Findings and recommendations from ACT's community consultation for trans men and trans-masculine folks

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1. Introduction

Since September 2018, ACT has provided point-of-care rapid HIV testing in partnership with Parkdale Queen West Community Health Centre and Hassle Free Clinic. 749 tests were conducted up until March 2020 when COVID-19 pandemic suspended all direct services at ACT.

ACT's HIV testing services engaged with a number of historically-underserved populations, including:

- East and Southeast Asian folks, who accounted for 27% of all testing service users;
- African, Caribbean, and Black folks, who accounted for 11% of all testing service users;
- Service users who never received an HIV test previously, who accounted for 23% of all testing service users; and
- Gender non-conforming and Two-Spirit folks, who accounted for 5% of all testing service users.

Despite these successes, ACT has yet to engage with service users who self-identified as a trans man. ACT has a duty to serve both cis and trans men who have sex with guys. 0% uptake of services may suggest that this service is not accessible to trans men, and thus prompted ACT to conduct a community consultation to better understand the sexual health and healthcare needs of trans men and trans-masculine folks in Toronto.

Findings of this consultation suggest that most of Toronto's sexual health services do not meet the healthcare needs of this population. Similarly, HIV prevention programs for gay men are almost always directed to cis men. Trans-masculine bodies are rarely featured in these programs. Furthermore, there are considerable knowledge gaps in the literature regarding PrEP with trans bodies, the effects of PrEP interacting with hormone therapy, even tools to accurately assess HIV risk for trans men and trans-masculine folks. This may explain some of the reasons why trans guys reported feeling disconnected from HIV prevention care, Gay Men's Health services, and cis-gay spaces.

To better engage with trans men and trans-masculine folks, existing healthcare systems may require some restructuring to ensure these services will address the increasing sexual health needs of this population. This report summarizes respondents' experiences with sexual health care in Toronto including their recommendations on how to strengthen these systems. The consultation team deliberately included additional informant narratives to re-centre trans voices in Gay Men's Health and maintain the validity of the findings.

The report concluded with informants' recommendations specific to ACT 's HVI testing services.

2. Background

HIV prevalence and risk

The Ontario HIV Treatment Network reviewed the literature (dated from 2004 to 2010) related to transgender men's sexual health and HIV risk. No substantial evidence of HIV prevalence was found for Canadian trans men (OHTN, 2010).

Trans Pulse Ontario surveyed 158 trans gay, bisexual, or queer guys between 2009 and 2010 and found 0% of participants self-reported living with HIV. 10% reported participating in high risk sexual activities in the past yea High risk sexual activity is conceptualized as condomless sex (both front hole/vaginal and anal) leading to ejaculation with a partner other than their long-term seroconcordant monogamous partner (Scheim, Bauer & Travers, 2010).

The Sex Now Survey is a national periodic cross-sectional study of Canadian gay, bisexual, trans and queer men and Two-Spirit and non-binary people. It was conducted by the Community Based-Research Centre (CBRC) in-person at LGBTQ2S+ pride festivals and events in 2018 and online in 2019. The sample size of trans men in Ontario is small compared with cis and non-binary peers, limiting comparability. The data shows that 9% of respondents from 2018 and 2019 self-reported living with HIV (CBRC, 2020).

The HIRI-MSM has been used for estimating increased risk of HIV acquisition (scores greater than 10), however this has not been validated with a trans male population and is likely not the best measure for the trans male population. The table below shows that using the HIRI-MSM 30% of respondents are likely at increased risk of acquiring HIV.

There is a considerable number of trans men who have never tested for HIV, especially compared with cis men and non-binary people.

