

No. 3 February 11, 2021

The Trans PULSE Canada project collected survey data from 2,873 trans and non-binary people in 2019. Of this number, 252 survey respondents indicated being Indigenous. This report presents results from the first national all-ages data on health and well-being among Indigenous trans, two-spirit, and non-binary people in Canada. Results highlighted that community belonging and participation in traditional activities or embracing a traditional identity are important factors connected to the health of Indigenous trans, gender-diverse, and two-spirit peoples.

HEALTH AND WELL-BEING AMONG INDIGENOUS TRANS, TWO-SPIRIT AND NON-BINARY PEOPLE

We have always been a part of our community

Highlights

- Indigenous gender-diverse people, from time immemorial, have always been part of our community. Held in high esteem, respected roles in sacred and traditional ceremonial contexts were taken on.^{1,2}
- Participation in traditional activities or embracing a traditional identity are important factors connected to the health of Indigenous genderdiverse peoples, despite participants reporting higher levels of violence and harassment.

Context

In sacred and traditional contexts, Indigenous trans, gender-diverse, and two-spirit peoples were held in high esteem,¹ and often had respected roles in their communities such as visionaries or seers, and healers or medicine people.² In contemporary contexts, given colonization, this sacred and traditional understanding of gender identity is no longer the only influence in the lives of Indigenous trans, gender-diverse, or two-spirit peoples.

The 2009-2010 the Trans PULSE Project in Ontario

explored the well-being of Indigenous trans, genderdiverse, and two-spirit peoples.³ Notably, many Indigenous trans people reported practicing their spirituality and/or have involved Elders to support mental health and respond to traumatic circumstances. This study also highlighted a disproportionate level of poverty, homelessness, or being under-housed and/or having to move due to being trans as important factors that impact wellness and health. These factors may have contributed to identified health and social inequities, such as unmet healthcare needs, experiences of violence related to being trans, considering suicide, and involvement in the criminal justice system and/or incarceration.

A systematic review of the literature by McIvor, Napoleon, and Dickie (2009) explored the ways that language and culture maintain and improve the health of Indigenous peoples, including gender-diverse populations.⁴ The findings highlight six protective factors, including land and health, traditional medicine, spirituality, traditional foods, traditional activities, and language.⁴ The authors conclude that Indigenous peoples are "supported by Elders and spiritual healers" in "maintaining a careful balance of reciprocity between realms [human, natural, and spiritual]" (p. 13).⁴

Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people age 14 years or older and living in Canada. Participants were able to complete the full survey, or a 10-minute short form containing key items, in English or French online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate in major cities. Data from respondents who completed the full survey have been weighted to more accurately represent those who completed the shortform. The Trans PULSE Canada survey included questions from Ontario's Trans PULSE Project, questions from Statistics Canada surveys to allow for comparisons to the general population, and questions developed by trans and non-binary people based on community priorities. The following report especially highlights questions that were developed by the team's Indigenous Leadership Group. This report highlights Indigenous gender-diverse peoples' access to protective factors.

Indigenous leadership

One of nine priority populations that Trans PULSE Canada has committed to working with, the Indigenous Leadership Group, works toward the inclusion of diverse and culturally distinct Indigenous genderdiverse perspectives in the national survey. The Indigenous Leadership Group is also working to develop a qualitative study that follows up with Indigenous participants to explore factors that keep Indigenous trans, gender-diverse, and two-spirit peoples healthy. The names of the members in the Indigenous Leadership Group are highlighted in the acknowledgments.

Interpretation

This report presents results for the 252 Trans PULSE Canada survey respondents who indicated being Indigenous in Canada. For this report, we will refer to this group as Indigenous gender-diverse people. Indigenous gender-diverse people represent 9% of the total sample. To focus on the experiences of Indigenous peoples in Canada, this 9% does not include respondents who reported being Indigenous from another country. Additionally, while Trans PULSE Canada used multiple approaches to make the survey accessible (i.e., online; in-person with the assistance of Peer Research Associates), it was not possible to conduct a random sample of gender-diverse people. As such, this survey captured the experiences of Indigenous gender-diverse people who were able to access this survey. Therefore, the results presented below cannot be assumed to represent true population demographics, and as such, only represent a proportion of the full Indigenous gender-diverse population. For instance, that 0% of Indigenous respondents were aged 65 or older (see Table 3), does not mean that there are no Indigenous gender-diverse people aged 65 or older in Canada. Importantly, despite efforts from the Indigenous Leadership Group to decolonize this research methodology, we acknowledge that our sampling methods did not successfully reach all Indigenous gender-diverse people.

