religious communities for Two-Spirit and LGBTIQ+ people.

Less than one third of survey respondents who chose to complete the survey module about religion, spirituality and faith were currently practicing a religion or a spiritual or faith-based practice (28.0% of 326). This is in marked contrast with 76% of Canadians who claimed to be members of a church or to have a religions identity in the National Household Survey in 2011. Of people who were practicing, 43.2% stated that their religious, spiritual and/or faith community was 'extremely' or 'very' supportive of their Two-Spirit and/or LGBTIQ+ identity.

Another 40.9% felt that their beliefs/community was slightly or somewhat supportive, and 9.1% felt that their beliefs/community was 'not at all' or 'not very supportive' of their Two-Spirit and/or LGBTIQ+ identity (see Figure 4.5.1).

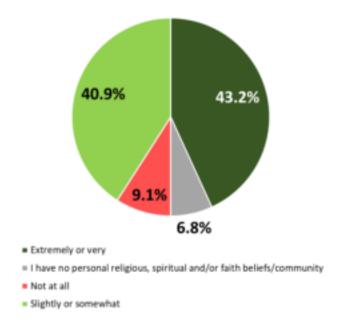


Figure 4.5.1: Perceived support for Two-Spirit and/or LGBTIQ+ identity among respondents who are currently practising a religion/spirituality/faith. N=88

Responses to a question about whether they had experienced loss in relation to a previous faith, religion and/or spiritual community provide further evidence that there is a spiritual deficit among Two-Spirit and LGBTIQ+ communities. More than half (65.9%) of respondents who were currently practising a spirituality, faith or religion had experienced some loss as a result of their identity (Figure 4.5.2). Of those who were not practicing, 40.4% (of 203) stated that they had experienced some degree of loss as a result of their identity (extremely, very, somewhat, or slightly).

The extent of lost spirituality experienced was significant: 26.8% of 82 respondents who were practicing selected "extremely" or "very". Although this number was lower for those who were not practicing (19.7% of 203), when participants without religious or spiritual beliefs were removed from the sample, people who were not currently practicing their religion reported a greater degree of loss (38.1% of 105 selecting "extremely" or "very") compared to those who were practicing (27.8% of 79 selecting "extremely" or "very").

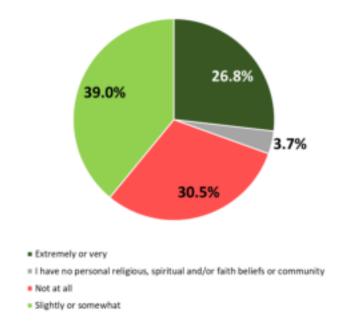


Figure 4.5.2: The extent of loss of spiritual or faith community as a result of Two-Spirit and/or LGBTIQ+ experienced by respondents who were currently practicing. N=82

When taken as a whole, results suggest that there remains a spirituality gap whereby some Two-Spirit and LGBTIQ+ individuals are unable to find supportive communities in their faith of choice and often suffer spiritual loss related to their gender identity or sexual orientation.

4.6 Health

Previous studies have consistently shown that Two-Spirit and LGBTIQ+ people continue to face health disparities when compared to people who are cisgender and heterosexual as a result of experiences of transphobia, homophobia as well as the heterosexism of society¹⁸. In particular, Two-Spirit and LGBTIQ+ people often experience higher rates of disability, substance use, depression, anxiety, some cancers and are at greater risk of suicide. Survey results corroborate these results. Respondents reported higher needs for mental health services as well as many barriers to accessing these services. Many people reported feelings of discomfort with individual health care practitioners as well as facing forms of discrimination when accessing health care. Transgender people faced the greatest barriers to accessing health care. Section 4.9.1 reports on access to physical health care as well as survey participants' experiences with health care more generally. Section 4.9.2 focuses on mental health, and section 4.9.3 focuses on sexual health.

4.6.1 Physical Health Experiences and Access

Reports of overall health were fairly positive. Of the 415 participants who answered questions about health, 64.8% self reported having "good" or "very good" health, 22.4% reported having "neither good nor bad (fair)", and 12.8% reported that their health was "poor" or "very poor"

¹⁸ Mulé, N. (2015). Much to be desired: LGBT health inequalities and inequities in Canada. In Fish, J. & Karban, K. (Eds.) *LGBT Health Inequalities: International Perspectives in Social Work* (27-44). Policy Press.

This self-report, however, does not align with answers to more targeted health-related questions (below).

Access to health care was measured by asking respondents if they seek assistance when they need it, and whether they access health care through a family doctor. Responses to these two questions were positive. Most respondents reported that they visited a healthcare professional or institution when they were concerned or worried about their health (75.5% "yes", 18.5% "sometimes", 6.0% "no" of 400), although transgender respondents were slightly less likely to indicate "always" having sought assistance when they needed it (70.2% of 124). When asked where they sought health care, the most common response was family doctor (93.7%), followed by walk-in clinic (31.1%), urgent care (31.1%), and emergency rooms (28.6% of 91) (N=318).

Reasons for delaying or not seeking health care for physical issues varied (Table 4.6.1). The most common reason for delaying access to care was a lack of health insurance or dental insurance, highlighting financial barriers to health care. Other reasons that survey participants delayed access to health care include long wait times, financial cost, privacy or confidentiality, and past trauma. Fear of discrimination and the lack of trans- and LGB-competent health care available in Hamilton were also significant factors that caused people to delay accessing care.

Table 4.6.1.1: Reasons that respondents have delayed or not sought health care for physical health issues. Respondents could select more than one option. N=417

Reason	Total (%)	Transgender (%)
Lack of extra health or dental insurance	36.2	39.5
Long wait times	35.5	35.5
Financial cost	33.8	37.9
No, I have never delayed or not sought help for physical health issues	32.1	28.2
Past trauma, such as (but not limited to) experience of involuntary or coercive experiences	22.8	33.9
Privacy or confidentiality	22.8	38.7
Distance/Wasn't available in Hamilton	18.9	38.7
Fear of discrimination on the basis of LGBTQ2SIA+ identity	18.0	27.4
Lack of OHIP eligibility	13.4	15.3
Lack of all gender bathrooms	6.5	19.4
Lack of physical accessibility features (e.g. wheelchair ramps, elevators, etc.)	2.9	2.4
Lack of healthcare providers who speak a language I am comfortable speaking	0.5	0.8

Although most respondents were willing to seek out care, many people reported discomfort and challenges when seeking it. Just over half of respondents reported that their primary health care provider knew about their gender identity and/or sexual orientation (see Figure 4.6.1). When compared to the general response, it was found that those under 25 were more likely to say no (40.9% of 115), and those over 55 were more likely to say yes (80.6% of 36) compared to respondents between 25 and 54 (59.2% of 255). Additionally, bisexual respondents were less likely to be out about their identity (45.5% of 211) than lesbian (73.2% of 82) or gay (67.1% of 85) participants.

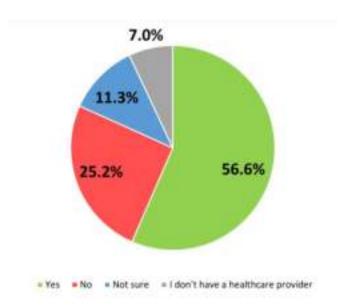


Figure 4.6.1.1: Does your current primary health care provider know that you identify as LGBT2SIO+? N=417

Participants also felt comfortable being out to other health care providers and in other locations. Table 4.6.1.2 displays the percentage of respondents who felt unsafe in the listed health care settings in Hamilton. Again, it would appear that in each case, a minority of respondents felt unsafe or uncomfortable when accessing health care services and that people felt most safe with their family doctors and nurses.

Table 4.6.1.2: Percent of respondents who felt uncomfortable being 'out' about their Two-Spirit and/or LGBTIQ+ identity in the healthcare settings in Hamilton. Total N listed within table.

Healthcare Setting	Respondents uncomfortable	Total N
	being "out" (%)	
Walk-in clinic	22.8	347
Emergency room	18.7	375
Urgent care	17.7	362
Alternative medicine provider	15.5	233
Telehealth	14.5	242
Specialists	12.6	350
Nurses	9.7	390
Family doctor or primary care physician(s)	9.0	379

A number of other questions were used to assess respondents' comfort and desires in their interactions with health care professionals (see Figure 4.6.1.3). Answers to some of the questions point to areas in need of improvement; for example only one third of respondents agreed with the statement: "I am satisfied with the level of knowledge my health care providers have about LGBTQ2SI+ health and sexual health." Others, however, show areas of success or promise: 60.0% felt respected by their healthcare providers and 80.3% of respondents agreed that they felt more comfortable in spaces where health care providers displayed positive space signs.

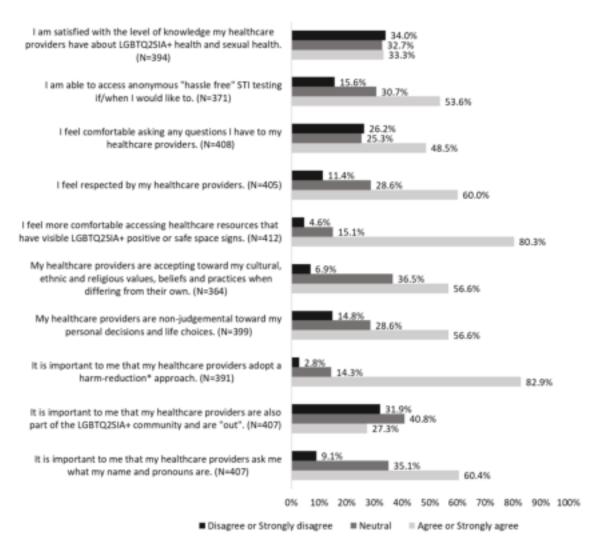


Figure 4.6.1.3: Percent of respondents who agreed with, disagreed with, or had a neutral opinion of the above statements about health care in Hamilton. N=364-408

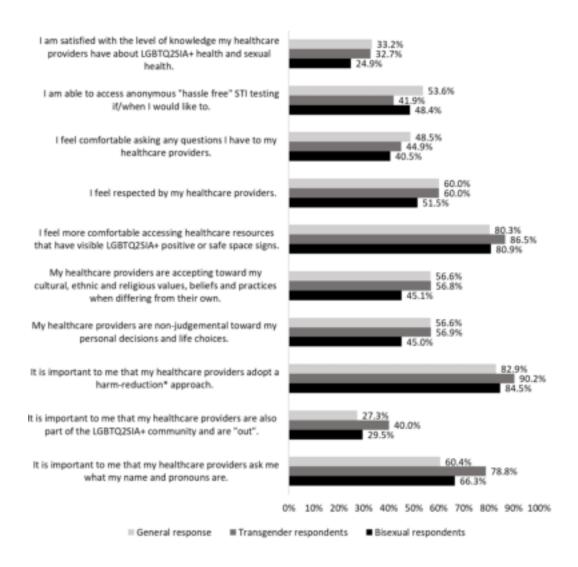


Figure 4.6.1.4: Percent of respondents who agreed with, disagreed with, or had a neutral opinion of the above statements about healthcare in Hamilton. N_(general response)=364-408, N_(transgender)=43-52, N_(bisexual)=184-209

Transgender respondents were slightly less satisfied with their health care providers' knowledge of Two-Spirit and LGBTIQ+ health than the general response and were less likely to feel comfortable asking questions of their health care providers (see Figure 4.6.1.4). Transgender respondents also had a greater preference for health care providers who were members of Two-Spirit and LGBTIQ+ communities than cisgender respondents and were more likely to feel that it was important for health care providers to ask them what their name and pronouns were. Non-binary respondents were less likely to feel respected by their health care providers (51.8% of 112), than both transgender (60.0% of 50) and cisgender respondents (64.2% of 226).

Bisexual respondents were more dissatisfied with their healthcare providers' knowledge about Two-Spirit and LGBTIQ+ health and were less comfortable asking questions of their health care providers than the general response. Significantly, fewer than half of bisexual respondents felt that their health care providers were non-judgemental about their personal life decisions and choices. Bisexual respondents also felt the least respected by their health care providers than all other sexual orientations.

Participants living with disabilities were also less likely to feel respected by their health care providers that non-disabled participants (50.0% of 178 and 67.9% of 218 respectively). Participants with disabilities were less likely to feel comfortable asking questions (36.9% of 179), compared to participants not living with a disability (58.6% of 220).

Whether respondents were racialized or white influenced the degree to which they agreed with the statement: "My healthcare providers are accepting of my cultural, ethnic, and religious values, beliefs, and practices when differing from their own." Of 313 white respondents, 57.2% agreed or strongly agreed, and 6.4% disagreed or strongly disagreed. Of 46 racialized respondents, 54.3% agreed or strongly agreed, and 10.9% disagreed or strongly disagreed with the statement.

There were no strong differences based on gender identity or sexual orientation for the statements: "I feel more comfortable accessing healthcare resources that have visible LGBTQ2SI+-positive or safe space signs," and "It is important to me that my healthcare providers adopt a harm-reduction approach." Harm reduction was defined for participants as "aim[ing] to provide people with the information, support, and supplies they need to reduce the harm that could be caused by engaging in risky behaviour. An approach that involves meeting people where they are at and supporting them in making healthier choices." Based on the overwhelmingly positive response to both these statements, it appears that positive or safe space posters/signs are simple and effective tools for increasing inclusion and comfort in healthcare settings, and that Two-Spirit and LGBTIQ+ community members value harm-reduction approaches to health care. In response to an open-ended question within the Trans Experiences module "What could your health care provider do to make you feel safer, more welcome and better understood?," six (of 41) participants suggested that health care providers create visible signs to welcome transgender patients. One participant suggested that visible signs help transgender patients know that it is safe for them to talk openly about their health care needs:

"Have signage up explicitly stating that trans patients are welcome and that they should feel free to state their needs, Don't make us be the ones wondering if it is safe to bring up."

Another respondent affirmed the positive feelings that they have from seeing positive space signs in the office.

"I love that my family doctor has lots of visible pride symbols in the office, including posters about being an LGBTQ+ inclusive space and training that the staff have received. I wish all health services could have this kind of visible inclusion material. It puts me at (some) ease that I might not have to explain myself or my experience, or at least not have to defend it."

A third transgender respondent requested specific signage about trans specific care:

"A lot of medical institutions and health care providers already have posters and things up in waiting rooms, offices, and examination rooms about things like sexual health and the dangers of smoking, alcohol, etc. It would be comforting and helpful to have posters that also mentioned trans related care - even simple things like prostate exams and pap smears for trans men and women, to make a more inclusive environment that wasn't so daunting."

The majority of transgender participants (78.8% of 51) and gender non-conforming respondents (71.7% of 113), agreed that it was very important that health care providers ask what a patient's name and pronouns are. Responses to an open-ended question in the Trans Experiences module asking how health care providers can increase the safety and understanding of transgender patients also underscored importance of using the patient's correct name and pronouns in health care settings. Over one third of responses concerned pronouns.

"100% get the pronouns and name right. I have been outed dozens of times in waiting rooms (with preferred name listed)."

"Asking what pronouns I use - and then trying to use them! - is another great way that health care providers can help me feel safer and more welcome. If/when there is a slip up on pronouns, I'd like people to just apologize briefly and move on quickly!"

"... Don't use the phrase "preferred name" or "preferred pronouns," as these suggest that they are optional. Don't say "male pronouns" or "female pronouns." Non-binary people sometimes use "she/her" or "he/him" pronouns, and binary trans people who are not safely out yet may use different pronouns than their gender."

Another respondent suggested that in addition to names and pronouns, that health care professionals check in with patients about the language that they prefer is used for different body parts when providing care for transgender patients.

"Confirm with patients which name and pronoun they want you to use. Ask them which words are ok to use for different parts of their bodies (this is, as it turns out, very difficult for doctors and nurses to wrap their heads around)."

4.6.2 Mental Health

There were high needs for mental health services among Two-Spirit and LGBTIQ+ people in Hamilton. Needs for mental health support were not matched, however, with easy and affordable access to mental health services or to feelings of comfort with mental health providers. Many people reported barriers to accessing needed support. Transgender people, bisexual people and youth faced greater health challenges than people who were cisgender, lesbian or gay, and older, respectively.

A question asking people to rate their overall happiness served as a general metric for psychological wellbeing. Fewer than half of respondents reported that their happiness was either good or great (44.3% of 379). Transgender respondents were less likely to say that their happiness level was great or good, and more likely to say that it was not good or terrible compared to cisgender or otherwise gender non-conforming people (see Figure 4.6.2.1). Similarly, bisexual respondents were more likely to select "okay" and "not good or terrible" and less likely to select "good" or "great," compared to lesbian and gay participants.