Sex Now 2018 and 2019 participants in Ontario, excluding Toronto (n=3120)

Cis men and non-binary people n=2949 (94.5%), Trans men n=171 (5.4%)

Category	Cis men and non-binary people	Number of respondents	Percentage	Trans men	Number of respondents	Percentage
HIV positive	127	787	16.1%	5	54	9.3%
HIRI score 10 or greater	810	1834	44.2%	35	117	29.9%
Never been tested for HIV	229	1646	13.9%	40	112	35.7%

Among the study participants living in Toronto (n=1485)

Cis men and non-binary people n=1426 (96.0%), Trans men n=59 (4.0%)

Category	Cis men and non-binary people	Number of respondents	Percentage	Trans men	Number of respondents	Percentage
HIV positive	180	595	30.3%	6	27	22.2%
HIRI score 10 or greater	628	1185	53.0%	17	46	37.0%
Never been tested for HIV	62	1087	5.7%	4	46	8.7%

Trans experiences in health care

The Trans Pulse Canada research team surveyed a sample of 1012 trans and non-binary folks in Ontario in 2019. Their findings demonstrate significant discrimination and unmet health and healthcare needs among these populations.

Category	Percentage (n=1012)
Unmet health care needs in the past year	42%
Avoided the emergency room in the past year	12%
Self-rated health as poor	28%
Self-rated mental health as poor	54%
Considered suicide in past year	31%
Avoided public spaces for fear of harassment or outing within past 5 years	85%
Experienced verbal harassment in past five years	69%
Experienced sexual assault in part five years	25%
Experienced physical violence in part five years	16%

This data shows a significant number of trans and non-binary folks are avoiding public spaces such as the emergency room and leaving health care needs unmet, which demonstrates the healthcare barriers this population has experienced (Trans Pulse, 2020).

3. Methods

Six individuals were selected to participate in one-on-one interviews using online video conferencing software. Interviews lasted from one to two hours. Five of the six interviews were conducted by a trans male facilitator. Informants received a $50 honorarium. Informants were recruited using Facebook and Instagram.

Informants were selected based on the following criteria:

- Identify as either trans male, trans-masculine, non-binary AFAB, and/or Two-Spirit;
- Has had sex with more than one cis men or trans men in the last year;
- Must have accessed sexual health or HIV testing services in Toronto within the last five years.

Demographic indicators of selected informants

Gender identity*		
Identity	**Tally**	**Percentage**
Trans male	5	83.3%
Non-binary	4	66.7%
AFAB	2	33.3%
Gender fluid	2	33.3%

*Informants were permitted to select more than one identity.

Age		
Category	**Tally**	**Percentage**
Under 20	1	16.7%
20-29	4	66.7%
30-39	1	16.7%

HIV status		
Category	**Tally**	**Percentage**
HIV negative	6	100%
HIV positive	0	0%
Unknown status	0	0%

Ethnicity/cultural group		
Category	**Tally**	**Percentage**
White	3	50%
South-east Asian	1	16.7%
East Asian	1	16.7%
Latinx	1	16.7%

Received gender-affirming medical interventions (surgery, HRT, etc.)		
Category	**Tally**	**Percentage**
Completed	4	66.7%
In process of completing	1	16.7%
In process of finding care provider	1	16.7%

Uses substances including crystal meth, GHB, and/or GBL during sex (PNP) in the past year?		
Category	**Tally**	**Percentage**
No	5	83.3%
Yes	1	16.7%

Number of cis or trans male sexual partners in the past year?		
Category	**Tally**	**Percentage**
0	0	0%
1	1	16.7%
More than 1	5	83.3%

Date of last HIV test?		
Category	**Tally**	**Percentage**
Less than 6 months ago	2	33.3%
Between 6 and 12 months ago	3	50%
Between 1 and 2 years ago	1	16.7%

Data collection

Informants were asked to respond to questions regarding:

- Perceived quality of sexual healthcare in Toronto;
- Access barriers and facilitators of sexual healthcare in Toronto;
- Safety, comfort, and belonging considerations in sexual healthcare spaces;
- Uptake of combination HIV prevention services and technologies;
- Strategies to improve sexual healthcare for trans men and trans-masculine folks who have sex with men; and
- Strategies to improve ACT's HIV testing services for trans men and non-binary folks.