Table 1: Distribution of Indigenous respondents across provinces/territories

	n=252 %
Current province/territory	
Alberta	21
British Columbia	20
Manitoba	5
New Brunswick	2
Newfoundland and Labrador	2
Nova Scotia	4
Ontario	30
Prince Edward Island	0.4
Quebec	8
Saskatchewan	8
Northwest Territories	0
Nunavut	0.4
Yukon	0.8

Socio-demographics

Table 1 shows that Indigenous trans and genderdiverse survey respondents currently live in all provinces and territories across Canada. Comparing responses across all provinces and territories, a higher proportion of Indigenous trans and gender-diverse peoples reported living in Alberta (n=21%), British Columbia (n=20%), and Ontario (n=30%).

Table 2 provides a more fulsome socio-demographic description of the Indigenous gender-diverse people who participated in Trans PULSE Canada. Reflecting the wider socio-demographic trend of Indigenous populations being younger in age,⁵ the majority of Indigenous respondents (74%) in Trans PULSE Canada also reported younger ages (i.e., under the age of 34). With respect to sexual orientation, Indigenous gender-diverse peoples reported a range of identities, including queer (53%); two-spirit (20%); pansexual (33%); or bisexual (27%). Of 252 Indigenous

gender-diverse respondents, many reported lived experience of disability. The most reported experiences of disability included identifying as a psychiatric survivor, mad or person with mental illness (54%), holding a neurodivergent identity (40%), living with chronic pain (32%), or living with a disability (30%).

Indigenous trans, gender-diverse, and two-spirit people reported high levels of education with many reporting some college or university (32%), having a college or university degree (35%), or holding a graduate or professional degree (14%). Moreover, 67% of Indigenous gender-diverse respondents reported personal annual income over \$15,000, and 53% were not living in a low-income household.

Indigenous community

Table 3 provides in more detail the feelings of belonging, experiences with Indigenous traditions, challenges related to accessing Indigenous ceremony, and use of traditional medicines or healers. Just under half of the respondents reported being part of an Indigenous community, where participants could provide their own definition for community. One respondent defined their Indigenous community as:

"A loose assemblage of urban native folk coming together to maintain culture in less than ideal situations."

A majority of respondents who were part of an Indigenous community reported active and meaningful participation in their respective cultural traditions. This is perhaps attributed to a traditional orientation that accepts and provides special roles for Indigenous gender-diverse peoples,² and that most of respondents were from urban communities. Many among those who had a traditional ceremonial role reported, for example, assuming responsibility for their own individual and community's health by fire keeping (62%), being a drummer/singer (43%), and/or helping Elders and medicine people performing ceremonies (38%). Respondents also described taking on roles such as "getting wooden poles sanded and ready for teepee," "pouring water in sweat lodge,"

Table 2: Socio-demographics

	n=252 %
Age	
14 - 19	19
20 - 24	24
25 - 34	34
35 - 49	16
50 - 64	7
65 +	0

Indigenous identity ^a

First Nations	57
Métis	44
Inuit	0.8
Unsure	13

Gender

Woman or girl	13
Man or boy	26
Non-binary or similar	34
Two Spirit	20
Cultural gender other than Two-Spirit	7

Sexual orientation (check all that apply) ^a

Asexual	12	
Bisexual	27	
Gay	8	
Lesbian	8	
Pansexual	33	
Queer	51	
Straight or heterosexual	10	
Two-Spirit	35	
Unsure or questioning	8	

Relationship status ^b

In a relationship(s)	52
Not in a relationship	48

Perceived or treated as a person of colour

Perceived or treated as a person of colour	21
Not perceived or treated as a person of colour	79
Urban / rural °	
Rural or small town	9
Not rural or small town	91

Table 2: Socio-demographics, continued

	n=252 %
Disability identities (check all that a	apply) ^a
Autistic	20
Blind	0.4
Crip	3
Deaf	1
Disabled or living with a disability	30
Chronic pain	32
Neurodivergent	40
Psychiatric survivor, mad, or person with mental illness	54
Other	11
Education (age ≥ 25) ^d	
< High school	7
High school diploma	12
Some college or university	32
College or university degree	35
Grad/professional degree	14
Employment situation (age ≥ 25) ^{b, d}	
Permanent full-time	30
Employed, not permanent full-time	36
Not employed or on leave	25
Not employed and student or retired	9
Personal annual income (past year,	age ≥ 25) ^d
None	4
< \$15,000	29
\$15,000 - \$29,999	22
\$30,000 - \$49,999	23
\$50,000 - \$79,999	15
\$80,000 +	7
Low-income household (past year, a	age ≥ 25) ^d
Low income household	47
Non-low-income household	53
 Participants could select more than one option, so total will be more than 100%. These variables were missing for 10% of respondents or 	
 more. c Rural and small town includes participants wh postal code or forward sortation area for a town o with a population size under 10,000. d Personal income, education, and employment here for those age 25 and older; additional data o 	o reported a or municipality are reported

tus and other factors will be reported in our youth report.