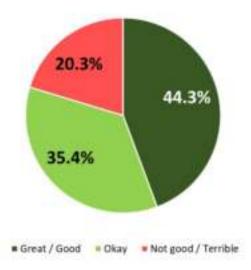


Figure 4.6.2.1: Self-reported ratings of overall happiness. N=379

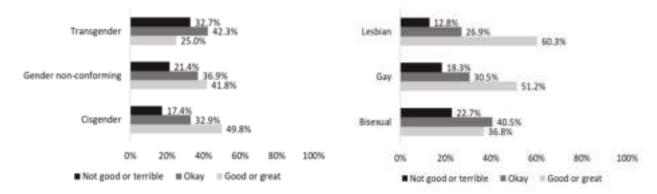


Figure 4.6.2.2: Self-reported ratings of overall happiness, by gender identity. N_(cisgender)=213, N_(gender non-conforming)=103, N_(transgender)=52

Figure 4.6.2.3: Self-reported ratings of overall happiness, by sexual orientation. $N_{(bisexual)}$ =185, $N_{(gay)}$ =82, $N_{(lesbian)}$ =78

A separate question asked respondents if they had considered harming themselves because of issues related to their sexuality or gender expression. Almost half (46.2% of 370 respondents) said yes. Transgender respondents (86.5% of 52) were much more likely than cisgender (33.7% of 208) and otherwise gender non-conforming participants (52.5% of 99), to have considered harming themselves. Bisexual participants were also more likely to report having considered harming themselves (52% of 179), than lesbian (39.0% of 77) or gay (37.5% of 80) participants. Respondents 55 and older were less likely to report having considered harming themselves (87.1% of 31 saying "no") than participants aged 24 to 55 (42.7% of 227) or under 25 (63.1% of 103).

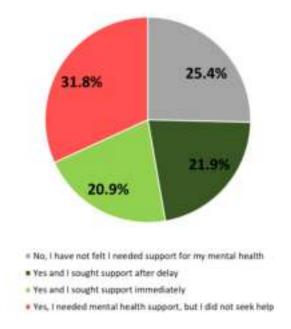


Figure 4.6.2.4: Percent of respondents who wanted support for their mental health in the last 12 months. N= 402

Three quarters of respondents stated that they have wanted support for mental health in the last 12 months (Figure 4.18). Although the percentage of respondents needing support was high among all categories, it was particularly high for transgender people. Almost all respondents who were transgender reported needing mental health support (Figure 4.6.2.5). While transgender participants had greater needs for mental health support compared to cisgender and otherwise gender non-conforming participants, they were also the most likely to delay or not seek out support.

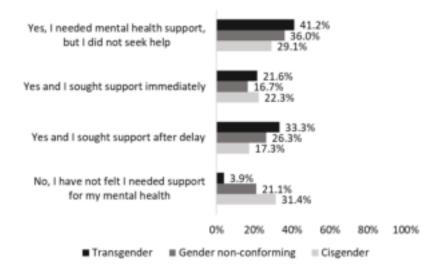


Figure 4.6.2.5: Percent of respondents who wanted support for their mental health in the last 12 months, by gender identity. $N_{(transgender)}$ =51, $N_{(gender non-conforming)}$ =114, $N_{(cisgender)}$ =220

Participants who identified as bisexual were also more likely to have needed support and less likely to seek support than lesbian or gay participants (Figure 4.6.2.6). Approximately two thirds of lesbians reported that they needed support, compared to approximately half of gay participants.

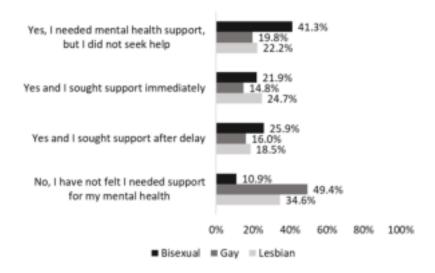


Figure 4.6.2.6 Percent of respondents who wanted support for their mental health in the last 12 months, by sexual orientation. $N_{\text{(bisexual)}}$ =201, $N_{\text{(gay)}}$ =81, $N_{\text{(lesbian)}}$ =81

Fewer older adults than younger adults reported needing mental health support, with 58.8% of 34 respondents 55 saying that they did not feel that they needed mental health support. Comparatively, 72.6% of 248 participants between the ages of 25 and 54 and 89.1% of 110 respondents under 25 indicated that they had needed support for their mental health in the past year. Participants living with disabilities were also more likely to have needed support, with only 2.9% (of 174) indicating that they did not need support for their mental health concerns in the past year, compared to 44.3% of 219 non-disabled participants. They were also more likely to delay (32.8% of 174) or not seek care (37.9% of 174), compared to non-disabled participants (12.8% of 219 delayed, 26.5% of 219 did not seek help). However, they were also more likely to seek support immediately (26.4% of 174) compared to 16.4% (of 219) of non-disabled respondents.

Most participants sought mental health support from social workers (69.0% of 171), counsellors (69.0% of 171), and family physicians (65.5% of 171). Support from psychiatrists (32.7% of 171) and psychologists (25.7% of 171) was less common, as was support from community members, friends, and family (32.2% of 171).

Cost was the greatest barrier to accessing mental health supports reported by respondents, with 40.3% of all respondents stating that they had delayed or not sought out mental health care for this reason (Table 4.6.2.1). Other reasons for delaying mental health care in order of decreasing importance included wait times, privacy, trauma, fear of discrimination and the absence of insurance.

When participants were asked, "In the past year did you have difficulty in paying for any of the following?" they indicated what they had difficulty affording, and 17.2% (of 900) said that they had trouble paying for mental health supports (see Figure 4.6.2.1).

Table 4.6.2.1: Reasons for delaying or not seeking out health care for mental health issues. Respondents could select more than one option. $N_{(general \, response)}=417$,

Reason	Respondents (%)
No, I have never delayed or not sought help for mental health issues	46.0
Financial cost	40.3
Long wait times	32.6
Privacy or confidentiality	31.7
Past trauma, such as (but not limited to) experience of involuntary or coercive	29.0
experiences	
Fear of discrimination on the basis of LGBTQ2SIA+ identity	23.0
Lack of extra health or dental insurance	22.8
Distance/Wasn't available in Hamilton	14.9
Lack of OHIP eligibility	13.7
Lack of all gender bathrooms	3.6
Lack of physical accessibility features (e.g. wheelchair ramps, elevators, etc.)	1.4
Lack of healthcare providers who speak a language I am comfortable speaking	0.2

4.6.3 Sexual Health and HIV

Sexual health is a concern for everyone; however, some people living under Two-Spirit and LGBTIQ+ umbrellas are at greater risk of sexually transmitted infections (STI), specifically: transwomen, bisexual/pansexual people and gay, bisexual and other who have sex with men, whether they are cis or trans (GBMSM). Approximately two thirds of respondents had visited a health care provider for any sexual health related reason: 63.5% of 405 respondents. A relatively high proportion of gay men and bisexual/pansexual participants had visited a health care provider for a sexual health related reason (70.7% of 82 and 68.0% of 206, respectively), compared to lesbians (51.9% of 79). Transgender respondents were less likely than otherwise gender non-conforming (65.5% of 116) and cisgender participants (67.0% of 221) to have done so. This is potentially concerning since some transwomen and some otherwise gender non-conforming people are at heightened risk for HIV and other sexually transmitted infections.

Over half of people who had accessed sexual health related services found them to be positive. Considering the responses of only the 275 participants who had accessed sexual health services, 64.0% reported either "positive" or "very positive" experiences, 26.5% said their experiences were "neither positive nor negative", and 9.5% reported "negative" or "very negative" experiences. People who are cisgender but are otherwise gender non-conforming were less likely to report positive experiences (54.4% of 79) compared to the general response and to cisgender participants (67.1% of 161). The numbers of transgender people accessing sexual health services was too small to provide a statistic.

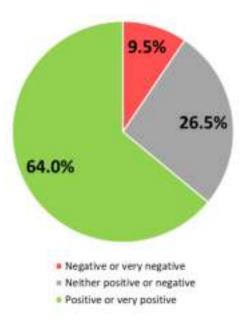


Figure 4.6.3.1: *In general, how were your experiences accessing sexual health related services?* This figure shows only the responses from participants who reported they had previously accessed sexual health services in Hamilton. N=275

Over half of respondents had not been tested for STIs in the 12 months prior to completing the survey (63.4% of 396 respondents said no). Transgender (28.6% of 49) and otherwise gender non-conforming respondents (30.1% of 113) were less likely to have been tested than cisgender participants (40.4% of 218). Gay participants were the most likely to have been tested within the last year (49.4% of 81), while lesbian respondents were less likely (20.3% of 79).

Mirroring testing for STIs, over half (58.7% of 399) of all respondents reported having been tested at some point in their lives for HIV (Human Immunodeficiency Virus). Again, transgender participants were less likely to have been tested (42.9% of 49), compared to cisgender participants or otherwise gender non-conforming respondents (61.1% of 221, 58.4% of 113 respectively). Once again gay respondents (81.7% of 82), were more likely to have been tested for HIV than bisexual (56.1% of 198) and lesbian participants (46.9% of 81).

More than a year had lapsed since over half of participants who had been tested for HIV had last been tested and few people had been tested within the past three months (Figure 4.24). Gay participants were more likely than people of other sexual orientations to have been tested recently; however, a substantial number of gay respondents still indicated their test was over a year old (Figure 4.25).

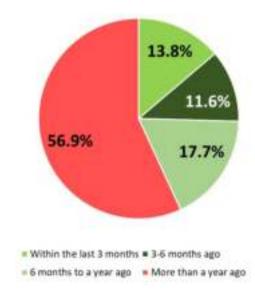


Figure 4.6.3.2: Time since last HIV test for all respondents who indicated that they ever been tested for HIV. N=232

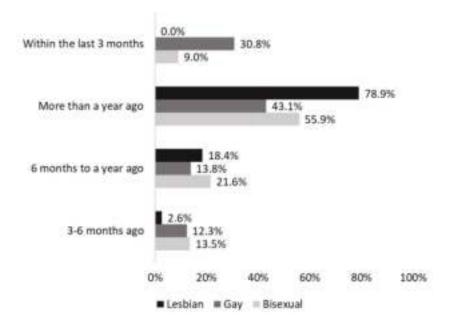


Figure 4.6.3.3: Time since last HIV test for all respondents who indicated that they ever been tested for HIV, by sexual orientation. $N_{\text{(bisexual)}}=111$, $N_{\text{(gay)}}=65$, $N_{\text{(lesbian)}}=38$

Respondents were asked about high-risk sexual behaviour using a question asking how often respondents engaged in bareback sex, defined as "anal sex without a condom". When asked: "How often do you engage in bareback sex?", 59.2% of 169 participants gave an answer that indicated they ever had sex without a condom. Gay men were more likely to have engaged in unprotected sex than members of other sexual orientations (62.7% of 59).

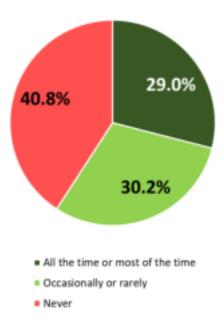


Figure 4.6.3.4: Percent of respondents who engaged in bareback sex. N=169

Despite the relatively high number of respondents who engaged in unprotected sex, only 17.5% of 154 reported using prescription anti-HIV medication commonly referred to as Pre Exposure Prophylaxis (PrEP) as a means of HIV prevention. Compared to the general response, cisgender men and transgender women were more likely to be on PrEP (31.7% of 60), as were respondents who identified as gay (32.0% of 50). Comparatively, bisexual participants were somewhat less likely to be taking PrEP (11.8% of 76).

Fear of people or aversion to people who have HIV was relatively prevalent amongst the respondents, with exactly half of respondents stating that they would not consider having sex with someone who had HIV. Compared to gay respondents (62.1% of 58), bisexual and lesbian participants were less likely to say that they would have sex with someone who had HIV (46.0% of 87; 34.4% of 32), indicating continued HIV stigma fuelled by low public understanding of HIV transmission risk, particularly that the risk of sexual transmission of HIV is statistically insignificant when a person living with HIV has achieved an undetectable viral load. Overall, results suggest that gay men have greater knowledge about HIV and that they are more likely to access sexual health services and testing than members of other sexual orientations. Transgender people are less likely to access sexual health care and testing.

4.6.4 Trans Experiences and Gender-Affirming Care

Approximately one hundred people completed an optional module to assess trans experiences and gender affirming care. Just over half identified as a trans man or trans woman and the remaining respondents identified as non-binary. Approximately two thirds of respondents were considering, undergoing or had already undergone medical transition (61.8% of 89). These individuals would be likely to require trans-specific, gender-affirming care.

Despite the need for trans-specific, gender-affirming care, over half of respondents were not aware of trans-specific health services available in Hamilton (54.7% of 95). An even higher percentage of people were unaware that any trans-specific mental health services existed within the city (see Figure 4.27). Accordingly, over 67.9% of 56 transgender participants who required gender-affirming care said that they had travelled to another city in Ontario to receive it (see Figure 4.28). Respondent desires for greater trans-specific health services in Hamilton also appeared in answers to open-ended questions about how health care providers could increase feelings of safety and understanding. One respondent stated:

"Learn about trans healthcare. At the moment I have to travel to Quest every 3 months by bus to get a Lipton injection that my family doctor could do, but refuses to do because he doesn't understand it."

Some health care services were easier to access within Hamilton than others. Services that were most frequently accessed within Hamilton were trans-related hormone therapy (HRT) (23.7%) and support groups (18.6%). 21.6% of participants who completed the module reported that they had never accessed any trans-specific services in Hamilton.

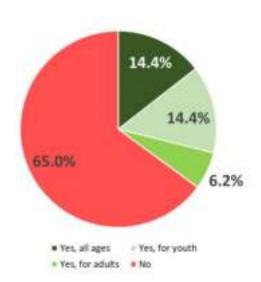


Figure 4.6.4.1: Percent of transgender respondents who were aware of trans mental health services in Hamilton. N=97

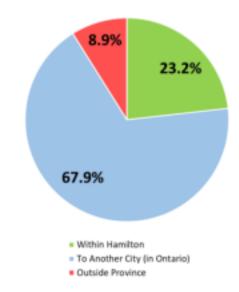


Figure 4.6.4.2: The furthest distance that transgender respondents have travelled for transrelated physical health care. N=56

Transgender respondents reported experiencing several discriminatory or exclusionary acts or micro-aggressions from health care providers. Respondents could select all options that applied to them. From a list of possible discriminatory or exclusionary acts, the most commonly selected included being told the provider did not know enough about trans-related care to provide it, the provider using hurtful or insulting language about trans identity or experience, and the provider thinking that the gender listed on ID/forms was a mistake (see Table 4.6.4.1). On a hopeful note, the option to indicate they had not experienced any of the options listed was selected by 39.2% of respondents.

Table 4.6.4.1: Percent of participants who completed the Trans Experiences module who indicated they had experienced the following with a health care provider. N=97

Experience of discrimination from a health care provider	Transgender
	respondents (%)
Told you they don't know enough about trans-related care to provide it	40.2%
None of the above	39.2%
Used hurtful or insulting language about trans identity or experience	27.8%
Refused to discuss or address trans-related health concerns	27.8%
Thought the gender listed on your ID or forms was a mistake	22.7%
Discouraged you from exploring your gender	20.6%
Told you that you were not really trans	16.5%
Refused to see you or ended care because you were trans	7.2%
Belittled or ridiculed you for being trans	7.2%
Refused to examine parts of your body because you are trans	2.1%

Answers to the open-ended question asking how health care providers can better support trans patients suggested that health care providers learn more about the care that transgender people require, both generally and related to medical transition (hormones, surgery, etc.) (23 of 41 comments). This suggestion was sometimes coupled with the stipulation that health care providers not ask their transgender patients questions about transgender healthcare, particularly if they are asked out of curiosity alone and are not relevant to the person's care.

"Treat me as a person first. Take time to learn about trans-related needs before I come to see them."

"Not expect me to educate them. It makes me feel like I'm talking to the wrong person, or that they won't be able to take care of me. Respect my gender, treat me as I need to be treated, and not make a big deal."

"On a basic level, healthcare providers should be aware of what the basic definition of gender dysphoria is, and to have a rudimentary understanding of and sympathy for trans* individuals. I don't expect general practitioners or healthcare providers who do not specialize in this field to know everything, but to know the basics and to listen to patients attentively and try to learn about more details when they come up."

From these responses, it would appear that transgender Hamiltonians are often leaving the city to access trans-specific, gender-affirming health care services, especially mental health care. This may result from both the absence of some specific services within Hamilton, as well as with transgender respondents' experiences of discrimination in their interactions with health care providers locally.