For a detailed list of questions, see Appendix A.

Interviewers, transcribers, and the project coordinator worked together to collect, code, and interpret the data. This group consisted of one trans man, two AMAB non-binary folks, and one cis woman; two Latinx folks and two White folks; and all members self-disclosed their HIV status as negative.

4. Findings: experiences accessing sexual health services

Informants identified a list of barriers that have negatively impacted their healthcare experiences. Experiences in accessing sexual health care have been generally poor. One informant expresses their frustration:

> *I wish these weren't my experiences. These negative experiences have become the norm. I tend to have massive rants after doctor's appointments. Even the good places are not great. I have to prep myself for these things. It's way too frequent of a conversation. I need chainmail to engage with medical systems these days.*

Three components of care stood out as the most influential barrier to care:

A. Cultural competency

According to informants' narratives, most healthcare providers that informants interacted with lacked the knowledge and skills to provide sufficient care. Informants shared experiences that indicate knowledge and skill gaps in three main areas: gender, trans sexuality, and trans-specific healthcare needs.

Gender

Some informants described experiences where care providers demonstrated little knowledge of gender diversity or gender-diverse bodies. Cis-normativity is cited as the source of this issue, as these informants suggested:

> *Yes, they went to medical school, they did their training, they clearly have enough [medical] experience, but when it comes to actual like sensitivity or understanding and comprehension of anyone who is not cis is like pretty low. Pretty low.*

> *I remember when we asked [the doctor] certain questions and he seemed like he didn't know. Like he told us and I quote "Um, this is very unfamiliar ground for me," so that kind of makes us a little uncomfortable.*
> *It feels funny but there needs to be knowledge that trans folks exist and we are not bad or degenerate.*

This often resulted in recurring misgendering and dead-naming: two common experiences of subtle discrimination and violence.

> *Even the providers that are pretty good and have some trans knowledge, they do not even ask about pronouns and make assumptions, especially in the ER. It is really frustrating when I have conversations with six*

different people and they all use a different pronoun. They need to have something to indicate when folks do not use their birth name. When I have gone to the hospital, I hear my dead name and all different pronouns. I don't know if they are actually talking to me. They conflate the two which is a lot of fun...

I wasn't safe to talk about being trans. Maybe if I gave them the opportunity, they would have been more knowledgeable than I thought. Right from the start … I just went in with my deadname, wrong pronouns.

Trans sexuality

Most informants described experiences of care providers making assumptions about their sexuality and sexual behaviours:

You only ever get asked do you sleep with men, do you sleep with women it's never you know detailed it's never like, okay, you sleep with men... cis men, trans men? That totally changes risk factors, so they specify.
I remember like going to see the gynecologist and she was asking me about my sexual behaviours, and she was like, 'What gender of people do you have sex with?' and I was like men, primarily. Then she was like 'Oh I'm so glad that you use your vagina' and I was like first of all, that's a lot of assumptions, but also like I think she just assumed that like I was having sex with cis men when I said men and that was like... something.
[The doctor] assumed that I'm bottoming, and I didn't tell them anything about that. I just said that I have sex with men and they just like automatically were like "Oh I know exactly what kind of sex you're having and with what kind of person.

One informant described an experience where the care provider offered incorrect information regarding HIV risk and PrEP use:

She asked me, "Why do you want to go on PrEP?" I said, 'because I'm queer, trans-masculine, I have sex with men." She was like, "Yes, but you're not really gay." I was like, "I don't think you are understanding. Just because you misgender me doesn't mean my partners do. She never asked about what sex looks like. Made a lot of heteronormative assumptions and told me trans men do not need to go on PrEP.

Trans-specific care

Some informants described their former care providers as unfamiliar with trans-specific sexual health and gender-affirming care:

When I first went in to talk about HRT, my doctor responded like "I don't know. I've never prescribed hormones before. I don't know how to do this."