Table 3: Indigenous community

Part of an Indigenous community a Yes 45 No 55 Community welcomes trans, two-spirit, and non-binary people b Yes 78 No 22 Community becoming more accepting of gender diversity b Yes 79 No 21 Community practices traditional ceremonial role No 40 Holds a traditional ceremonial role b Yes 96 No 40 Holds a traditional ceremonial role b Yes 28 No 722 Traditional ceremonial role b, c, d Elder 5 Healer 19 Knowledge keeper 19 Helper 38 Drummer/singer 43 Firekeeper 62 Additional roles (e.g. earth worker, pipe carrier) 29 Experienced challenges accessing ceremonies e.f Yes 80 No 20 Eartrers to accessing ceremonies d.f.g Yes 80 No 20 Eartrers to accessing ceremonies d.f.g Trans, non-binary, gender-diverse or two-spirit 47 Ceremonial role not acknowledged 23 Asked to dress in ways not comfortable with 41 Fear of being outed 21 Fear of being outed 54 Additional barrier(s) (e.g. colonialism, misgen- dering, not enough (e.g. colonialism, misgen-	Table 3: Indigenous community	
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No Indigenous community 36	Additional barrier(s) (e.g. Colonialism, misgen- dering, not enough resources)	17
	No Indigenous community	36

Uses traditional medicines or healers ^f

Yes	44
No	56

a Indigenous community was self-defined by participants.

b Among those who said they were part of an Indigenous community, either online or in-person.

c Among those who hold a traditional ceremonial role.

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

e Among those who had tried to access ceremonies.

 $f \quad$ These variables were missing for 10% of respondents or more.

 ${\rm g}$ $\,$ Among those who experienced challenges accessing ceremonies.

and roles of "Oshkaabekwe" (refers to helping an Elder in ceremony), "earth worker," and "Pipe carrier." Several respondents described ceremonies in their communities that prioritized two-spirit people, for example, in the words of one respondent:

"[My community has] two-spirit prioritized ceremonies where the elders are either 2spirit themselves or are allies and won't force individuals to dress a certain way based on assumed gender assigned at birth."

Nonetheless, among those who tried to access ceremonies, 80% of respondents experienced challenges accessing or participating in those ceremonies. The main barriers reported included fears related to being excluded (54%); not feeling welcomed (47%); or being asked to dress in ways that did not reflect their gender identity (41%). Additional barriers identified by respondents included colonialism, "being "too white passing," issues with family members, misgendering, distance from community, and travelling to ceremonies. Unique barriers identified involved not being able to participate in sweat lodges due to health needs, not having enough resources for the community to do ceremonies, and "life is a mess."

Despite the challenges to accessing and/or using traditional ceremony, medicine, or Elders, and perhaps reflecting wider cultural revitalization and reconciliation efforts, many Indigenous trans and gender-diverse peoples also reported that their communities practice traditional ceremonies (96%), are becoming more welcoming (78%), and more accepting of gender-diversity (79%). When asked what their Indigenous community could do to be *more* accepting of Indigenous gender-diverse people, in the words of one respondent, communities can:

Table 4: Health & well-being

	n=252 %
	%
Has primary health care provider ^a	
Yes	81
No	19
Unmet health care need(s) (past year) *	L
Unmet need(s)	51
No unmet need	49
Avoided emergency room (past year) ^a	
Yes	21
No	65
Never needed ER care	15
Gender-affirming medical care status *	l
Had all needed care	21
In the process of completing	37
Planning, but not begun	14
Not planning	14
Unsure if going to seek care	14
Self-rated health ^a	
Excellent	2
Very good	17
Good	49
Fair	20
Poor	11
Self-rated mental health ^a	
Excellent	3
Very good	7
Good	24
Fair	43
Poor	23
Considered suicide (past year) ª	
Yes	41
No	59
Attempted suicide (past year) ª	
Yes	8
No	92
Experienced violence or harassment	
(past 5 years, check all that apply) ^{a, b}	
Verbal harassment	79
Physical intimidation or threats	52
Physical violence	29
Sexual barassment	51