5.0 COMMUNITY CONNECTION & DESIRES

A central theme of this study is that Two-Spirit and LGBTIQ+ people in Hamilton desire spaces and services to foster greater connection and community. It was the absence of services and spaces dedicated to Two-Spirit and LGBTIQ+ people in Hamilton that first prompted the study, and people attending both town hall meetings occurring before the surveys rollout, as well as the third town hall meeting delivering the preliminary survey results reiterated this desire. Survey results confirm these anecdotal findings. Overall, most respondents felt disconnected from Two-Spirit and LGBTIQ+ community. On a positive note, however, participants provided a rich array of suggestions for how Hamilton can become a more welcoming and vibrant city for Two-Spirit and LGBTIQ+ people.

5.1 Connection to Hamilton and Two Spirit and LGBTQIA+ community

Most people who participated in the survey felt fairly strongly connected to Hamilton despite the loss of dedicated Two-Spirit and LGBTIQ+ spaces in the city. Over two thirds of respondents reported that their connection to the city was 'very' or 'somewhat' strong¹⁹. Participants over the age of 55 were more likely to indicate a strong connection to Hamilton than younger participants (Figure 5.1.1).

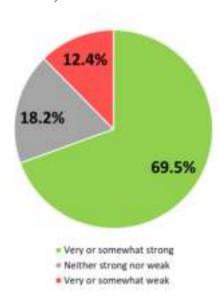


Figure 5.1.1: Percent of respondents who report varying senses of connection to Hamilton. N=815

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¹⁹ Results were robust when full-time university students were removed from the sample.

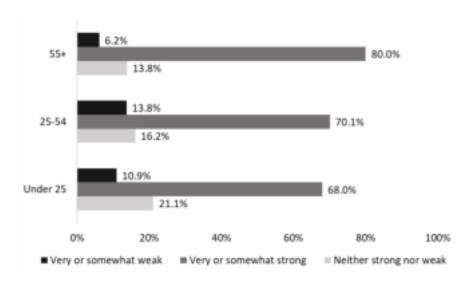


Figure 5.1.2: Sense of connection to Hamilton, by age. $N_{(under\ 25)}$ =256, $N_{(25-54)}$ =458, $N_{(55+)}$ =65

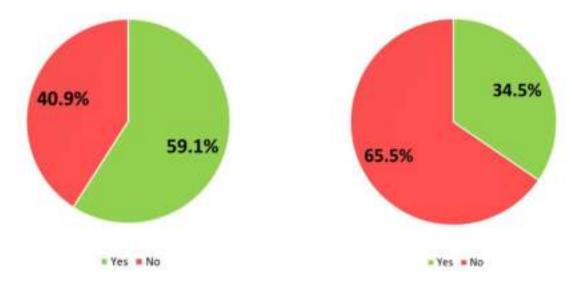


Figure 5.1.3: Percent of respondents who feel or do not feel a sense of community amongst Two-Spirit and LGBTIQ+ people in Hamilton. N=716

Figure 5.1.4: Percent of respondents who feel or do not feel that they are a part of a Two-Spirit and/or LGBTIQ+ community in Hamilton. N=782

Compared to the high number of respondents who felt attached to Hamilton, fewer felt that a Two-Spirit and LGBTIQ+ community existed in the city, and even fewer felt connected to a Two-Spirit and LGBTIQ+ community. Just over half of participants felt that there was a sense of community among Two-Spirit and LGBTIQ+ people in the city (Figure 5.1.3). Transgender participants were more likely to feel that there was a sense of community among Two-Spirit and LGBTIQ+ people in the city compared to cisgender (67.6% of 76, 61.9% of 210, and 56.3% of 398 respectively). Younger age groups were more likely to say yes, with 68.1% of 229 participants under 25 and 56.6% of 403 respondents between 25 and 54, compared to those over the age of 55 (44.8% of 58). Respondents who are racialized (57.8% of 67) did not respond differently than white respondents (59.0% of 583).

In contrast, the majority of respondents did not feel that they were a part of a Two-Spirit and/or LGBTIQ+ community in Hamilton (Figure 5.1.4). This sense of disconnection did not appear to vary greatly with age (approximately 65.0% of all age groups said 'no'), or with racialization (64.8% of 128 people of colour compared to 66.0% of 638 white respondents).

The sense of disconnection was also evident in answers to a similar question asking "How supported and connected to LGBTQ2SIA+ communities in Hamilton do you feel?." Only 17.3% of 808 participants said that they felt extremely or very connected, whereas 25.7% felt "neither connected nor disconnected" (25.7%), and (56.9%) felt "somewhat" or "not at all connected" to these communities (56.9%). Many survey participants also reported only connecting with other Two-Spirit and LGBTQIA+ people infrequently. Nearly half of respondents reported that they connected with other Two-Spirit and LGBTQIA+ people either "rarely" (every one or two months) or "almost never" (45.8% of 808) whereas 54.2% said that they connected with others "often" (more than one time a week) or "sometimes" (two to four times a month).

5.2 Needs and desires for spaces and services

The absence of Two-Spirit and LGBTIQ+ affirming social spaces and services in Hamilton meant that many respondents looked elsewhere for services. A sizable minority (40.9% of 777) of respondents stated that they had looked outside of Hamilton for Two-Spirit and LGBTIQ+ services or community because they were not available or insufficient in Hamilton. Transgender respondents were much more likely to have looked outside of Hamilton for services (75.0% of 76) than otherwise gender non-conforming (43.8% of 217) or cisgender respondents (34.6% of 445). Participants living with a disability were also more likely to indicate that they would look outside Hamilton (46.8% of 297), compared to non-disabled respondents (36.7% of 458). There were no strong differences based on age or racialization, and responses did not vary when full-time university students were excluded from any of these samples. There were also no notable age-related differences except that those under the age of 25 were less likely to leave the city (35.8% of 243), compared to those between 25 and 54 (44.4% of 437) and those 55 and older (40.6% of 64).

Those who had looked for services or community outside of Hamilton reported often leaving the city to attend Pride celebrations and bars and clubs as well as to seek LGBTQIA+ affirming health care and social services (Table 5.2.1). In addition to the options listed in Table 5.2.1 participants also described other services, community and spaces that they left Hamilton for, or that they felt Hamilton needed. Two respondents had left the city for trans-affirming fertility treatment. Other spaces and services that people had left the city to find, pointed to the particular challenges and needs of people of colour, or who have non-Christian faith backgrounds. One respondent stated "Queer-safe grooming services (haircuts) that can provide adequate services for people of colour for my partner and children." Another had left the city for an LGBTIQ+ support group for Muslims. Access to a trans homeless shelter and referrals for top-surgery were other reasons that people had left the city. Other services and spaces people had left the city to find included: doctor, affirming church, French language services, gay square dancing, poly and bi support groups, housing, spaces and activities for older Two-Spirit and LGBTIQ+ people, and sports teams. One respondent wrote "Hamilton has nothing (that I know of) similar to Toronto's 519 on Church St."

Table 5.2.1: Two-Spirit and LGBTIQ+ services or community that respondents looked for outside of Hamilton. (Please check all that apply). Respondents could select multiple options. N=318.

Service or amenity	Respondents (%)
Entertainment Services	
Pride events	66.7
LGBTQ2SIA+ bars and dance clubs	60.7
Health Services	
LGBTQ2SIA+ affirming healthcare services	28.9
Trans-specific healthcare services	19.2
Social Services	
General LGBTQ2SIA+ affirming social services	27.0
Legal support	8.5
Support Groups	
Community centre, social and support groups	49.4
Trans-specific community services or social groups	16.4%

Responses to an optional open ended question about what services people would like to see for Two-Spirit and LGBTIQ+ people in Hamilton that were not currently available mirrored the answers the the question of what services, communities and spaces respondents had left Hamilton to find. Common themes included: greater opportunities for social activity and recreation; support groups and mental health support; social groups and support geared towards Two-Spirit and LGBTIQ+ people of colour and Indigenous, trans-specific, Two-Spirit and LGBTIQ+-affirming health care services, as well as the desire for a central space or community centre.

In response to the open-ended question about what people wanted to see in the city, one of the most frequent requests (50 responses) was for spaces, services and events dedicated to building and strengthening community among Two-Spirit and LGBTIQ+ people. This was paired with the desire for spaces in which to host such events, including 2S and LGBTIQ+ friendly bars and clubs, as well as spaces that were alcohol-free and welcoming to all ages, such as art studios, cafes, gyms/fitness centres, and bookstores. There were also requests for general events and programs where Two-Spirit and LGBTIQ+ people could meet each other, including social clubs, community groups, book/writing clubs, sports teams, workshops etc. Over half of the suggestions for Two-Spirit and LGBTIQ+-affirming spaces and activities were for opportunities to meet outside of a bar or a club. Several respondents mentioned the need for dedicated Two-Spirit and LGBTIQ+ spaces outside of bars or clubs that were open to minors:

One participant lamented the absence of a gay bar, stating

"It is a sad situation when there is not a Gay Bar in the City of Hamilton, particularly with the fact we have over 500,000 people."

Mental health support was an equally common theme among the open-ended answers (62). Many people noted that mental health services were currently financially inaccessible and that

[&]quot;I would just like somewhere I can meet people that isn't a bar or club,"

[&]quot;A coffee shop - no alcohol, so minors can also come hang out, and gives a nice, reasonably quiet daytime space,"

affordable private therapy catered to the needs of Two-Spirit and LGBTIQ+ people was desperately needed. The theme of affordability was repeated by many:

Access to affordable or subsidized counselling services, both short and long term.

OHIP covered mental health services which are in between crisis care and long-term therapy (which can have long wait times).

Private FREE therapy...it'd be nice to have one-on-one with someone who is knowledgeable about the queer community and can help with mental health in a private space so I don't have to put my life on display.

Others noted a need for services that are trans positive:

Explicit queer and trans positive services for counselling

Non-gendered mental health/crisis spaces - [the local crisis beds centre] is decided by gender.

Beyond greater access to therapy, others also desired access to support groups for populations that face greater marginalization or for older adults, for whom there is currently no support group. One respondent explained why they desired a mental health support group specific to Two-Spirit and LGBTIQ+ people:

Mental health support groups for LGBTQ+ people. The Family Health Team has support groups for social anxiety and OCD, but with nothing in common but a mental illness, it's hard to relate to anyone in there and it also makes it extremely uncomfortable if I want to talk about an issue related to being a queer person and my mental illness.

Several respondents who were racialized highlighted the need for services and support groups catering to Two-Spirit and other LGBTIQ+ people of colour.. One respondent described:

While they may be available, [they are] more so catered towards the white LGBTQ+ community. Though it is a significant and great step, those spaces are often not safe or comfortable for LGBTQ+ PoC. ...spaces that are safe for them are necessary. Some include: mental health services, suicide hotlines, support groups [and] LGBTQ+ clubs for PoC.

Another participant wanted to see assistance for Indigenous organizations to self-organize:

Much more effort in helping Indigenous people and Indian Status people heal, co-exist and embrace the LGBTQ+ identified people. I want to see LGBTQ+ Indigenous people and Indian Status people get a chance to create their own organizations...

Others responses included greater support for Two-Spirit and LGBTIQ+ who are refugees, are experiencing homelessness, or are older. One respondent remarked on the absence of services for people outside of the category of 'youth':

More family services and services for older adults. Many services seemed to be geared to youth, and while that is highly important, I don't know where to find community.

Another respondent requested services for older LGBTQ+ people, noting the problem of loneliness:

More services for LGBTQ+ people, especially adults (29+), that have a mental health promotion focus, and that addresses the social isolation that adults can feel.

Another respondent pointed to a gap in services for seniors.

More affordable or free services for low income seniors, more support services for seniors.

Last, one respondent requested support for bisexual and pansexual people:

As far as I'm aware, there's nothing explicitly for people who are attracted to multiple genders (bi, pan, etc.). I would be much more likely to access a service that was explicitly welcoming to people attracted to multiple genders.

Transgender respondents echoed the desire for affordable, affirming mental health supports described above. In addition, however, many transgender respondents also reported difficulties accessing physical health care in Hamilton – particularly care that was accepting and affirming of their Two-Spirit and/or LGBTIQ+ identity. Some responded saying that it would be helpful to have a directory of providers who could provide such care; however, the most common request was for better access to the physical health care needs of transgender people. Several respondents commented that Hamilton needed more doctors who specialized in trans care:

More trans knowledgeable doctors and mental health providers [and] trans surgeons in city instead of Mississauga or Montreal.

I shouldn't have to travel to St. Catherine's (Quest Community Health Centre) to access a trans doctor.

Transgender services in general. Hormone treatments, surgery consultations [and] mental health care. If these services are available in Hamilton they are very hard to access and have a long wait time.

Some suggested that a comprehensive health centre or clinic dedicated to Two-Spirit and LGBTIQ+ communities was needed.

Last, 20 participants mentioned that they would like to see a community centre for Two-Spirit and LGBTIQ+ people in Hamilton. This was referred to as a "drop-in centre", "wellness centre", "a central hub of all services like a [community health centre] model," or something "like the 519." Several people also specifically mentioned their desire for the centre to include a shelter for Two-Spirit and LGBTIQ+ people.

A community centre for LGBTQ2SIA people, an LGBTQ2SIA specific shelter for LGBTQ2SIA refugees and homeless, and more of a community safe space similar to the gay village in Toronto, Vancouver, and Montreal.

One respondent noted the need for a non-commercial space. Given that many Two-Spirit and LGBTIQ+ people in Hamilton are living in poverty or have low incomes, it is critical that spaces and services catering to the population are low-cost or free. This underscores the need for a dedicated public space for Two-Spirit and LGBTIQ+ Hamiltonians.

6.0 CONCLUSION

Two-Spirit and LGBTIQ+ people living in Hamilton have been affected by a number of social and economic shifts. Increasing legal recognition and social acceptance has meant that some segments of the Two-Spirit and LGBTIQ+ community – notably those who are white, affluent, cisgender and monogamously-coupled – may have fewer needs for queer-specific services. Our survey showed that in many areas of their lives, over half of Two-Spirit and LGBTIQ+ people did not report experiencing discrimination. This was not the case for all groups however. Most respondents were likely to feel discomfort and lack of safety outside, and to feel uncomfortable when accessing services or being in spaces provided by religious organizations. Additionally, transgender and bisexual respondents as well as respondents living with disabilities continue to experience discrimination in housing, employment and health care settings.

A second shift that influenced the study results is the decline of dedicated queer spaces. Although this decline may be an outcome of greater acceptance, the decline itself has had adverse consequences for many members of our communities. A recurring theme over the course of community consultation, reporting and data collection and analysis has been peoples' desires for greater sense of connection with other Two-Spirit and LGBTIQ+ people in Hamilton. We surmise that the decline of queer commercial and public spaces has amplified feelings of disconnection and loneliness within our communities.

Results in the health care section of the report suggest that members of our communities of all ages have high needs for mental health care and for spaces that promote connection and social interaction. Despite greater acceptance by some groups of Two-Spirit and LGBTIQ+ people in Hamilton, many continue to face discrimination. Unfortunately, we found that groups that reported having the greatest needs for mental health services – people who are transgender or bisexual/pansexual – often faced the greatest barriers to accessing mental health care. The two highest barriers to accessing health services were cost and not being respected and affirmed by knowledgeable and Two-Spirit and LGBTIQ+-competent health care providers.

The financial barriers that many respondents faced to accessing needed services point to the third shift that has affected Two-Spirit and LGBTIQ+ people living in Hamilton: rising economic inequality. Costs have been increasing in Hamilton as rising rents and food costs have not been matched by parallel increases in incomes or social services. Rather, cuts to social services and to health care have meant longer wait times and reduced coverage for services. Rising economic inequality in Hamilton has meant greater income disparity among Two-Spirit and LGBTIQ+ communities. While those who are affluent are able to afford private therapeutic counselling and to meet their mental health care needs, many others are not as fortunate. A large proportion of our sample reported delaying seeking out mental health support because of financial barriers despite the fact that Two-Spirit and LGBTIQ+ people have greater needs for mental health care because of living in a heterosexist society and experiences of transphobia and homophobia. Income disparities amplify these mental health disparities as many Two-Spirit and LGBTIQ+ people have lower incomes and are living in poverty and are therefore unable to afford the care

they need. Transgender people and people with disabilities in our sample were more likely to be living in poverty, to report low incomes and to report barriers to accessing health care.

Last, our study affirms that different communities within our diverse Two-Spirit and LGBTIQ+ landscape have different needs. Some respondents pointed to the need for specific services and supports for Two-Spirit and other racialized LGBTIQ+ people. Others drew attention to the dearth of services for older adults, many whom suffer from loneliness. While Hamilton is on the path towards becoming a city that affirms Two-Spirit and LGBTIQ+ people, we need to continue to develop avenues of support and affirmation.