I was like, "You've never prescribed hormones before?" The doctor said, "Well for menopause." It's not that different. "Here is a guide from Sherbourne Health," but she said, "I can't help you." It's not that hard … Even having knowledge that Rainbow Health exists and can be used as a resource is a good place to start.

Some informants reported having to educate their care provider on how to provide the care they needed:

[This doctor] had no training whatsoever and wouldn't do any research. I always had to explain things to her. My hormone levels were not where they were supposed to be, so I would have to tell her "this is where they are supposed to do, these are the things you need to do. Here are some resources to educate yourself." She wouldn't do it and would misgender me all the time. Didn't understand the aspects of queer culture and would pathologize parts of that.

When care providers lack competency, significant consequences may occur, such as this incident:

I had to report the doctor to the College of Physicians for malpractice, like specifically for trans reasons, and I remember like showing up [to an appointment with my new doctor] and being like 'this person did this to me, was that okay?' and she was like "absolutely not like this is ... not okay!"

B. Gendered clinical spaces

Informants described gendered (separate days and times for men and women) sexual health care services and spaces as another significant barrier to accessible care. While these spaces may benefit cis-gender service users, informants indicated that this structure has many negative consequences for trans men and trans-masculine folks. Five of the six informants reported difficulty or distress when accessing gendered sexual services and spaces. The remaining informant claimed to have never accessed gendered healthcare spaces.

Belonging and passing as male

Some informants suggested that they never felt a sense of belonging in spaces where the majority of service users identified or presented as cis male. Some attributed their ability to pass as male as the determining factor of feelings a sense of belonging in these spaces, regardless of their gender identity.

I never really felt like it was my place to go.

It's a feeling of belonging. Like, which one do you show up to? Which one is the right one to be in, and also it depends on like … if I pass. "Will I pass

today or will I not, and if I do like which one do I show up to and which one don't I? And which ones will get me like strange looks." I remember actually I've been to Hassle Free twice, and the first time I actually didn't even access their services because I walked in to get some like hepatitis shots and I remember just walking in with all these like cis-looking gay men and just like every one of them looking at me and then I just kind of like turned around that's kind of like turned around and left. So... that's kind of like what it is.

One informant described his hesitancy to seek services in cis male dominated spaces. Referring to experiences with transphobia, he said:

> *If I've ever had issues with anyone, it's always with the cis gays.*

This suggests that the presence of cis and gay, bi, queer guys may act as a barrier to sexual health services.

A binary system for non-binary experiences and realities

Though five of the six informants identified as trans male, all informants described distressing experiences accessing services in gay cis male spaces. Identifying as male does not result in trans men feeling a sense of belonging or safety, and instead, their ability to pass and present as male determines whether they can feel safe and welcomed. Two informants stated:

> *I have difficulty accessing health care when these spaces are gendered. I have been to these spaces where they say it is for "men-identified" but this doesn't help.*

> *It feels like the intent is to include more binary trans folks, but if you don't pass or identify one way or another or if you are looking for sexual health specific things it just becomes very confusing.*

Even after coming out as trans, informants reported feeling confused and frustrated while attempting to navigate sexual health services. Gender expression and the way others perceive informants' gender identity greatly influences healthcare experiences. Informants who present more androgynous or female-presenting described how this also a barrier to care:

> *At the time I was "pre-T" and I also needed health care about body specific things. But if I wanted to do that I would have to go to the women-only times. If I wanted to talk about sexual health issues with having a body that is AFAB, I wouldn't be able to go to the men's hours because they don't expect my body to be at the men's hours. There is pressure to go to the women-only hours to access specific health care. It's very confusing because I am not sure where to go for my sexual health needs.*

I just remember kind of like showing up to the space and being like the only masculine-presenting person in the room and then I like walked up to like the intake person and I remember her saying to me, 'This for women and trans.. These are the women and trans hours. Maybe you want to come back tonight for the men and trans hours.' I was just like, 'well I'm the trans person so I'm going to stay,' and of course it was like dead silent in the room and like everyone heard me say that and I just like sat down and faced a wall until they called me.