Sexual harassment

Sexual assault

Table 4: Health & well-being, continued

	n=252 %	
Avoided public spaces for fear of harassment or outing (past 5 years, check all that apply) ^{a, c}		
No avoidance	12	
1 or 2 types of spaces	12	
3 or more types of spaces	76	
Housing security ^a		
Secure	89	
Insecure ^d	11	
Household food security (past year) ^a		
Always had enough to eat	73	
Sometimes did not have enough	17	
Often did not have enough	9	
Spent time in jail while living in true gender		

(past 5 years) ^a Yes 4

'	100	4
Ν	No	96

a $\;$ These variables were missing for 10% of respondents or more.

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

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

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

"Keep listening to the 2S people and what we need for healing - instead of holding so tightly to protocols that were brought over here and enforced through colonization. Stop ignoring the needs of the people."

Health and well-being

Table 4 describes self-reported measures of health and well-being for Indigenous trans, gender-diverse, and two-spirit peoples. Most respondents reported having a primary health care provider (81%) with just under half indicating that they had no unmet health care needs in the past year (49%). When asked whether they had avoided the emergency room be-

54

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cause of their gender identity, 65% of Indigenous respondents said no. When asked about genderaffirming healthcare, 14% indicated they were planning but had not yet begun, 37% were in the process of completing, and 21% had all their gender-affirming healthcare needs met.

Perhaps part of this explains why 68% of Indigenous respondents perceived their health as good or excellent. Perceptions of one's own mental health, on the other hand, paint a different experience. Most respondents rated their mental health as poor (23%) to fair (43%). Perhaps part of the challenge experienced with respect to mental health may relate, at least in part, to experiences of violence and/or harassment. Verbal harassment (79%) was the most common form of harassment/violence, followed by sexual harassment (54%), and physical intimidation and threats (52%). Perceptions of physical/mental health may be related to social exclusion, where 76% reported avoiding three or more spaces due to fears of harassment or outing. Most respondents reported being housing secure (89%) and food secure (73%). Most respondents had not been incarcerated (96%).

Conclusion

This is a national research study designed with substantial effort to be inclusive, respectful, and honouring the truth of trans, non-binary, gender-diverse, and two-spirit people's experiences. Indigenous team members have been part of this project from the outset, including the earlier Ontario-specific beginnings of the Trans PULSE Project. Analysis of the responses from people who identified as Indigenous included Indigenous and allied community members and researchers. With responses reported from all provinces and territories, the findings summarized begin to tell a story regarding realities of the lives of Indigenous gender-diverse respondents in Canada.

The idea of participating in traditional activities, or embracing a traditional identity as supporting the health of Indigenous peoples, found some traction among our respondents. Aligned with the key points highlighted above, in communities (as reported by participants) that practiced traditional ceremonies, Indigenous gender-diverse people reported holding respected roles; in fact, 24% reported they had roles as Elders or Healers. Additional roles included fire keeping, drumming/singing, helpers to traditional Elders, or medicine people. Many respondents highlighted that their communities were welcoming and are becoming more accepting of gender diversity.

Recognizing limitations in the reach of a national survey, those who responded to the Trans PULSE Canada survey were consistent with the general Indigenous population in Canada in that respondents were younger in age overall and reported diverse sexual identities, including queer, two-spirit, pansexual, or bisexual. Indigenous trans, gender-diverse, and two-spirit people reported higher levels of education with many reporting some college or university (32%), and having a college or university degree (35%). Moreover 67% of Indigenous gender-diverse respondents reported personal annual income over \$15,000, and 53% were not living in a low-income household.

Despite positive indicators of health, challenges were reported in accessing traditional ceremonies primarily relating to fears of being excluded, not feeling welcomed, or being asked to dress in ways that made respondents feel uncomfortable. While self-rated health status was rated by most respondents as mostly good to excellent, mental health status did not receive a similar appraisal by Indigenous respondents, with a higher portion reporting only poor to fair. One possible explanation may relate to a higher level of reported violence and harassment, and as a result, to avoiding public spaces (i.e., social exclusion).

Indigenous trans, non-binary, gender-diverse, and two-spirit people have always and continue to be part of the Indigenous population in Canada. As a collective, the stories within the research data are beginning to be told. More research related to Indigenous gender-diverse people's health and well being – both factors that facilitate and barriers to be overcome – will further contribute to addressing concerns related to wholistic health.

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