R	Referral code:		Date:
_			
	ection 1 – General Survey (mandator	ry)	
ın v	what year were you born?		
	Prefer not to answer		
Wr	nat are the first three digits of your postal code (if you have	one)	?
	O I don't have a postal code		O Prefer not to answer
Ho	w do you identify your sexual orientation? (Please check all	that	apply)
	Ace/Asexual		Queer
	Bisexual		Questioning
	•		Two-spirit
	Heterosexual/Straight	_	Woman who has sex with women (wsw)
	Lesbian		Not Sure
	Man who has sex with men (msm)	Ш	Prefer to self-identify, please specify:
	Pansexual	П	Prefer not to answer
	Polysexual no are you attracted to? (Please check all that apply)		Prefer flot to allswer
	People who are Agender / Non-gender and/or Bigender		Trans Men
	People who are Gender Fluid, Gender Non-Conforming,		Trans Women
	Gender variant and/or Genderqueer		Two-Spirited persons
	Men	Ш	(Additional) response(s), please specify:
ш	Women		Prefer not to answer
Wł	nich of the following best describes your present gender ide	ntitv	
	6 7 7 7	,	7
	Agender/Non-gender		Intersex
	Androgynous		Man (Trans)
	Bigender		Man (Cis)
	Boi		Non-binary
Ц	Butch		Questioning
	Femme		Woman (Trans)
	FTM (female-to-male)		Woman (Cis)
	Gender Fluid		Transgender/trans person
	Gender Non-Conforming Gender variant		Transsexual Prefer to self identify, please specify:
	Genderqueer	Ш	Prefer to sen identity, please specify.
	Genderqueer		Prefer not to answer
Do	es your gender identity match your gender expression?		Trefer not to unswer
	Yes	0	Unsure
0	No	0	Prefer not to answer
	Sometimes	·	Trefer not to answer
	you self-identify as a member of a racialized community?		
		ط مصنعا	amunities" is used to describe poorle of colour
	the purposes of this survey, the term "members of racialize embers of racialized communities in Canada are people (othe		· · · · · · · · · · · · · · · · · · ·
	embers of racialized communities in Canada are people (othe colour or non-Caucasian in racial origin, regardless of birthpla		
	Solodi of Hori Caucasian in racial origin, regardless of biltipie	ice of	cicizensinp.
0	Yes O No O Prefer not to answe	r	

Only answer if you self-identify as a member of a racialized community.							
Which of the following best describes your racial or ethnic group? (Please check all that apply)							
□ Asian-East (i.e. Chinese, Japanese, Korean) □ Indian − Caribbean (i.e. Guyanese with origins in Indian − Caribbean (i.e. Argentinian, Chilean, Salvadoria Latin American (i.e. Argentinian, Chilean, Salvadoria Middle Eastern (i.e. Egyptian, Iranian, Lebanese) □ Asian-South (i.e. Malaysian, Filipino, Vietnamese) □ Middle Eastern (i.e. Egyptian, Iranian, Lebanese) □ BlackAfrican (i.e. Ghanaian, Kenyan, Somali) □ White European (i.e. English, Italian, Portuguese, Russian) □ Black -North American (i.e. Canadian, American) □ White North American (i.e. Canadian, American) □ First Nations □ Jewish □ Indigenous/Aboriginal (not included elsewhere) □ Prefer to self identify, please specify:							
☐ Prefer not to answer How long have you been living in Canada?							
O 0-5 Years O 5-10 Years O 10-15 Years O 10-15 Years O Prefer not to answer							
What is your status in Canada?							
 Non-permanent or Temporary resident (Visitor permit, student permit, work permit or refugee claimant) Permanent resident/landed immigrant (A person who has been granted the right to live permanently in Canada by immigration authorities, but who has not yet become a Canadian citizen through naturalization.) 							
Which languages do you feel most comfortable speaking in?							
□ English □ Czech □ Polish □ Tigrinya □ French □ Dari □ Portuguese □ Turkish □ Amharic □ Farsi □ Punjabi □ Twi □ Arabic □ Greek □ Russian □ Ukrainian □ American Sign Language (ASL) □ Hebrew □ Serbian □ Urdu □ Bengali □ Hindi □ Slovak □ Vietnamese □ Chinese (Cantonese) □ Hungarian □ Somali □ (Additional) response(s), please □ Chinese (Mandarin) □ Italian □ Spanish specify: □ Cree □ Korean □ Tagalog □ Prefer not to answer □ Ojibway □ Tamil							
Do you self-identify as a person with a disability?							
For the purpose of this survey - "Persons with Disabilities" means persons who have a long-term or recurring physical, mental, sensory, psychiatric, or learning impairment. It is recognized that individuals often prefer to self-identify using terms such as: Mad, differently abled, psychiatric survivor, consumer, service user, mentally ill, patient, neurodiverse, disabled etc. O Yes O No O Prefer not to answer							
What is your current relationship status? (Please check all that apply)							
 □ Common-Law (living together for more than 12 months but not legally married) □ Divorced □ Married □ Single (neither married per common law) 							
☐ Single (neither married nor common-law) ☐ Prefer not to answer In your relationships are you (Please check all that apply)							

	Dating (Involved with one or more partners but not in a committed or exclusive relationship) In a monogamous relationship (one partner)		I am not involved in any romantic or sexual relationships (Additional) response(s), please specify:
	In a non-monogamous (open) relationship In a polyamorous relationship (romantic, emotional, and/or sexual relationships with multiple partners)		Prefer not to answer
Wł	nich best describes your current housing situation?		
0 0 0	Alone With roommate(s)/housemate(s) who I know With roommate(s)/housemate(s) who I do not know	0	With parents, siblings, or other family members (Additional) response(s), please specify:
		0	Prefer not to answer
W	nich of the following settings describes your housing situatio	n be	st?
0 0 0	Own a house /townhouse/ apartment or condo Rent a house / townhouse/ apartment or condo Rent a single room in a boarding house, rooming house, etc.	0 0 0	Transitional or second-stage housing (e.g. for youth or people leaving violent situations) Residential Care Facility Rehabilitation facility
0	Subsidized, public/ social housing (Not affiliated with faith-	0	Hospital
	based organization)	0	Long-term care facility
0	Subsidized, public/ social housing (Affiliated with faith-	0	Supportive Group Home
	based organization)	0	Seniors home or retirement home
0	Homeless	0	(Additional) response(s), please specify:
0	Couch-surfing Living in a shelter	0	Prefer not to answer
	nat is the highest level of education you have completed?		Trefer flot to driswer
0	No schooling	0	Trade, technical, or vocational training (other than
0	Some elementary school	_	Registered Apprenticeship certificate)
0	Elementary school (grades 1 – 8)	0	Registered Apprenticeship certificate
0	Some secondary school, no diploma Secondary school graduate, diploma or equivalent (e.g.	0	College diploma Bachelor's degree
	General Education Diploma)	0	Master's degree
0	Graduate certificate program	0	Professional degree
0		0	Doctorate degree
0	Some university credit, no diploma or degree	0	(Additional) response(s), please specify:
		0	Prefer not to answer
Arc	e you currently attending in school or have you been in school	ol in	the past five years?
0	Yes O No O Prefer not to	ans	wer
	Trefer flot to	G113	
On	ly answer if you are currently attending school or have been ir	sch	ool in the past 5 years:
Wł	nat is the most recent type of school that you attended? (Ple	ase (check all that apply)
	Catholic secondary school/ High School (grades 9-12)		University
	Public secondary school/ High School (grades 9-12)		Faith-based university or college
	Faith-based secondary school/ High School (grades 9-12)		English as a Learning Language (ELL) or English as a
	Trade school or apprenticeship	_	Second Language (ESL) classes
	Community college		English as a Second Language (ESL) classes
Ш	High school equivalency (GED) classes		Prefer not to answer

Which of the following best describes your employment situation in the last 12 months? (Please check all that apply)						
☐ Working full time (30 hours or more per week)	☐ Student, part-time					
☐ Working part time (less than 30 hours or more per week)	☐ On leave from work					
☐ Unemployed	☐ Working childcare, elder care, caregiving					
☐ Self-employed	☐ Prefer not to answer					
☐ Retired	☐ (Additional) response(s), please specify:					
☐ Student, full-time						
What is your best estimate of your total personal income, before	ore taxes and other deductions, from all sources in the					
past 12 months?						
O Less than \$10,000	• \$70,000 to less than \$80,000					
• \$10,000 to less than \$20,000	• \$80,000 to less than \$90,000					
• \$20,000 to less than \$30,000	• \$90,000 to less than \$100,000					
• \$30,000 to less than \$40,000	• \$100,000 to less than \$200,000					
• \$40,000 to less than \$50,000	• \$200, 000 or more					
• \$50,000 to less than \$60,000	O I don't know					
• \$60,000 to less than \$70,000	O Prefer not to answer					
What is your best estimate of the total income, before taxes a						
sources in the past 12 months?						
*household refers to you, yourself or you and your partner (if y	you live together)					
• Less than \$10,000	• \$70,000 to less than \$80,000					
• \$10,000 to less than \$20,000	• \$80,000 to less than \$90,000					
• \$20,000 to less than \$30,000	• \$90,000 to less than \$100,000					
• \$30,000 to less than \$40,000	• \$100,000 to less than \$200,000					
• \$40,000 to less than \$50,000	• \$200, 000 or more					
• \$50,000 to less than \$60,000	O I don't know					
• \$60,000 to less than \$70,000	O Prefer not to answer					
Do you ever have trouble making ends meet at the end of the						
O Yes O No O Prefer not to answer						
In the past month, was there any day when you or anyone in	your household went hungry because you did not have					
enough money for food?	your nousened from name, y accounce you are not nate					
O Yes O No O Prefer not to answer						
In the past year did you have difficulty paying for any of the fo	ollowing: (Please check all that apply)					
☐ Clothing	☐ Hormone Replacement Therapy (HRT)					
Communication (phone, internet etc.)	☐ Laundry					
☐ Essential furnishings/appliances	☐ Personal care					
□ Food	☐ School related (textbooks)					
Gender gear (Binders, pumps, packers etc.)	☐ Shelter					
Prescriptions or over the counter medications (e.g.	☐ Transportation					
medication, insulin, needles, patches, pain relief)	□ None of the above					
Health care / dental care	☐ Prefer not to answer					
☐ Mental health supports	☐ (Additional) response(s), please specify:					
☐ Home or renters insurance						
Are you currently or have you taken steps to become a parent	t, caregiver or guardian?					
O Yes O No O Prefer not to answer						

	our experiences in Hamilton nen answering the following questions, please think about y	our ex	pei	riences in Har	milton onl	y.	
Wh	nat is your relationship <u>to Hamilton</u> ? (Please check all that ap	pply)					
	I live in Hamilton I work in Hamilton I got to school in Hamilton I have family who live in Hamilton and visit them I have friends who live in Hamilton and visit them		co co (Ad	me to Hamiltome to Hamiltome to Hamiltoditional) response	on to parti on to parti onse (plea	cipate in cult cipate in soci	
Но	w would you describe your sense of connection to Hamilton						
0	Very strong Somewhat strong Neither strong nor weak w often do you connect with other LGBTQ2SIA+ people <u>in H</u>	0 1	Ver Pref	newhat weak y weak fer not to ans	wer		
0 0 0	Often (more than one time a week) Sometimes (two to four times a month) Rarely (every one or two months)			ost never (les fer not to ans		e above)	
Ho	w supported and connected to LGBTQ2SIA+ communities <u>in</u>	<u>Hami</u>	ltor	do you feel?	•		
0 0 0	Not at all connected Not very connected Neither connected nor disconnected	0	Extr	y connected emely connecter fer not to ans			
Do	you feel that there is sense of community amongst LGBTQ2	2SIA+ p	eo	ple <u>in Hamilto</u>	<u>on</u> ?		
0	Yes O No	0	Pref	fer not to ans	wer		
Do	you feel that you are part of an LGBTQ2SIA+ community in	Hamil	ton	?			
	Yes O No	0	Pref	fer not to ans	wer		
	w safe/comfortable do you feel being "out" about your BTQ2SIA+ identity in Hamilton in the following locations?	Safe	2	Somewhat safe	Unsafe	Prefer not to answer	Not applicable
	At work	(0	0	0	0	0
	At school		0	0	0	0	0
	At home (house, retirement home, dormitory, long-term care, shelter, group home, etc.)	(0	0	0	0	0
	Indoor public spaces (libraries, community centers, etc.)	_	0	0	0	0	0
	Outdoor public spaces (sidewalks, public transit, parks, etc.)	es (sidewalks, public transit, parks, OOOOO					
	Medical clinics / Emergency departments / Urgent care / Hospitals		0	0	0	0	0
	Places of worship (churches, mosques, temples, etc.)		0	0	0	0	0
	Restaurants and cafes		0	0	0	0	0
	Bars and dance clubs		0	0	0	0	0
	Public services/commercial enterprises associated with religious organizations	•	0	0	0	0	0

your LGBTQ2SIA+ identity in any of the following situa	e to ntions:	0	Unsure	Yes	Prefer not to answer	Not applicable
Finding work (If in Hamilton)		0	0	0	0	0
While at work (If in Hamilton)		0	0	0	0	0
At school (If in Hamilton)		0	0	0	0	0
Finding housing (If in Hamilton)		0	0	0	0	0
In your current housing arrangement (If in Hamiltor	ո)	0	0	0	0	0
In indoor public spaces (libraries, community center	rs, etc.)	0	0	0	0	0
In outdoor public spaces (sidewalks, public transit, petc.)	parks,	0	0	0	0	0
In the healthcare system (medical clinics / Emergen departments / Urgent care / Hospitals)	ісу	0	0	0	0	0
In places of worship (churches, mosques, temples, e	etc)	0	0	0	0	0
In restaurants and cafes	,	0	0	0	0	0
In bars and dance clubs		0	0	0	0	0
In public services/commercial enterprises associate religious organizations	d with	0	0	0	0	0
Only answer this if you answered no to the above quest In which public changerooms or bathrooms in Hamilto		uns	afe/uncomfor	table? (Ple	ase check a	ll that
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced 	etc)	etc. Res Bar Pub with Pre	taurants and c s and dance closic services/co h religious orgo fer not to ansv	afes ubs mmercial e anizations ver	enterprises a	associated
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced 	etc)	etc. Res Bar Pub with Pre	taurants and control of the control	eafes ubs emmercial e anizations ver ation on the Rarely (less that once a	enterprises and the basis of y	associated your Prefer not
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced 	etc)	etc. Res Bar Pub with Pre	taurants and cost and dance closes and dance closes services/cost religious organisms of discriminates of di	rafes ubs mmercial e anizations ver ration on th Rarely (less than	enterprises and the basis of y	associated your Prefer not
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced standard the subject of the subject in Hamilton? 	etc)	etc. Res Bar Pub with Pre	taurants and control of the services of the religious organism of discriminately open a month)	rafes ubs mmercial e anizations ver Rarely (less that once a month)	nterprises and the basis of y Never	our Prefer not to answer
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent (Hospitals) How often do you suspect that you have experienced (LGBTQ2SIA+ identity in Hamilton)? 	etc)	etc. Res Bar Pub with Pre	taurants and control of the services of the religious organism of discriminately open a month)	rafes ubs mmercial e anizations ver Rarely (less that once a month)	nterprises and the basis of y Never	our Prefer not to answer
 □ At work (if in Hamilton) □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced to LGBTQ2SIA+ identity in Hamilton? Not respecting desired pronouns/purposeful misgendering Not able to access safe bathroom or bathroom 	etc)	etc. Res Bar Pub with Pre	taurants and cost and dance closes and dance closes services/cost religious organisms of discriminates of discriminates and dance a month)	rafes ubs mmercial e anizations ver Rarely (less that once a month) O	nterprises and the basis of your Never	our Prefer not to answer
 □ At school (if in Hamilton) □ At home (house, retirement home, dormitory, long care, shelter, group home, etc) □ Indoor public spaces (libraries, community centers, □ Outdoor public spaces (sidewalks, public transit, pa etc) □ Medical clinics / Emergency departments / Urgent Hospitals How often do you suspect that you have experienced to LGBTQ2SIA+ identity in Hamilton? Not respecting desired pronouns/purposeful misgendering Not able to access safe bathroom or bathroom assigned to gender identity Bullying (e.g. being the subject of homophobic or 	etc)	etc. Res Bar Pub with Pre	taurants and cost and dance closes and dance closes services/cost religious organisms of discriminates of discriminates and the cost of th	rafes ubs mmercial e anizations ver Rarely (less that once a month) O	nterprises and the basis of your Never	our Prefer not to answer

How often do you suspect the LGBTQ2SIA+ identity?	at you have experienced	l the followin	g forms of assault o	r harassmen	t as a res	ult of your
		Frequently (more	(approximately	Rarely (less than	Never	Prefer not to answe
		than once	once a month)	once a		
Dhysical Assault		a week) O	0	month)	0	0
Physical Assault						
Verbal Harassment Sexual Harassment		0	0	0	0	0
Sexual Assault		0	0	0	0	0
Have you ever had to look ou	tside of Hamilton for LG	BTQ2SIA+ se	rvices or community	y because the	ey were r	ot
available or insufficient?						
O Yes	O No		0 1	Prefer not to	answer	
If you answered yes to the abo	ove question:					
What LGBTQ2SIA+ services o	r community did you loo	k for outside	of Hamilton? (Pleas	se check all th	nat apply))
☐ Pride events		☐ Cu	ıltural, ethnic or fait	h specific LGE	3TQ2SIA+	community
☐ LGBTQ2SIA+ affirming hea	althcare services	CE	nter or social groups	S		
☐ Specific transgender healt	hcare services (E.g. for	☐ Tr	ansgender specific c	ommunity se	rvices or	social
hormone therapy, gender	affirming surgery, etc.)	gr	oups			
☐ LGBTQ2SIA+ affirming soc	ial services		nave never had to lo	ok outside of	Hamilton	for
☐ LGBTQ2SIA+ specific legal	Support	LC	BTQ2SIA+ services	or community	/	
$\ \square$ LGBTQ2SIA+ bars and dan	ce clubs	□ (A	dditional) response(s), please spe	ecify:	
☐ LGBTQ2SIA+ community of	enter, social and suppor	t				
groups		☐ Pr	efer not to answer			

Thank you for completing the general survey. You can hand in the survey now or

continue with the rest of the sections which are optional.