I don't think I'm perceived as a binary gay man and I feel like other people's perceptions affect my own perceptions of my gender. And I'm kind of not sure where I am anyway. I don't think I'm strictly male, somewhere in between, I usually present myself as gender fluid. But I think I'm a little more on the masculine side. But because of people growing up thinking I was a girl…usually when I'm in professional settings around older people I'm not sure how accepting they are. I often just try to pass as female.

When I've called during the men/trans times, I met a lot of resistance: you have to choose one clinic, you cannot go to both, I cannot access your file, I cannot help you with these things, we don't even do that during men/trans times, we cannot talk about reproductive organs that are not biological men's organs, which suggests these aren't really trans inclusive.

Informants reported feelings of displacement from gay cis male spaces. Despite being male, female-designated spaces are deemed as more suitable for sexual healthcare.

Women's spaces are better spaces. I have a lot of [trans] friends who access that space. They have done a lot of trans training in the last few years. Even Hassle Free during women/trans hours - the "and trans" is helpful. There is this understanding of knowing how to deal with my body, an understanding of the steps I've taken to transition. In the waiting room, I felt okay.

I would be more likely to pursue women's spaces because I don't pass very well at times and I think most of my life has been raised as a female so my experiences align more with others assigned as female at birth.

The staff during the women/trans hours have better training than the staff during the men/trans hours. I've called during women/trans times, and they have been super great.

C. Limited competent services available

Informants reported long wait times to access care providers with strong and competent reputations in the community:

> "The initial waitlist to actually have him as a family doctor was, I believe, almost a year. And booking appointments is still like a decent wait. And it's more so like I know I have privilege with accessing him as a doctor, especially as like a trans person. It's more so like I know that he's one of very few doctors that actually has like trans sensitivity training and like actively works and advocates for like trans health."

Many informants were willing to wait for services and delay addressing health needs in order to receive care from a care provider who demonstrated trans competency.

Informants also indicated the need for multiple services offering sexual health and HIV testing services. Some informants prefer to access sexual healthcare from their primary care provider, and others prefer to separate primary and sexual healthcare. All informants described a need for greater access to multiple services, especially to address urgent concerns.

D. Privacy concerns

Some informants spoke of privacy concerns that deter them from certain locations. One informant spoke of overcrowding at walk-in and sexual health clinics:

> "There was a lack of privacy. The clinic was set up in a way where there was the main check in area and the chairs were just there. It was an overcrowded typical walk-in clinic. When I was talking to the nurse about what I needed, I didn't feel comfortable talking to them at the reception desk because everyone could hear me. I was also worried about my own safety. I wasn't sure if there was going to be anyone or if someone would look at me funny or discriminatory. Would they read me as trans or queer?"

Another informant described their worry of seeing someone they know in these spaces while accessing sexual healthcare:

> *I would get anxious about people knowing or making assumptions about my sexual health. I assume I would have less privacy here. Someone's grandma could be there, and they would ask why I'm there.*
>
> *I hesitate because I have participated in groups at these spaces. I would be worried about privacy. I would be worried about seeing a former co-worker. I would be awkward to see them.*

5. Informants' recommendations

Informants were prompted to describe what a trans-centred approach to sexual healthcare meant to them. This section combines examples of effective strategies and recommendations offered by informants when providing sexual healthcare to trans men and trans-masculine folks. Informants described this list as the minimum expectation or standard of care.

A. Improve cultural competency

Establish a new standard of trans cultural competency, focusing on two measurable outputs:

Essential training

Normalize continuing education and training programs aimed to increase the knowledge and skills required to provide competent care for trans folks. Collect data on completion rates and establish goals and action plans to increase training uptake. Canadian medical schools are encouraged to increase the volume of LGBTQ+ content in their curricula.

Essential knowledge, skills, and attitudes

Informants suggested that primary and sexual healthcare providers become more familiar with information regarding:

- Anti-oppression and intersectionality;
- Transphobia and trans erasure;
- Gender diversity – bodies, identities, sexualities;
- Using inclusive language, names, and pronouns;
- Hormone replacement therapy and transition-related surgeries;
- Sexual healthcare;
- Mental healthcare;
- Patient-centred approach to care, and
- Importance of demonstrating allyship, humility, and kindness.

This list indicates that trans men and trans-masculine folks require a holistic approach to sexual health, which incorporates transition-related services and mental healthcare.

B. Indicate competency and safety to service users

To manage the ongoing marginalization experienced in healthcare settings, informants described a need for safety scanning before accessing care to protect themselves from violence and trauma. To do so, informants described various safety indicators that can determine the safety of a space even before they enter. These safety scans occur as soon as they begin to consider various service options. Informants agreed that the

presence of these indicators can either deter or encourage trans folks to access services and spaces. If healthcare providers are or unable to implement these strategies, the service may be perceived as potentially harmful which deters service users from accessing the services. Informants identified three types of safety indicators:

Demonstrations of commitment to anti-oppression and justice

Some informants considered the organization's reputation, involvement with marginalized communities, and participation in social justice movements as an indicator of safety and inclusion.

> *The inclusion of other social justice awareness pieces is also a signal. When you just have queer stuff it's like, "Okay maybe you got that training," but if you are incorporating disability stuff or BIPOC inclusion it signals that there is an awareness of other things happening in the world. It signals that you are doing the work. These practitioners have learned to ask folks what works for them. There tends to be less assumptions with really good practitioners. This is a good test. Especially with BLM stuff happening now. I feel that organizations are using BLM activism as performative activism.*
>
> *There are other forms of activism - like Indigenous activism - that signal greater awareness because it is not just cool and trendy.*

To improve the organization's image and reputation, one informant recommended that organizations develop a social media strategy that supports or builds awareness of health inequities or social injustices impacting minority populations.

Advertisements for trans-specific services

Informants have searched though healthcare services' websites and online resources to find trans-specific healthcare information or at the very least an acknowledgement that trans folks access these services and are welcomed into the space. This information signals the organization's intention and sometimes preparedness to address trans healthcare needs, which suggest safety and competence.

Many informants have looked for trans flags, posters and pamphlets featuring trans bodies and trans health issues, and all-gender washroom signs to assess safety and competence. Again, these items signal the organization's intention and preparedness to serve trans folks, as stated by these informants:

> *I want to say posters on the wall. It's a sign that maybe this is an okay place, but I never trust it because anyone can put up a poster. It doesn't*

mean that those are actually the values of the organization and I learned that at my last doctor's office. The fact that they are up says something to me.

Safe space, pamphlets that incorporate trans and non-binary folks, it signals that there is an awareness and hopefully at least one person has training. This is maybe a safe space.

Use of trans-inclusive forms

All informants described improved feelings of safety and trust when seeing intake or registration forms that include multiple gender identities, pronouns options, and space to separate chosen and legal/dead names.

I mean, I think that the first indicator for me when like walking in the door somewhere is, you know … if you have an intake form does it have, you know, something for like other genders, other than male or female, and if, you know, is there an option for like legal name and chosen name if those are something that like you need to know in the setting that you have?

I think Hassle Free during the paperwork they had a they/them option for pronouns or something other than male or female as a gender so that was a green flag.

C. Organizational strategies that signal trans inclusion beyond the frontline

Beyond the frontline, informants provided suggestions to improve trans inclusion at the organizational level.