Section 2 – Health (optional)

In	general, would you say yo	our health	is:										
0	Very good				0	Very poor							
0	Good				0	Don't know							
0	Neither good nor bad (Fa	air)			0	Prefer not to a	answer						
0	Poor												
	you visit a particular hea	-		ily doctor	r) or hea	Ithcare institut	ion (i.e. cli	nic or hosp	ital) when				
yo	u are concerned or worri	ed about y	our health?										
0	Yes	0	No	0	Son	netimes	0	Prefer no	ot to answer				
If y	you answered yes to the a	bove ques	tion:										
w	here do you access medic	al advice	when you are conce	erned or v	vorried a	about your hea	Ith? (Please	e select all	that apply)				
	Family doctor					Specialized ou	tpatient cli	nic					
	Urgent care					Alternative me	edicine pro	vider					
	Emergency Room					I do not access medical advice							
	Walk-in clinic					Prefer not to a	answer						
	Telehealth					(Additional) re	esponse(s),	please spe	cify:				
	Community integrated c	ompreher	sive care program										
Do	es your current primary h	health car	e provider know tha	at you ide	ntify as	LGTBQ2SIA+?							
0	Yes				0	I don't hav	ve a health	care provid	ler				
0	No				0		to answer	·					
0	Not sure												
Нс	ow safe/comfortable do y	ou feel be	ing "out" about you	ur LGBTQ2	2SIA+ ide	entity in the fo	llowing hea	althcare se	ttings <i>in</i>				
Ho	amilton?		Hamilton?										
								Drofor					
					Safe	Somewhat	Unsafe	Prefer	Not				
					Safe	Somewhat safe	Unsafe	not to	Not applicable				
	Family doctor or prin	mary care	physician(s)		Safe		Unsafe						
	Family doctor or prin	mary care	physician(s)			safe		not to answer	applicable				
	<u> </u>	mary care	physician(s)		0	safe O	0	not to answer O	applicable O				
	Nurses	mary care	physician(s)		0	safe O O	0	not to answer O	applicable O O				
	Nurses Walk-in clinic	mary care	physician(s)		0 0	safe O O	0 0	not to answer O O	applicable O O O				
	Nurses Walk-in clinic Emergency Room	,	physician(s)		0 0 0	safe O O O	0 0 0	not to answer O O O	applicable O O O				
	Nurses Walk-in clinic Emergency Room Urgent care	,	physician(s)		0 0 0	safe O O O O O	0 0 0 0	not to answer O O O O	applicable O O O O O				
	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine	,	physician(s)		0 0 0 0	safe	0 0 0 0	not to answer O O O O O	applicable O O O O O O O				
Do	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine	e provider		o your LG	0 0 0 0 0	safe	0 0 0 0 0 0	not to answer O O O O O O O O O	applicable O O O O O O O O				
	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth	e provider	iscrimination due to	•	0 0 0 0 0	safe	O O O O O O ealthcare s	not to answer O O O O O O O O O	applicable O O O O O O O O O O				
0	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth o you suspect that you have	e provider ve faced d	iscrimination due to	0	O O O O O BTQ2SIA	safe	O O O O O O ealthcare s	not to answer O O O O O O O O O O O O O O O O O O	applicable O O O O O O O O O O				
Ple	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth you suspect that you have Yes ease answer if you answer	e provider ve faced d O No red 'yes' to	iscrimination due to the question above	0	O O O O O O BTQ2SIA	safe O O O O O O O A+ identity in ho	O O O O O ealthcare s	not to answer O O O O O O O O O ettings?	applicable O O O O O O O O O O O O O O O O O O O				
O Ple In	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth you suspect that you have Yes ease answer if you answer	e provider ve faced d O No red 'yes' to	iscrimination due to the question above	0	O O O O O O BTQ2SIA	safe O O O O O O O A+ identity in ho	O O O O O ealthcare s	not to answer O O O O O O O O O ettings?	applicable O O O O O O O O O O O O O O O O O O O				
O Ple In	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth you suspect that you have Yes ease answer if you answer which of the following he entity? (Please check all the	e provider ve faced d O No red 'yes' to ealthcare s nat apply)	iscrimination due to the question above ettings do you susp	O Dect that y	O O O O O BTQ2SIA Unsure	safe O O O O O O A+ identity in ho	O O O O O ealthcare s O Pr	not to answer O O O O O O O O O ettings?	applicable O O O O O O O O O O O O O O O O O O O				
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O Ple In	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth you suspect that you have Yes ease answer if you answer which of the following he entity? (Please check all the Family doctor or primary Nurses	e provider ve faced d O No red 'yes' to ealthcare s nat apply)	iscrimination due to the question above ettings do you susp	O Dect that y	O O O O O O O O BTQ2SIA Unsure /ou have	safe O O O O O O O A+ identity in heative medicine posts	O O O O O ealthcare s O Pr	not to answer O O O O O O O O O ettings?	applicable O O O O O O O O O O O O O O O O O O O				
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O Ple In ide	Nurses Walk-in clinic Emergency Room Urgent care Alternative medicine Specialists Telehealth you suspect that you have Yes ease answer if you answer which of the following he entity? (Please check all the Family doctor or primary Nurses Walk-in clinic	e provider ve faced d O No red 'yes' to ealthcare s nat apply)	iscrimination due to the question above ettings do you susp	O Dect that y	O O O O O O O O O O O O O O O O O O O	safe O O O O O O A+ identity in hoteletive medicine posts	O O O O O ealthcare s O Pr	not to answer O O O O O O O ettings? refer not to	applicable O O O O O O O O O O O O O O O O O O O				

Please	answer if you answered 'yes' to suspect	facing discri	mination.							
Do you	suspect the discrimination was based	on any of th	e following	aspects of y	our ident	ity? (Please	e check all	that apply)		
☐ Disability or ability			Sexual orientation							
	□ Age		National or ethnic origin							
	Race		Can not pinpoint, could be a mix of different aspects of my							
	Religion/ spirituality/ faith identity									
	Class / Socioeconomic status	ass / Socioeconomic status Prefer not to answer								
	Gender expression		(Additiona	al) response	(please s	pecify):				
	Gender identity									
Please	indicate whether you agree or disagre	e with the fo	llowing stat	ements abo	out health	ncare* in Ha	amilton.			
		Strongly	Disagree	Neutral	Agree	Strongly	Prefer	Not		
		disagree	· ·		J	agree	not to	applicable		
Lames	atisfied with the level of knowledge	0	0	0	0	0	answer	0		
	althcare providers have about	O	O	O	O	O	J	O		
	22SIA+ health and sexual health									
	·	0	0	0	0	0	0	0		
	ble to access anonymous "hassle STI testing if/when I would like to	O	O	O	J	O	J	O		
	comfortable asking any questions I	0	0	0	0	0	0	0		
	o my healthcare providers									
I feel r	respected by my healthcare providers	0	0	0	0	0	0	0		
	more comfortable accessing	0	0	0	0	0	0	0		
	care resources that have									
visible	LGBTQ2SIA+ positive or safe space									
signs										
-	althcare providers are accepting	0	0	0	0	0	0	0		
	d my cultural, ethnic and religious									
	, beliefs and practices when differing									
	heir own									
	althcare providers are non-	0	0	0	0	0	0	0		
, ,	ental toward my personal decisions									
	e choices									
	portant to me that my healthcare	0	0	0	0	0	0	0		
	lers adopt a harm-reduction**									
appro										
	portant to me that my healthcare	0	0	0	0	0	0	0		
	lers are also part of the LGBTQ2SIA+									
	unity and are "out"									
	pportant to me that my healthcare	0	0	0	0	0	0	0		
•	lers ask me what my name and									
<u> </u>	uns are				. 1 . 1					
	erm "healthcare providers" includes doc		•	•			•			
	logists, counsellors, alternative medicin	e providers,	dentists, or a	anyone eise	invoivea	in the care	of your ne	eaith and		
wellbei	ng.									
** !!~	m reduction sime to provide posts with	h tha infarm	ation supra	rt and acce	dias +harr	nood to ===	luca +ba b	arm that		
	m reduction aims to provide people with the caused by engaging in risky behavior.									
	n making healthier choices.	All apploact	ı tılat IIIVUIV	es meeting	heobie M	nere triey d	ie at allu s	supporting		
uieiii ii	i making nearmer choices.									

Have you ever delayed or not sought out health care for <u>phy</u>	ysical health issues for any of the following reasons? (Please
 check all that apply) Privacy or confidentiality Financial Cost Distance/Wasn't available in Hamilton Fear of discrimination on the basis of your LGBTQ2SIA+ identity Fear of discrimination on the basis of your LGBTQ2SIA+ identity Past trauma Past trauma Long wait times Long wait times Lack of all gender bathrooms Lack of all gender bathrooms Lack of physical accessibility features (e.g. wheelchair ramps, elevators, etc) 	 □ Language barrier Language barrier □ Lack of OHIP eligibility (OHIP is the Ontario Health Insurance Plan that is provided by the government) Lack of OHIP eligibility (OHIP is the Ontario Health Insurance Plan that is provided by the government) □ Lack of extra health and dental insurance Lack of extra health and dental insurance □ Feelings of shame or guilt Feelings of shame or guilt □ No, I have never delayed or not sought help for physical health issues. No, I have never delayed or not sought help for physical health issues. □ (Additional) response (please specify):
Have you ever delayed or not sought out health care for <u>me</u>	ntal health issues for any of the following reasons? (Please
check all that apply) Privacy or confidentiality Financial Cost Distance/Wasn't available in Hamilton Fear of discrimination on the basis of your LGBTQ2SIA+ identity Fear of discrimination on the basis of your LGBTQ2SIA+ identity Past trauma Past trauma Long wait times Long wait times Lack of all gender bathrooms Lack of all gender bathrooms Lack of physical accessibility features (e.g. wheelchair ramps, elevators, etc) Lack of physical accessibility features (e.g. wheelchair ramps, elevators, etc)	 □ Language barrier Language barrier □ Lack of OHIP eligibility (OHIP is the Ontario Health Insurance Plan that is provided by the government) Lack of OHIP eligibility (OHIP is the Ontario Health Insurance Plan that is provided by the government) □ Lack of extra health and dental insurance Lack of extra health and dental insurance □ Feelings of shame or guilt Feelings of shame or guilt □ No, I have never delayed or not sought help for physical health issues. No, I have never delayed or not sought help for physical health issues. □ (Additional) response (please specify):
Do you have any of the following chronic medical conditions	
 □ Chronic Obstructive Pulmonary Disease (COPD) □ Asthma □ Multiple Sclerosis □ Congestive Heart Failure/Cardiovascular disease □ Diabetes or it's complications □ Kidney failure □ Seizure disorder □ Stomach ulcer or other disorders of the stomach or intestines □ Back pain/Arthritis 	 ☐ Mobility problems causing falls ☐ Dizziness/Syncope/Vertigo ☐ Depression/bipolar disorder ☐ Schizophrenia ☐ Anxiety disorder ☐ Mental health issue ☐ Alcohol/Drug addiction ☐ None ☐ Prefer not to answer ☐ (Additional) response (please specify):

Where have you gone for your sexual health co	ncerns	s?				
	l was	s able	I had to seek	I have not	Prefer not	Not
	to ac	ccess	services outside	sought	to answer	applicable
	servi	ices in	of Hamilton even	support for		
	Ham	nilton	though I wanted	my concerns		
			to access them in	in Hamilton.		
			Hamilton			
Family doctor or physician		0	0	0	0	0
Sexual health clinic / Street health clinic		0	0	0	0	0
Clinic that has anonymous HIV testing		0	0	0	0	0
A specialist (e.g. obstetrician, gynaecologist, urologist)		0	0	0	0	0
Hospital emergency room or clinic		0	0	0	0	0
Indigenous health care centre		0	0	0	0	0
Planned Parenthood		0	0	0	0	0
In general how were your experiences accessing	g sexua	al health	n related services?			
O Very positive	O V	ery neg	ative			
O Positive			t accessed sexual he	alth-related serv	rices	
O Neither positive or negative	O Pr	refer no	ot to answer			
O Negative						
Have you been tested for STIs/STDs (Sexually T months?	ransmi	itted Inf	ections/ Sexually Tra	ansmitted Disea	ses) in the las	st 12
O Yes	O No	0		O Pref	fer not to ansv	wor
				U FIF	er nor to ansi	
Have you ever been tested for HIV (Human Imr	nunode		v Virus)?	O FIEI	ופו ווטג נט מווא	WEI
Have you ever been tested for HIV (Human Imm		eficiency	y Virus)?			
O Yes	O No	eficiency	y Virus)?		fer not to answ	
O Yes When was the last time you were tested for HI	O No V ?	eficienc y o				
O Yes When was the last time you were tested for HI O Within the last 3 months	O No V?	eficiency o More tha	y Virus)? an a year ago			
O Yes When was the last time you were tested for HI O Within the last 3 months O 3-6 months ago	O No V? O N	eficiency o More tha Never	nn a year ago			
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O Yes When was the last time you were tested for HI O Within the last 3 months O 3-6 months ago O 6 months to a year ago If you answered 'Never' to being tested for HIV: What are the reasons for not having an HIV tes ☐ I'm not doing anything risky that could give ☐ I know I am HIV+ ☐ I don't think I have HIV	O No V? O N O N O Pi	o More than lever erefer no	on a year ago but to answer ck all that apply) I'm afraid to find our I'm afraid of needles I'm afraid of the test	t the results titself will find out I go	fer not to ansv	
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 ✓ Yes When was the last time you were tested for HI ✓ Within the last 3 months ✓ 3-6 months ago ✓ 6 months to a year ago If you answered 'Never' to being tested for HIV: What are the reasons for not having an HIV test ☐ I'm not doing anything risky that could give ☐ I know I am HIV+ ☐ I don't think I have HIV ☐ I just haven't gotten around to it ☐ I don't know where to get tested ☐ I don't have the money or resources, like transportation to get to a testing site What services from the AIDS Network in Hamil ☐ Group support 	O No V? O N O Pi t? (Plea me HIV	o More that lever Prefer no asse check	an a year ago bit to answer ck all that apply) I'm afraid to find our I'm afraid of the test I'm afraid someone Prefer not to answer (Additional) respons	t the results t itself will find out I go r e(s), please spece eck all that apply se specify):	t tested	wer
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O Yes When was the last time you were tested for HI O Within the last 3 months O 3-6 months ago O 6 months to a year ago If you answered 'Never' to being tested for HIV: What are the reasons for not having an HIV tes I'm not doing anything risky that could give I know I am HIV+ I don't think I have HIV I just haven't gotten around to it I don't know where to get tested I don't have the money or resources, like transportation to get to a testing site What services from the AIDS Network in Hamil Group support Individualized one on one support Practical assistance (e.g. home-cooked mea	O No V? O N O Pi t? (Plea me HIV	o Nore that lever trefer no lease check lever l	an a year ago bit to answer ck all that apply) I'm afraid to find our I'm afraid of the test I'm afraid someone Prefer not to answer (Additional) respons accessed? (Please che Other services, please I have not accessed	t the results t itself will find out I go r e(s), please specek all that apply se specify): any services from	t tested	wer

Have you felt you wanted support for your menta	l health in	the last 12 months?
• Yes and I sought support immediately		O No, I have not felt I needed support for my mental
O Yes and I sought support after delay		health
O Yes, I needed mental health support but I did n	ot seek he	elp O Prefer not to answer
If you delayed seeking help or did not seek help, v	vhat barri	ers did you face? (Please check all that apply)
☐ Past negative experience		Being part of the LGBTQ2SIA+ community
☐ Lack of qualified professionals		Culture and race bias
☐ Anxiety around contacting mental health		(Additional) response(s), please specify:
professionals		
☐ Long wait times		Prefer not to answer
☐ Financial cost		Not applicable
If you did seek help, who did you seek support fro	m? (Pleas	e check all that apply)
☐ Family Doctor or general practitioner		Support Group
☐ Psychiatrist		Community Agency
☐ Psychologist		Community members, friends, family
□ Nurse		Phone or online crisis hotline
☐ Social Worker or Counsellor / Therapist		Prefer not to answer
□ Elder		(Additional) support, please specify:
☐ Religious or spiritual leader	_	
In the future if you need mental health support w	here wou	ld you prefer to receive it? (Check all that apply)
☐ Family Doctor or general practitioner		Support Group
☐ Psychiatrist		Community Agency
☐ Psychologist		Community members, friends, family
□ Nurse		Phone or online crisis hotline
☐ Social Worker or Counsellor / Therapist		Prefer not to answer
□ Elder		(Additional) support, please specify:
☐ Religious or spiritual leader	_	

Section 3 – Trans Experiences (optional) Only fill out this section if you identify as trans. If you do not identify as trans please skip to page 15.