Hire trans team members

All informants agreed that sexual health services are safer and more competent when more trans men and trans-masculine folks are visible and involved in providing care. This includes trans staff, students, volunteers, management and board members.

Knowing that there are trans staff makes it more likely that I'll go.
Queer and trans staff. Visible lanyards, buttons. It is not always safe to do that, but it's helpful.

Trans folks on staff, followed by queer folks. Trans-led, not just employees or admin staff, but also doctors, nurses, management, board members. It should be a trans board. Otherwise, how are you actually going to have a trans service if trans people are not incorporated into every decision at every level?

Adopt trans-inclusive communication strategies

Some informants suggested to formalize the use of inclusive and gender-less language and provided the following recommendations:

- Refrain from using gendered language (ie. Sir, Miss, Ladies and Gentlemen);
- Replace “he/she” phrases with singular “they” in policies and written communications;
- Avoid using pronouns when referring to individual people, especially when pronouns are unknown. If a pronoun must be used, use singular “they”;
- Invite folks to introduce themselves with a name and pronoun. Permit people to pass on disclosing pronouns. In clinical settings, share and ask service users for their pronouns in private settings;
- Include pronouns in staff email signatures;
- Avoid disclosing names and personal information in public waiting areas.

D. Engaging with trans men and trans-masculine folks

Some informants suggested that the communications channels used to target cis men do not always reach trans men and trans-masculine folks. When services are advertised to gay, bi, queer guys, informants often feeling left out or confused as to whether services are prepared for trans bodies.

Gather and share service user feedback

Informants claimed to rely on recommendations from other trans folks regarding which services are safe and competent. To appeal to this need, informants suggested first to ensure organizations have websites that describe the services trans guys. Gather and share service user feedback based on their healthcare experience, and make adjustments when feasible. Two informants stated:

> *I feel like a lot of good places that could stand to be more trans-inclusive would ask questions or ask for community feedback and be like, “Hey we want community feedback, like we need to know how to do better, and like here’s steps that we’re taking, but we also want your voices to be centered in this.”*

> *Let people know that you have consulted with or like have received feedback from these organizations when it comes to like championing trans health care and such. Or be like, “We’ve consulted with and paid these people for this kind of work.” Even just something small like, “This is an ongoing conversation and we want you to be able to be like feel open and safe to talk to us about this kind of thing. Leave feedback here and like we’ll have a follow up.” Some kind of dialogue would be really great... and transparency, like, “This is what we’re doing or steps to ensure you feel safe.”*

Develop trans-specific sexual health promotion content

Lastly, informants requested more trans-specific content and imagery in Gay Men's Health and HIV prevention health promotion campaigns.

> *When you look up PrEP, it's so hard to find stuff for AFAB trans folks. We are left out of the literature.*

When trans folks are included in resources and literature, informants found that these folks are usually White, and suggested a more intersectional approach to content creation, and advocated for more Two-Spirit and Indigenous content.

> *Normalize different types of trans folks. Different bodies and intersectionalities.*

> *Decolonize HIV!*

6. Informants' recommendations specific to ACT's HIV testing service

A. Exclusive day and time for all trans and non-binary folks versus fully inclusive services

Informants agreed that a date and time exclusive for trans men and trans-masculine folks would not be helpful. Some informants favoured a time and date exclusive for all trans and non-binary folks, saying that this is safer for all trans folks, especially those with androgynous gender expressions. Others did not favour any type of exclusive date and time, and instead, preferred a service that is inclusive and capable of providing care for everyone at all times.

B. Develop more trans programming

Some informants described a need for ACT to increase their programs and services for trans men and trans-masculine folks.