Ar	Are you aware of trans health services in Hamilton?								
0	Yes	O No		O Prefer not t	o answer				
Ar	e you aware of Trans Mental Ho	ealth Services in H	amilton?						
O Yes for youth (under 18) O Yes for adults (18+) O No O Prefer not to answer									
	nich of the following services ha								
	Trans-related hormone therap	•		Prostate exa					
	Trans-related surgery of any ki	•		Mental healt					
	Trans-related electrolysis	na -		_					
	Trans-related speech therapy				response(s), pleas	se specify:			
	Pap test			(,		,			
	Breast exam			I have not ac	cessed any of the	se services			
	Mammogram			Prefer not to	answer				
WI	nile living in Hamilton, what is t	he furthest distan	ce you have ev	er travelled for	trans-related ph	ysical health	care?		
0	Within Hamilton		C	To another c	ountry				
0	To another city or town in Ont	ario	Ċ		received trans-rel	ated health o	are		
0	To another province		C						
_	ve you ever had to educate any	of the following	health care pro	viders regardin	g your needs as a	trans persor	n?		
		No, I did not	Yes,	Yes,	Yes, provided	Prefer not	Not		
		need to	provided a	provided	a lot of	to answer	applicable		
		provide any	little	some	education	to answer	аррпсавіс		
		education	education	education	caacation				
CI	erical / Administrative staff	0	0	0	0	0	0		
	urse	0	0	0	0	0	0		
M	lental health provider	0	0	0	0	0	0		
	amily doctor (General	0	0	0	0	0	0		
Pı	actitioner GP)								
Er	nergency Room (ER) doctor	0	0	0	0	0	0		
Sp	pecialist doctor	0	0	0	0	0	0		
If y	es, who did you have to educa	te and what did yo	ou educate the	m on?					
W	nich of the following applies to	your current situa	tion regarding	hormones and,	or surgery?				

0	I have transitioned (hormones and/or surgery)	0	The concept of medically transitioning does not apply to me	
0	I am in the process of medically transitioning	0	I am not sure whether I am going to transition	
0	I am planning to transition, but have not begun	0	(Additional) response(s), please specify:	
0	I am not planning to medically transition			
	,	0	Prefer not to answer	
На	s a health care provider ever? (Please check all	that	apply)	
	Refused to see you or ended care because you		Told you they don't know enough about trans-related care to	
	were trans		provide it	
	Used hurtful or insulting language about trans		Belittled or ridiculed you for being trans	
	identity or experience		Thought the gender listed on your ID or forms was a mistake	
	Refused to discuss or address trans-related		Refused to examine parts of your body because you are trans	
	health concerns		No healthcare provider has done any of these things.	
	Told you that you were not really trans		(Additional) response(s), please specify:	
	Told you that you were not really trails	ш	(Additional) response(s), please specify.	
	Told you that you were not really trans Discouraged you from exploring your gender	Ш	(Additional) response(s), please specify.	
			Prefer not to answer	
W	Discouraged you from exploring your gender			
	Discouraged you from exploring your gender		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	
	Discouraged you from exploring your gender nat could your health care provider do to help yo		Prefer not to answer	

Section 4 – Work, Employment & Income (optional)

Fro	om which of the following sources did you receive any i	ncon	ne in the past 12 months? (Please check all that apply)
	Wages, salaries and commissions		Provincial or municipal social assistance or welfare
	Income from self-employment		(including Ontario Works or Ontario Disability Support
	Dividends and interest (e.g. on bonds, savings)		Program-ODSP)
	Employment Insurance (E.I.)		Child support
	Worker's compensation		Alimony
	Benefits from Canada Pension Plan (CPP) or Quebec		Goods and Services Tax and Harmonized Sales Tax (GST and
	Pension Plan (QPP)		HST) Credit
	Retirement pensions, superannuation and annuities		No income
	Old Age Security pension (OAS)		(Additional) income (e.g. rental income, scholarships,
	Guaranteed Income Supplement (GIS) and spousal		parental support), please specify:
	allowance		
	Child Benefits (Basic Canada Child Tax Benefit,		Prefer not to answer
	National Child Benefit Supplement NCBS etc.)		
lf y	ou're unemployed, have you looked for work in the las	t 4 w	veeks?
	Va-		O Doofee and the consum
U	Yes O No		O Prefer not to answer
	rou're unemployed, are you available for work?		• Prefer not to answer
If y			O Prefer not to answer
If y	ou're unemployed, are you available for work?	ploy	O Prefer not to answer
If y	you're unemployed, are you available for work? Yes O No	ploy	O Prefer not to answer
If y	rou're unemployed, are you available for work? Yes O No rou're working full-time or part-time (including self- em	ploy	O Prefer not to answer
O If y em	Yes O No Yes O No You're working full-time or part-time (including self- em Aployment situation in the last 12 months?	_	O Prefer not to answer ed), which of the following best describes your
If y O If y em	Yes O No You're working full-time or part-time (including self- emaployment situation in the last 12 months? Temporary/ short term contract (less than a year)	_	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per
If y O If y em	Yes O No You're working full-time or part-time (including self-employment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per	0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker)
If y O If y em O O	Yes O No You're working full-time or part-time (including self-emaployment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per week)	0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker) Involuntarily part time, prefer full time. (less than 30 hours
If y O If y em O O	Yes O No You're working full-time or part-time (including self-em Iployment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per Week) Permanent part-time position (less than 30 hours per	0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker) Involuntarily part time, prefer full time. (less than 30 hours per week would like to be working full time)
If y O If y em O O	Yes O No You're working full-time or part-time (including self- employment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per week) Permanent part-time position (less than 30 hours per week)	0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker) Involuntarily part time, prefer full time. (less than 30 hours per week would like to be working full time) Self-employed- (30 hours or more per week)
If y O If y em O O	Yes O No You're working full-time or part-time (including self-employment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per week) Permanent part-time position (less than 30 hours per week) Permanent full time – hours vary from week to week	0 0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker) Involuntarily part time, prefer full time. (less than 30 hours per week would like to be working full time) Self-employed- (30 hours or more per week) Self-employed part-time (less than 30 hours per week)
If y O If y em O O	Yes O No You're working full-time or part-time (including self-employment situation in the last 12 months? Temporary/ short term contract (less than a year) Permanent full-time position (30 hours or more per week) Permanent part-time position (less than 30 hours per week) Permanent full time — hours vary from week to week and could sometimes be less than 30	0 0	O Prefer not to answer ed), which of the following best describes your Employed on contract part-time (less than 30 hours per week as a temporary or casual worker) Involuntarily part time, prefer full time. (less than 30 hours per week would like to be working full time) Self-employed- (30 hours or more per week) Self-employed part-time (less than 30 hours per week)

In which of the following occupational categories do you	ou cu	rrently work? (Please check all that apply)
 Management (Senior management, specialist manager, manager in retail trade, food and accommodation services, other managers) 		Sales and service (sales and service supervisor; wholesale, technical, insurance, real estate sales specialists, retail, wholesale and grain buyers)
☐ Business, finance and administration (Professional occupation in business and finance, finance and insurance administration, secretary,		Sex work (erotic phone line worker, burlesque entertainer, erotic massage, stripper, escort, street based sex work, web work, porn worker, dominatrix)
administrative and regulatory, clerical supervisor, clerical position)		Trades, transport and equipment operators and related (Contractors and Supervisors in Trades and Transportation;
□ Natural and applied sciences and related		Construction Trades)
occupations (Physical science professional, life	Ш	Natural resources, agriculture and related production
science professional: civil, mechanical, electrical or chemical engineer, other engineers, architects,		(Supervisors and technical occupations in natural resources, agriculture and related production, Workers in natural
urban planners and/or land surveyors,		resources, agriculture and related production, harvesting,
mathematicians, systems analysts and/or		landscaping and natural resources labourer) Manufacturing and utilities (processing, manufacturing and
computer programming) Health (Professional occupations in health, nurse	Ш	utilities supervisors and central control operators, processing
supervisors and registered nurses, technical and		and manufacturing machine operators and related production
related occupations in health, assisting		workers; assemblers in manufacturing)
occupations in support of health services)		Informal Work (people who work in cash jobs, under the table
☐ Education, law and social, community and		work, legally unsanctioned work)
government services (judges, lawyers,		Student
psychologists, social workers, ministers of religion,		(Additional) work, please specify:
and policy and program officers, teachers and		
professors, paralegals, social services workers and		I do not work
occupations in education and religion)	Ш	Prefer not to answer
Art, culture, recreation and sport (Professional		
occupations in art and culture, technical occupations in art, culture, recreation and sport)		
	v wor	k at your job or business? If you usually work extra hours, paid
or unpaid, please include these hours.	,	wat your job or business; if you assum, thorn extra nours, para
How many paid positions do you currently have?		
For the rest of the questions in this section, please ans hours for in the past month.	wer	the questions thinking about the job you worked the most
•	ork tl	ne most hours during the last month)? (e.g. store clerk, teacher,
construction worker etc.)		
Are you or have you ever been a member of a union?		
O Yes O No		O Prefer not to answer
Have you ever left or declined a job offer due to a lack	of a	LGBTQ2SIA+-friendly work environment?
• Yes. I left/declined a job offer exclusively because o	f a la	ck of LGBTQ2SIA+-friendly work environment.
• Yes. I left/declined a job offer partly because of a la		•
O No		•
O Prefer not to answer		
Have you ever shoop a job because it had a resisting!	CDT	22CIA L. Work onvironment?
Have you ever chosen a job because it had a positive L	JIGU	(231AT- WORK ENVIRONMENTS

Yes. I chose a job exclusively because it had a positive LGBTQ2SIA+-friendly work environment. Yes. I chose a job partly because it had a positive LGBTQ2SIA+-friendly work environment. No Prefer not to answer										
Have you ever suspected that you have been denied employment, fired or passed over for an advancement opportunity										
because of any of the following aspects of your identity? (Please check all that apply)										
☐ Disability or ability				Nation	nal or eth	nic origin				
□ Age				Can no	ot pinpoir	nt could be a mix	x of different a	spects of my identity		
□ Race □ (Additional) response(s), please specify:										
☐ Religion / Spirituality								 		
☐ Class / Socioeconom	ic status					ect I have been	•			
☐ Gender expression				•		advancement b	ecause of my	identity.		
☐ Gender identity				Prefer	not to ar	iswer				
☐ Sexual orientation										
Do you suspect that you	ı have fa	ced discrimination	n due t	o your	LGBTQ29	SIA+ identity fro	m any of the f	following people at		
work										
	No	Unsure		Y	es	Prefer not to a	nswer	Not applicable		
Co-workers	0	0			0	0		0		
Union	0	0			0	0		0		
Clients/customers	0	0			0	0		0		
Human resources	0	0			0	0		0		
Boss or supervisor	0	0			0	0		0		
To whom would you fee	el safe/co	omfortable being	"out"?							
	Safe	Neither safe or u	ınsafe	Uns	safe	Prefer not to a	nswer	Not applicable		
Co-workers	0	0			0	0		0		
Union	0	0			0	0		0		
Clients/customers	0	0			0	0		0		
Human resources	0	0			0	0		0		
Boss or supervisor	0	0			0	0		0		
Would you feel comfort	able rep	orting discriminat	tion du	e to yo	ur LGBTC	2SIA+ identity i	in your workp	lace to the		
following?										
		Yes and I would report	Yes a ha repo	ve		vould not feel able reporting	Prefer not to answer	Not applicable		
Co-workers		0		0		0	0	0		
Union		0		0		0	0	0		
Human resources		0		0		0	0	0		
Boss or supervisor		0		0		0	0	0		
Ministry of Labour		0		0		0	0	0		
Ontario Human Rights T	ribunal	0		0		0	0	0		

Section 5 – Recent Education (optional)

Please only fill this section if you have been in school in Hamilton within the <u>last</u> <u>5 years</u>. Please answer to reflect your experiences in the most recent school you have been in/are currently in.

If you have NOT been in school in Hamilton in the last 5 years, SKIP to page 21.

What level of school are you currently in? (F	Please che	eck one option)							
O I am no longer in school	0	I am doing only	courses on	lline for any of the above	levels				
O I am in high school	0	Prefer not to an	swer						
O I am in university	0	(Additional) response (please specify):							
O I am in a skilled trade school									
O I am in college									
How safe/comfortable do you feel being "o	ut" about	t your LGBTQ2SIA	+ identity	to the following people	at your school?				
	Safe	Somewhat safe	Unsafe	Prefer not to answer	Not applicable				
Classmates	0	0	0	0	0				
Friends	0	0	0	0	0				
Teachers, professors, and instructors	0	0	0	0	0				
Principal(s), administrator and other staff	0	0	0	0	0				
Do you suspect that you have faced discrimi	ination o	r been bullied* dı	ue to your	LGBTQ2SIA+ identity by	any of the				
following:			•		-				
	No	Unsure	Yes	Prefer not to answer	Not applicable				
Classmates	0	0	0	0	0				
Friends	0	0	0	0	0				
Teachers, professors, and instructors	0	0	0	0	0				
Principal(s), administrator and other staff	0	0	0	0	0				
* Bullying can take many forms:									
Physical bullying is the act of purposely touc	hing or h	urting another or	taking ano	ther's belongings against	their wishes.				
Verbal bullying is the act of calling another h	urtful na	mes, teasing, thre	atening, o	r making demeaning com	nments about				
another.									
Indirect bullying is the act of a group or indiv	idual pur	posely spreading	rumours a	bout another or excluding	g one from a				
group.									
Cyber bullying is the act of teasing, taunting,	, or threa	tening another by	internet, ¡	phone, or other electroni	c method.				
If you experienced bullying, which types of	bullying o	lid you experienc	e? (Please	select all that apply)					
☐ Physical bullying		☐ I did not ex	perience a	ny form of bullying.					
☐ Verbal bullying				e(s), please specify:					
☐ Indirect bullying (includes grades / test set	cores.	_ (//	.,	(o)) p.cacc spec					
exclusion from social events, etc.)	,	☐ Prefer not t	to answer						
☐ Cyber bullying									
, , ,									