> *Currently ACT doesn't have any specific programming for trans men (or trans people in general) and so it's hard to connect people to services if they don't have experiences with those organizations. Realistically there's no reputation for ACT in the trans community about level of care or trans inclusivity. A suggestion I would have is if you could, have some sort of group or activity for trans people at ACT, and put it right before the trans inclusive testing on Wednesday's. That way people are already in the building and don't make a trip just to get tested. It's easier to justify travelling somewhere if you are there for longer and not just in and out in a small amount of time.*

> "Some examples of things ACT could do for this would be have a group for trans guys with HIV sessions for queer trans guys in general, or maybe doing a speaker series about changing legal names, gender markers, how to access medical interventions, etc."

C. Trans support staff

Most informants expressed a need for a trans-male peer support worker available while HIV testing hours.

> "Having someone be there and someone there who is openly trans is very important. I don't want people to out themselves, but even one out trans person.

It could be anyone who falls in that trans umbrella. Reception or there to give additional info or connect with folks while they wait. I think that is very important.

“An active listener. Someone who is like, ‘Listen, what do you need right now? How can I support you? Do you need to come down? Do you need someone to tell a distracting story? Like, what do you need right now?”

“I find it very helpful to have a peer support person. It is comforting to have a partner near you. I don’t like the sight of blood for example. So when he’s with me it makes the experience a lot better. And you know, it’s just a lot less awkward in the waiting room. It makes the experience so much better.”

7. Conclusion

These findings and recommendations together with the data collected by CBRC and Trans Pulse Canada suggest that the current sexual healthcare system is unable to support the sexual health needs of trans men and trans-masculine folks in Toronto.

HIV testing and sexual health services in Toronto need to adapt to the needs and concerns of trans men and trans-masculine folks. Services intended to serve both cis and trans gay, bi, queer guys are often inaccessible for trans guys. Trans men and trans-masculine folks certainly have different healthcare needs than cis men, and sexual health services tailored specific to their unique needs should be more available. Sexual health services that separate men's and women's days and times significant barriers to accessing these services.

Furthermore, more healthcare providers must commit to developing the knowledge and skills required to provide a safe and competent service. Primary care physicians and nurses should be prepared to address these unique healthcare needs and create safer spaces to encourage more trans men and trans-masculine folks to access HIV prevention services. Community health workers and care providers can learn from informants' narratives and recommendations to create sexual health services suitable for trans men and trans-masculine folks.

Lastly, more research is required to better understand HIV risk, sexual behaviours, and healthcare needs among gay, bi, queer trans men, trans masculine and assigned-female-at-birth (AFAB) gender non-conforming folks.

8. References

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9. Appendix A - Interview questions

Do you have a family doctor/nurse practitioner? What is working? What isn't working as well?

Let's talk about all the places you get tested for HIV.

Rank them
Perceived competency of staff (1-10)
Safety/comfort (1-10)
Overall experience? (1-10)

Explain - ask follow-up questions to understand their reasoning.

Was there anything to indicate they were a trans-inclusive space (ie. trans inclusive language in forms, visible trans-inclusion policy, etc)?

When was your last HIV test?

What type of HIV test was it (ie standard blood test, rapid blood test, anonymous, etc...)?

Let's talk about potential locations/sites you would get an HIV test.

How likely are you to get a test/requisition from:
A hospital
Family doctor/NP office
Sexual health clinic
Community health centre
LGBTQ-centred spaces - Sherbourne, The 519, PPT
HIV & AIDS-serving organization - ACT, ACAS, Black CAP
Pharmacies - run by gay pharmacists
Pharmacies - not run by gay pharmacists

What would make you more or less likely to access a potential testing site?

Some sexual health clinics or HIV testing services run men-only or women-only hours and/or services. How do you feel about that? What do you think some of the advantages and disadvantages are to having men's spaces/women's spaces, or gendered spaces?

What makes a space trans-inclusive?

What are the basic requirements for a trans-centred service? What ways can agencies/health service providers/aids service organizations demonstrate trans-inclusivity?

Would you be more likely to access HIV testing if we offered a trans (or trans male specific?) testing day?

What would be included in a dream HIV testing service?

What should be included at the Trans HIV Testing Day at ACT?


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