If you experienced bullying, do you suspect that this bully and/or other people's perception of your identity? (Please	lying was related to any of the following aspects of your identity ase select all that apply)
☐ Disability or ability	☐ National or ethnic origin
☐ Age	☐ Can not pinpoint could be a mix of different aspects of my
☐ Race	identity
☐ Religion / Spirituality / Faith	☐ (Additional) response(s), please specify:
☐ Class / Socioeconomic status	
☐ Gender expression	☐ No, I don't suspect this bullying was related to any aspects
☐ Gender identity	of my identity and/or other's perception of my identity.
☐ Sexual orientation	☐ Prefer not to answer
If you experienced bullying, where did/does the bullying	you experienced take place? (Please check all that apply)
☐ in a classroom,	☐ at after school activities
\square in the cafeteria	\square on the school bus
☐ in a washroom/change room/locker room	on public transit (e.g. HSR, Go Transit)
☐ in a hallway or stairwell	□ online
☐ outside – off the school property	at a school event
☐ outside – on the school property	☐ (Additional) response(s), please specify:
☐ in or around the school building	
	☐ Prefer not to answer
If you experienced bullying, was anyone else present who	ien the bullying occurred? (Please check all that apply):
☐ Yes, other students were present and participated in	 Yes, teachers were present and didn't do anything to stop
the bullying	the bullying
☐ Yes, other students were present and didn't do	\square Yes, teachers were present and participated in / were
anything to stop the bullying	bullying me
☐ Yes, other students were present and did do	☐ No one else was present
something to stop the bullying	☐ (Additional) response(s), please specify:
☐ Yes, teachers were present and stopped the bullying	☐ Prefer not to answer
Did/does your school have physical space for LGRTO2SIA	A+ students (either a permanent space or consistently allocated
	ender Sexuality Alliances (GSA), LGBTQ2SIA+ resource centres,
O Yes	O Prefer not to answer
O No	O Not applicable
O Unsure	
If your school had a physical space for LGBTQ2SIA+ stude	ents, how comfortable did you feel accessing this space?
O Not at all comfortable	O Very comfortable
O Not very comfortable	• Extremely comfortable
Neither comfortable nor uncomfortable	O Did not access the space
	O Prefer not to answer

	rou didn't feel comfortable, why do you feel uncomfortal scribe):	Jie a	ccessing the LGBTQ2SIA+ student space? (Please
Шая	us there been are there effects to make the school sefer	forl	LGBTQ2SIA+ students in any of the following ways? (Please
	eck all that apply)	101	LGBTQ23IA+ Students in any of the following ways: (Please
	LGBTQ2SIA+ Positive Space Posters Community Presentations (Sexual education facilitators from community organizations, LGBTQ2SIA+ presenters, etc.) All Genders Washrooms		The state of the s
	School shares LGBTQ2SIA+ community resources		Prefer not to answer
Are	e there faculty, teachers, staff who were 'out' as LGBTQ2	SIA+	at your school?
		Hn	sure O Prefer not to answer
vve	ere/are LGBTQ2SIA+ people or issues discussed by teache		
0	Yes, positively	ers d O	uring sex education? Don't remember
0	Yes, positively Yes, negatively	ers d O O	uring sex education? Don't remember Prefer not to answer
0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively	ers d O	uring sex education? Don't remember Prefer not to answer
0 0 0 0	Yes, positively Yes, negatively	ors d	uring sex education? Don't remember Prefer not to answer My school did not have sex education
0 0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information	O O O is al	uring sex education? Don't remember Prefer not to answer My school did not have sex education bout LGBTQ2SIA+ health?
0 0 0 0 In s	Yes, positively Yes, negatively Yes, neither positively or negatively No	O O O is al	uring sex education? Don't remember Prefer not to answer My school did not have sex education
0 0 0 0 In s	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information	O O O is al	Don't remember Prefer not to answer My school did not have sex education bout LGBTQ2SIA+ health? I received no good-quality information
0 0 0 In s	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information I received some good quality information but not enough I received both good-quality information and some	is al	Don't remember Prefer not to answer My school did not have sex education Dout LGBTQ2SIA+ health? I received no good-quality information I received information that was wrong or harmful Do not remember Prefer not to answer
0 0 0 0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information I received some good quality information but not enough I received both good-quality information and some wrong or harmful information	o o o o	Don't remember Prefer not to answer My school did not have sex education bout LGBTQ2SIA+ health? I received no good-quality information I received information that was wrong or harmful Do not remember Prefer not to answer My school did not have sex education
0 0 0 0 0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information I received some good quality information but not enough I received both good-quality information and some wrong or harmful information ere/are LGBTQ2SIA+ people or issues discussed by teacher	ers d O O O is al O O O O ers ir	Don't remember Prefer not to answer My school did not have sex education bout LGBTQ2SIA+ health? I received no good-quality information I received information that was wrong or harmful Do not remember Prefer not to answer My school did not have sex education a classroom setting outside of sexual education?
0 0 0 0 0 0 0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information I received some good quality information but not enough I received both good-quality information and some wrong or harmful information ere/are LGBTQ2SIA+ people or issues discussed by teacher	is all	Don't remember Prefer not to answer My school did not have sex education Dout LGBTQ2SIA+ health? I received no good-quality information I received information that was wrong or harmful Do not remember Prefer not to answer My school did not have sex education I a classroom setting outside of sexual education? Don't remember
0 0 0 0 0 0 0 0 0	Yes, positively Yes, negatively Yes, neither positively or negatively No sex education how adequate do you feel the information I received enough good-quality information I received some good quality information but not enough I received both good-quality information and some wrong or harmful information ere/are LGBTQ2SIA+ people or issues discussed by teacher	is all	Don't remember Prefer not to answer My school did not have sex education bout LGBTQ2SIA+ health? I received no good-quality information I received information that was wrong or harmful Do not remember Prefer not to answer My school did not have sex education a classroom setting outside of sexual education?

Section 6 – Housing (optional)

Housing in this survey refers to the place where you usually reside, for example shelter, house, and/or apartment.

How physically safe do you feel in the following:					
	Safe	Neither safe	Unsafe	Prefer not	Not applicable
		or unsafe		to answer	• •
Your housing (e.g. apartment building, house, shelter)	0	0	0	0	0
Your street/block	0	0	0	0	0
Your neighbourhood (e.g. Strathcona, Beasley, etc.)	0	0	0	0	0
Have you ever faced barriers and/or discrimination in	housing	opportunities?	(e.g. been	denied housi	ng or a housing
opportunity unjustly)					
O Yes		O Unsure bu	t suspect r	10	
O Unsure but suspect yes		O No	·		
O Unsure		O Prefer not	to answer		
If you answered yes or unsure but suspect yes to facing	g barriers	s/discrimination	n in housii	ng opportunit	ies, do you suspect
that you faced discrimination based on any of the follo	wing asp	ects of your ide	entity? (Pl	ease check all	that apply)
☐ Disability or ability ☐	Sexual	orientation			
□ Age □	Nation	al or ethnic orig	gin		
□ Race □	Canno	t pinpoint, coul	d be a mix	of different a	spects of my
☐ Religion / Spirituality / Faith	identit	:y			
☐ Class / Socioeconomic status ☐	l (Additi	ional) response	(s), please	specify:	
☐ Gender expression					_
☐ Gender identity ☐	Prefer	not to answer			

Section 7- Religion, Spirituality & Faith (optional)

Do	you currently practice a	raligion sni	irituality and/or faith	,2			
			-			_	-
	Yes	O No		Uns	ure	0	Prefer not to answer
Wo	ould you like to practice a	religion, sp	oirituality and/or fait	th?			
0	Yes	O No	0	Uns	ure	0	Prefer not to answer
Но	w important is your relig	ion/ faith/ s	spirituality to you?				
0	Not important			0	Important		
0	Slightly important			0	Very important		
0	Moderately important			0	Prefer not to an	SW	er
Wł	nat is your current religio	us, spiritual	or faith affiliation, if	f any?	(Please check all	l th	at apply)
П	Agnostic				Islam		
	Atheism				Paganism		
	Buddhism				Sikhism		
	Christian Please specify:				Unitarianism		
	Catholic Please specify:				Wiccan		
	Baha'l Faith				No religious, spi	iritı	ual or faith affiliation
	Hinduism				No religion, spir	itu	al or faith
	Indigenous Spirituality				Prefer not to an	SW	er
	Judaism				(Additional) resp	por	nse(s), please specify:
		spiritual ar	nd/or faith beliefs or	comm	nunity affirming o	of y	your LGBTG2SIA+ identity? (positive,
sup	pportive, accepting)						
0	Not at all				Extremely		
0	Slightly			0	•		religious, spiritual and/or faith
0	Somewhat			_	beliefs or comm		•
0					Prefer not to an		
Но	w supportive of your LGE	31Q2SIA+ <u>se</u>	<u>exual orientation</u> is y	our re	ligious/spiritual/	/tai	th-based community?
0	Not at all supportive			0	Not applicable (
0	Not very supportive			0			ual/faith community
0	Neither supportive or ur	supportive		0	Prefer not to an	SW	er
0	Very supportive						
Но	w supportive of your LGE	STQ2SIA+ <u>g</u>	<u>ender identity</u> is youi	r religi	ous/spiritual/fai	ith-	based community?
0	Not at all supportive			0	Not applicable (i.e.	straight or cis)
0	Not very supportive			0	No religious/spi	ritu	ual/faith community
	Neither supportive or ur	supportive		0	Prefer not to an	SW	er
	Very supportive						
	•	n relation t	o your previous faith	ı, relig	ion and/or spirit	ual	community as a result of your
LG	BTQ2SIA+ identity?						
0	Not at all		Extremely				
	Slightly		Prefer not to answe				
	Somewhat	0	I have no personal r	eligiou	us, spiritual and/o	or f	aith beliefs or community
0	Very						

Section 8 – Body Image, Sex, Relationships (optional)

Но	w would you rate your overall happiness?			
0	Great	Terrible		
0	Good	(Addition	al) response(s), ple	ase specify:
0	Okay			· ·
0	Not good C	Prefer no	t to answer	
Ha	ve you ever considered harming yourself because	e of issues re	elated to your sexu	uality or gender expression?
0	Yes O No			O Prefer not to answer
Wo	ould you be more likely to access services related	to addiction	n issues and/or me	ental health if they were run by out
LG	BTQ+ identified people?			
0	Yes		O Does not matt	er
0	No		O Prefer not to a	answer
	ny would you be more likely to access services related to the services related	ated to add	iction issues and/c	or mental health if they were run by
	ny would you <u>NOT</u> be more likely to access servic out LGBTQ+ identified people? (Please explain):	es related to	o addiction issues a	and/or mental health if they were run
	nat services would you like to see for LGBTQ+ ide plain):	ntified peop	ole in Hamilton tha	t are not currently available? (Please
Но	w do you feel about your body?			
0	I'm super hot	0	I'm very unattra	ctive
	I'm good looking	0	•	oonse(s), please specify:
0	I'm average			
0	I'm unattractive	0	Prefer not to ans	swer
Но	w important is your appearance?			
0	I think about it constantly	0	My appearance is	not that important to me
	It's very important	0		
	Somewhat important	0	Prefer not to answ	wer
Do	you exercise regularly?			
0	Yes O Somewhat	0	No	O Prefer not to answer

If you don't exercise, why don't you exercise?	
If you do exercise, why do you exercise? (Please check all the	hat apply)
 □ To be healthy □ To look good for other guys □ To feel better mentally and physically □ I don't want to be overweight 	☐ I don't want to be underweight ☐ Prefer not to answer ☐ (Additional) response(s), please specify:
Have you ever used steroids	
O Yes O No	O Prefer not to answer
How do you meet sexual partners? (Please check all that ap	
 □ Phone Apps □ Bath houses □ Bars □ Online web sites □ Gyms □ Social Events How many sexual partners do you have in a month?	☐ Friends ☐ Parks ☐ Washrooms ☐ (Additional) response(s), please specify: ☐ Prefer not to answer
Do you use drugs and/or alcohol before engaging in sex?	
O Yes O No	O Sometimes O Prefer not to answer
Why do you use drugs and/or alcohol before engaging in so ☐ It helps me get in the mood ☐ It relaxes me ☐ So I don't feel guilty when I have sex ☐ I find it easier to do the things I want to do sexually ☐ It makes sex fun	To escape life I enjoy it (Additional) response(s), please specify: Prefer not to answer
How do you feel after you have sex? (Please check all that a	apply)
□ Guilty □ Empty □ Ashamed □ Satisfied □ Lonely □ Like I had a fun time □ Bad about myself □ Empowered □ Happy □ Wonderful □ Dirty □ Stress buster □ Like I want more sex □ Social I've met new people	□ Relaxed □ Joyful □ Tired □ Scared about my health □ Anxious □ (Additional) response(s), please specify: □ Prefer not to answer
If you're in a relationship, are you happy in your relationsh	
O Yes O No	••••• Prefer not to answer

If you're not happy in your rel	ationship, why ar	en't you happy?	
How long have you and your p	artnership been t	together?	
weeks	mol	nths	years
Are you and your partner mar	ried?		
O Yes	O No	O	Prefer not to answer
If you're <u>NOT</u> in a relationship	, do you want to l	pe in a relationship?	
O Yes	O No O	It doesn't matter to me either way	O Prefer not to answer
Why do you want to be in a re	lationship?		

Section 9 – General HIV-related question (optional)

This section is intended to be filled out by people whose level of risk of contracting HIV is mid to high.

Skip this section if you are in a low risk group such as: people who do not have sex or cis women who have sex exclusively with cis women. Go to page 27

Но	w often do you engage in bareback sex	? (Bareback refers t	:0 S	ex without a condom)		
0	All of the time		0	Rarely		
0	Most of the time		0	Never		
0	Occasionally		0	Prefer not to answer		
			0	Not applicable		
Ar	e you on Pre-exposure prophylaxis (or P	rEP)?				
(Pr	EP is a daily oral medication that provide	es protection from	and	resistance towards HI	V)	
0	Yes	O No O P	ref	er not to answer	0	Not applicable
If y	ou're not on PrEP, do you want to be o	n PrEP?				
0	Yes) No		0	Prefer	not to answer
If y	ou don't want to be on PrEP, why don't	you want to be or	ı iti	?		
Foi	more information on pre-exposure prop	phylaxis (PrEP), ple	ase	visit the Hamilton PRE	P Clini	c website.
Do	you worry about contracting HIV when	vou have sev?				
		you have sex:				
_	All of the time		0	Rarely		
0	Most of the time		0	Never		
	Occasionally		0	Prefer not to answer		
W	nen was the last time you were tested for	or HIV?				
0	Within the last 3 months		0	More than a year ago		
0	3-6 months ago		0	Never		
0	6 months to a year ago		0	Prefer not to answer		
	ould you consider having sex with some	one who had HIV?				
0	Yes) No		0	Prefer	not to answer
If y	ou have questions or would like more in	formation about H	IV,	please contact The AID	S Netv	work at info@aidsnetwork.ca
or	the AIDS and Sexual Health info-line at 1	-800-668-2437		-		

Section 10 – Justice & Violence (optional)

Hav	ve you ever experienced harassment,	violence, or a	a hate crime while in Hamilton?
0	Yes	O No	Prefer not to answer
If y	ouexperienced haass		
			sment, violence, or a hate crime occurred because of any of the
foll	owing aspects of your identity? (Pleas	e check all th	hat apply)
	Disability or ability		Sexual orientation
	Age		National or ethnic origin
	Race		Can not pinpoint - could be a mix of different aspects of my
	Religion / Spirituality / Faith		identity
	Class / Socioeconomic status		(Additional) response(s), please specify:
	Gender expression		
	Gender identity	<u> </u>	Prefer not to answer
Did	you report your experience(s) of hara	issment, viol	lence, or a hate crime to the police?
0	Yes O Some	but not all	O No O Prefer not to answer
Ho	w likely would you be to report harass	ment or viol	lence to the police?
0	Definitely likely		O Somewhat unlikely
0	Very likely		O Very unlikely
	Somewhat likely		O Definitely unlikely
	Neither likely nor unlikely		O Prefer not to answer
Do	you feel that you have ever been trea	ted unjustly	by the police for any reason?
0	Yes	O No	O Prefer not to answer
			do you suspect your mistreatment was due to would sexual
	entation, your gender identity, or the	•	
0	Yes		O No
	Yes, but interconnected to other aspe	cts of my ide	
0	Not sure	,	,
Do	you suspect your unjust treatment wa	as due to any	y of the following aspects of your identity? (Please check all that
арр	oly)		
	Disability or ability	П	Sexual orientation
l	Age		National or ethnic origin
	Race		Sexual Orientation
	Religion / Spirituality / Faith		Can not pinpoint - could be a mix of different aspects of my
	Class / Socioeconomic status	_	identity
	Gender expression		(Additional) response(s), please specify:
	Gender identity	_	(
	,		Prefer not to answer
Hav	ve you ever had to appear in criminal	court to face	charges against you?
0	Yes	O No	O Prefer not to answer
			s, based on your appearance, explicit statement, or the charges,
we	re you "out" during the proceedings?		
0	Yes O No		O Not sure O Prefer not to answer
			2 Hot suite

_	ou have appeared in criminal court to face charges, our LGBTQ2SIA+ identity?	lo you beli	eve that the ju	ıdgement you	received was a	affected by
0	Yes	0	Unsure but s	uspect no		
	Yes, but interconnected with other aspects of my ide	ntity O		 		
	Unsure but suspect yes	-	Prefer not to	answer		
Ha	ve you ever fought for custody of a child/children?					
0	Yes O No			O Prefer n	ot to answer	
ori O	ou have ever fought for custody, do you believe that entation and/or gender identity affected your case not Yes	-	Not sure	ty or percepti	on of your sexu	ıal
0	Yes but it was also affected by other aspects of my	0	No			
	identity	0	Prefer not to	answer		
	more children. th regards to parenting/guardianship/caregiving, are Currently a parent / guardian or caregiver Taking steps to become a parent / guardian and/or caregiver	☐ Curren			regiver and tak	ing steps for
Wł	no are you a parent/guardian caregiver to (Please ch					
	One or more adult children (18+) One or more children (14-17) One or more children (4-13)		One or more cl Prefer not to a			
ln v	what contexts have you felt safe being "out" in the fo	llowing pr	econception/a	doption/fost	ering spaces/in	stitutions?
		Safe	Neither safe or unsafe	Unsafe	Prefer not to answer	Not applicable
Ass	sisted reproduction services/clinic (e.g. fertility	0	0	0	0	0
clir	nic, sperm banks.)					
	olic Adoption Agency	0	0	0	0	0
	vate Adoption Agency	0	0	0	0	0
Int	ernational adoption Agency	0	0	0	0	0

	Safe	Neither safe or unsafe	Unsafe	Prefer not to answer	Not applicable
Assisted reproduction services/clinic (e.g. fertility	0	0	0	0	0
clinic, sperm banks.)					
Public Adoption Agency	0	0	0	0	0
Private Adoption Agency	0	0	0	0	0
International adoption Agency	0	0	0	0	0
Children's Aid Society– Catholic	0	0	0	0	0
Children's Aid Society – public	0	0	0	0	0
Children's Aid Society – Christian	0	0	0	0	0
Medical care before or during birth	0	0	0	0	0
Supports before birth (e.g. Doula, midwife etc.)	0	0	0	0	0

Do you suspect that you have faced discrimination due to your LGBTQ2SIA+ identity in any of the following contexts?

	No	Unsure	Yes	Prefer not to answer	Not applicable
Assisted reproduction services/clinic (e.g. fertility clinic, sperm banks.)	0	0	0	0	0
Public Adoption Agency	0	0	0	0	0
Private Adoption Agency	0	0	0	0	0
International adoption Agency	0	0	0	0	0
Children's Aid Society– Catholic	0	0	0	0	0
Children's Aid Society – public	0	0	0	0	0

Children's Aid Society– Christian		0	0		0	0	0
Medical care before or during birth		0	0		0	0	0
Supports before birth (e.g. Doula, midwife	etc.)	0	0		0	0	0
Do you suspect that the barriers and/or dis	scrimination	you faced	was based	on any of	the follo	wing aspects of	of your
identity? (Please check all that apply)							-
☐ Disability or ability			□ Covual	orientatio	nn.		
				nal or ethn			
□ Age □ Race					_	a mix of diffe	cont acnosts
				identity	. could be	a IIIIX OI UIIIEI	ent aspects
☐ Religion / Spirituality / Faith☐ Class / Socioeconomic status			•	•	onco(c) n	lease specify:	
☐ Gender expression			□ (Auuit	ioriai) resp	ωπιε(ε), μ	nease specify.	
•				not to ans			
Gender identity	/	!		not to ans	wer		
Please describe any difficulties, barriers, a	nd/or discrin	nination yo	u faced:				
Have you accessed any of the following res	sources?						
		Yes,		No	, I have		
	Yes, in	outside	No, bu	T	ot and	Prefer not	Not
	Hamilton	of	would		uld not	to answer	applicable
	Hammon	Hamilton	like to)	ke to	to answer	аррпсаые
LCDTO2CIA i morentino como co	0	О	0		O	0	0
LGBTQ2SIA+ parenting course or	O	O	O		O	O	O
workshop about becoming a parent	0				0		0
LGBTQ2SIA+ parenting course		0	0			0	
LGBTQ2SIA+ parenting group/network	0	0			0	0	0
Play group for queer families	0	0	0		0	0	0
Assisted reproduction counseling	0	0	0		0	0	0
Adoption-legal support	0	0	0		0	0	. 0
Which of the following would you want to	attend if it v	were availal	ble in Ham	ilton? (Ple	ease check	call that apply	')
☐ LGBTQ2SIA+ parenting course			Events for	LGBTQ2SI	A+ familie	!S	
☐ LGBTQ2SIA+ parenting course or works	hop about		Online sup	ports			
becoming a parent	·		(Additiona	•	e(s), pleas	se specify:	
☐ LGBTQ2SIA+ parenting group/network			•	, ,		, ,	
☐ LGBTQ2SIA+ Adoption support group			Prefer not	to answer	-		
☐ Play group for LGBTQ2SIA+ families							
In what contexts have you felt safe being "	out" to in th	ne following	, ·				
in what contexts have you releasile being	out to iii ti	ic ronowing	,•				
				Neither		Prefer not	Not
			Safe	safe or	Unsafe		
				unsafe		to answer	applicable
Medical care after birth/adoption			0	0	0	0	0
Parenting supports after birth/adoption			0	0	0	0	0
Family programs in community (drop-ins, lil	brary, Ontari	io Early	0	0	0	0	0
Years Centers OEYC etc.)	• •	•					
Recreation programs			0	0	0	0	0
Child care			0	0	0	0	0
Interactions with teachers						0	0

Interactions with other school staff (e.g. Educational Assistant (EA), disability support services, etc.	0	0	0	0	0
Child protection (Children's Aid)	0	0	0	0	0
Supports for your child/children's mental health (personal or	0	0	0	0	0
guidance counselors)					

	No	Unsure	Yes	Prefer not to answer	Not applicabl
Medical care before or during birth	0	0	0	0	0
Supports before birth (e.g. Doula, midwife etc.)	0	0	0	0	0
Medical care after birth/adoption	0	0	0	0	0
Parenting supports after birth/adoption	0	0	0	0	0
Family programs in community (drop-ins, library, Ontario Early Years Centers OEYC etc.)	0	0	0	0	0
Recreation programs	0	0	0	0	0
Child care	0	0	0	0	0
nteractions with teachers	0	0	0	0	0
nteractions with other school staff (e.g. Educational Assistant (EA), disability support services, etc.	0	0	0	0	0
Child protection (Children's Aid)	0	0	0	0	0
Supports for your child/children's mental health	0	0	0	0	0
personal or guidance counselors)					
Do you suspect you faced barriers and/or discriminatio	n based on	any of the fol	lowing as	ects of your id	lentity or other'
perception of your identity?					
☐ Disability or ability		Sexual orienta	tion		
□ Age		National or eth	nic origin		
□ Race		Can not pinpoi	nt could b	e a mix of diffe	rent aspects of r
☐ Religion / Spirituality / Faith		identity			
☐ Class / Socioeconomic status		(Additional) re	sponse(s),	please specify:	
☐ Gender expression					
☐ Gender identity					
•		Prefer not to a	nswer		
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or	e children:			orientation an	
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or	e children: harassme No	nt because of i	my sexual Yes	orientation and Prefer not to answer	d/or gender Not applicable
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or dentity in the following contexts:	e children: harassme No O	nt because of I	my sexual	Prefer not	d/or gender
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care	No O	Unsure	my sexual Yes	Prefer not to answer	d/or gender Not applicable
f you are a parent / guardian / caregiver to one or mor das/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care family programs in community (drop-ins, library, etc.)	No O O	Unsure O O	Yes O O	Prefer not to answer O O	d/or gender Not applicable O O
f you are a parent / guardian / caregiver to one or mor das/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care family programs in community (drop-ins, library, etc.)	No O O O	Unsure	yes O	Prefer not to answer	d/or gender Not applicable O
f you are a parent / guardian / caregiver to one or more las/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care Family programs in community (drop-ins, library, etc.) Recreation programs Child care Elementary school (K-8)	No O O	Unsure O O	Yes O O	Prefer not to answer O O	d/or gender Not applicable O O
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care Family programs in community (drop-ins, library, etc.) Recreation programs Child care Elementary school (K-8)	No O O O	Unsure O O O	Yes O O O	Prefer not to answer O O O O	d/or gender Not applicable O O O
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care Family programs in community (drop-ins, library, etc.) Recreation programs Child care Elementary school (K-8) Secondary school (9-12) Child protection (Children's Aid)	No O O O O O	Unsure O O O O	Yes O O O	Prefer not to answer O O O O	d/or gender Not applicable O O O
f you are a parent / guardian / caregiver to one or mor las/have your child(ren) experienced discrimination or dentity in the following contexts: Medical care Family programs in community (drop-ins, library, etc.) Recreation programs Child care Elementary school (K-8) Secondary school (9-12) Child protection (Children's Aid) Supports for their needs — (e.g. Speech and language therapy classes, disability related services and	No O O O O O O O	Unsure O O O O O	Yes O O O O	Prefer not to answer O O O O O	d/or gender Not applicable O O O O
If you are a parent / guardian / caregiver to one or mor Has/have your child(ren) experienced discrimination or identity in the following contexts: Medical care Family programs in community (drop-ins, library, etc.) Recreation programs Child care Elementary school (K-8) Secondary school (9-12) Child protection (Children's Aid) Supports for their needs — (e.g. Speech and language therapy classes, disability related services and supports etc.) Supports for their mental health	No O O O O O O O O O O O O O O O O O O O	Unsure O O O O O O	Yes O O O O O	Prefer not to answer O O O O O O O	d/or gender Not applicable O O O O O

Please describe the discrimination/barriers you or your child(ren) have faced in an of the contexts mentioned in this			
section:			

Thank you for your responses! The survey is complete!

To receive the \$5 Tim Horton's gift card, please provide your email address. We will email you the gift card in the next two weeks. This will not affect your anonymity.

Email address:

Your email address will be kept separate from your survey answers. We will not use your email address for anything other than to email you a gift card. We won't sell your email address.

Appendix B: Coding for Gender Identity

To define their gender identity, participants could select all that applied from the following list. They also had the option to self-identify by filling in a blank space ("Prefer to self-identify").

1.	Agender/Non-gender	12.	Intersex
2.	Androgynous	13.	Man (Trans)
3.	Bigender	14.	Man (Cis)
4.	Boi	15.	Non-binary
5.	Butch	16.	Questioning
6.	Femme	17.	Woman (Trans)
7.	FTM (female-to-male)	18.	Woman (Cis)
8.	Gender Fluid	19.	Transgender/trans person
9.	Gender Non-Conforming	20.	Transsexual
10.	Gender Variant	21.	Prefer not to answer
11.	Genderqueer	22.	Prefer to self identify

These 22 gender categories were recoded into <u>seven categories</u> using the following criteria.

1. Cisgender woman: This category included participants who chose "Woman (Cis)," who did not choose other options that would suggest that their gender identity deviated from their gender assigned at birth such as "Genderqueer," or "Boi." It also included people who choose "femme" in addition to "Woman (Cis)" or "lesbian" in the sexual orientation category.

2. Cisgender woman + otherwise gender non-conforming marker(s)

This category included participants who chose "Woman (Cis)" or who identified as "lesbian" in the sexual orientation category as well as any option that suggested that their gender identity deviated from their sex assigned at birth. For example: "butch", "tomboy", "boi", "genderqueer" or "otherwise gender non-conforming" or another option which would suggest gender non-conformity. No participants in this category selected any option(s) that suggested they were transgender (e.g.: "Non-binary," "Woman (trans)" or "MTF").

3. Cisgender man

This category included all participants who chose "Man (Cis)," including those who self-identified as other masculine terms (including "average male", "daddy", and "normal male"), and who did not chose any options that would suggest they were trans and/or gender non-conforming.

4. Cisgender man + otherwise gender non-conforming marker(s)

This category included those who chose "Man (cis)" or "male" and also chose, "femme," "genderqueer," or another option which would suggest gender non-conformity. This category also included participants who chose "gay," and a gender non-conforming but who did not chose "lesbian," or "Woman (Cis)." No participants in this category selected any option(s) that suggested they were transgender (e.g.: "Man (Trans)," "FTM," Non-binary).

5. Non-binary

This category consisted of participants who did not choose any option for "Woman" (cis or trans) or "Man" (cis or trans), and who did not identify as "lesbian" or "gay" and chose any of the following: "Agender", "Androgynous", "Bigender", "Gender fluid", "Gender variant", "Non-binary", "Questioning", "Genderflux," and "Transgender."

6. Transgender woman

This category consisted of all participants who chose "Woman (trans)", "transfeminine" or "MTF (male-to-female)", including those who chose another option that might suggest gender non-conformity and/or non-binary identity.

7. Transgender man

This category consisted of all participants who chose "man (trans)", "transmasculine" or "FTM (female-to-male)", including those who chose another option which might suggest gender non-conformity and/or non-binary identity.

These seven categories were recoded to create three categories:

1. Cisgender

This category included all participants coded as a "Cisgender woman" or a "Cisgender man," (1 and 3 from seven category coding)

2. Gender non-conforming

This category included all participants coded as a "Cisgender woman + otherwise gender non-conforming marker(s)", a "Cisgender man + otherwise gender non-conforming marker(s)", or as "non-binary,"(2,4 and 5 from seven category coding)

3. Transgender

Participants were coded as transgender if they were previously categorized as a "Transgender woman" or a "Transgender man," (6 and 7 from seven category coding).

Because in many cases it was relevant to compare the experiences of all people who identify as transgender to those of cisgender people, gender identity was also recoded into two categories as follows.

1. Cisgender

This category includes all participants who were coded as cisgender if they were coded as "cisgender woman", a "cisgender woman + otherwise gender non-conforming marker(s)", a "cisgender man", or a "cisgender man + otherwise gender non-conforming marker(s)"(1,2,3 and 4 in the seven category coding).

2. Transgender

This category includes all participants who were coded "non-binary" OR were categorized as a "transgender woman" or a "transgender man," (5,6 and 7 in the seven category coding).

Full Breakdown of Gender Identity Categories

Table: Which of the following best describes your present gender identity? (Please check all that apply). N=869

Gender Identity	Percent of Respondents
Agender/Non-gender	2.6%
Androgynous	5.1%
Bigender	1.7%
Boi	2.3%
Butch	4.5%
Femme	16.3%
FTM (female-to-male)	3.9%
Gender fluid	6.3%
Gender Non-Conforming	5.5%
Gender-variant	1.5%
Genderqueer	6.1%
Intersex	0.1%
Man (Trans)	5.2%
Man (Cis)	23.1%
Non-binary	8.3%
Questioning	2.9%
Woman (Trans)	2.5%
Woman (Cis)	35.6%
Transgender/trans person	6.4%
Transsexual	0.9%
Prefer to self identify	5.4%

Appendix C: Coding Sexual Orientation

To define their sexual orientation, participants could select all that applied from the following list. They also had the opportunity to self-identify their orientation by filling in a blank space (Prefer to self-identify).

- 1. Ace/Asexual
- 2. Bisexual
- 3. Gay
- 4. Heterosexual/Straight
- 5. Lesbian
- 6. Man who has sex with men (MSM)
- 7. Pansexual
- 8. Polysexual
- 9. Oueer
- 10. Questioning
- 11. Two-spirit
- 12. Woman who has sex with women (WSW)
- 13. Not Sure
- 14. Prefer to self-identify
- 15. Prefer not to answer

Participants were recoded into a smaller number of categories for analysis. We chose five distinct categories using the following criteria.

1. Bisexual

This category included any participant who chose "bisexual", "pansexual", "polysexual", "omnisexual"; as well as people who chose "lesbian" or "gay" and "heterosexual"; or those who said that they were attracted to both men and women and chose either "lesbian", "gay", or "queer".

2. Gay

This category included those who selected "gay" or "man who has sex with men (MSM)"; as well as people who were coded as a masculine gender and were attracted to men and selected "queer" but who did not choose "lesbian" and were not coded as a feminine gender.

3. Lesbian

This category included those who selected "lesbian" or "woman who has sex with women (WSW)"; as well as people who were coded as a feminine gender and who chose "gay" "queer" and that they were attracted to women.

4. Heterosexual

Participants were coded as heterosexual if this was the only option they selected to define their sexual orientation.

5. Asexual

Participants were coded as asexual if this was the only option they selected to define their sexual orientation.

6. Queer

Participants were coded as queer if they did not select other options and could not be recoded into options 1 through 5.

7. Questioning

This category included participants who selected "questioning" or "not sure," even if they selected "heterosexual" or "asexual", but not if they selected "bisexual", "gay", or "lesbian."

Full Breakdown of Sexual Orientation Categories

Table: How do you identify your sexual orientation? (Please check all that apply). N=896

Sexual Orientation	Percent of Respondents
Ace/Asexual	6.1%
Bisexual	30.5%
Gay	27.9%
Heterosexual/Straight	2.5%
Lesbian	20.9%
Man who has sex with men (msm)	2.3%
Pansexual	17.5%
Polysexual	2.2%
Queer	29.7%
Questioning	4.0%
Two-spirit	2.1%
Woman who has sex with women (wsw)	4.1%
Not Sure	2.9%
Prefer to self-identify	3.3%