

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

HEALTH AND WELL-BEING AMONG DISABLED TRANS AND NON-BINARY PEOPLE

Challenges faced in health care, trans communities, and the economy



Highlights

Among trans and non-binary participants with a disability, chronic pain, or chronic illness that identified as disabled:

- 63% had past-year unmet health care needs, compared with 26% of participants without a disability, chronic pain, or chronic illness.
- 38% were avoiding the diagnosis of a health issue due to fear that it would impact their access to gender-affirming care.
- 60% had a post-secondary degree, however only 21% had permanent full-time employment, compared with 56% of participants without a disability, chronic pain, or chronic illness.
- 28% had ever been discriminated against or excluded from trans or non-binary communities based on their disability.

Context

Many disabled activists and scholars have argued that the barriers and challenges faced by people with disabilities are the result of an inaccessible society. While some individuals experience the functioning of their bodies and brains as impairments, others experience them only as neutral differences.¹⁻⁵ These impairments and/or differences only become disabilities in an environment that is not sufficiently accessible to enable their equal participation.¹ Disabilities can therefore become the basis for oppression and ableism as well as the basis for solidarity with other disabled people.^{1,2}

It is well established that disabled people face significant barriers to health care access, employment, and income, and experience higher levels of discrimination and violence compared with non-disabled people.³ These barriers and discrimination have also been reported among transgender (trans) and non-binary people.⁴ Findings from a large-scale survey in

the United States suggest that trans and non-binary people are more likely to identify as disabled than the general population,⁵ which further highlights the importance of exploring the intersection of these identities. In response to the lack of research exploring the experiences of disabled trans/non-binary people, this report provides the first quantitative nationwide profile of the health and well-being of disabled trans and non-binary people in Canada.

Trans PULSE Canada

Over a 10-week period in 2019, the Trans PULSE Canada research team collected survey data from 2,873 trans and non-binary people aged 14 years or older and living in Canada. Participants were able to complete the full survey or a 10-minute short-form version online, on paper, via telephone (with or without a language interpreter), or on a tablet with a Peer Research Associate (only in major cities). The 10-minute short-form contained key items from the full survey, and both versions were available in English or French. Data from the full-length survey were adjusted to reflect the demographic characteristics of all participants (short- and full-length versions) using survey weights. 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. This report especially highlights questions developed by the team's Disability Priority Population Team.

How to Interpret

This report presents results comparing three groups of Trans PULSE Canada participants:

1. Identifies as disabled: those that had a disability, chronic pain, or chronic illness and identified as disabled.
2. Does not identify as disabled: those that had a disability, chronic pain, or chronic illness but did not identify as disabled.
3. Rest of the sample: those that had no disability, chronic pain, or chronic illness.

These groups were defined to recognize that some people who may be labelled as “disabled” by broader society may not identify as disabled themselves. This aligns with the social model of disability’s assertion that people with certain mind-body conditions only become disabled when they inhabit inaccessible environments; outside of these environments, they do not necessarily identify as disabled.⁴

Participants were presented lists of disability identities (e.g., autistic, blind) and disability diagnoses (e.g., vision impairment, Autism or Asperger’s) and were asked to select those with which they self-identified or had been diagnosed (Table 1). If participants responded that they self-identified as “disabled or living with a disability (including episodic disability)” they were categorized as “identifies as disabled.” Participants who indicated that they had disability identities or diagnoses but did not select “disabled or living with a disability (including episodic disability)” were categorized as “does not identify as disabled.” Those that selected no disability identities or diagnoses were categorized as “the rest of the sample.” Of all the Trans PULSE Canada participants, 19% identified as disabled, 59% did not identify as disabled (but had a disability or chronic pain/illness), and 22% (the rest of the sample) did not have a disability, chronic pain, or chronic illness.

Although Trans PULSE Canada used multiple approaches to make the survey accessible, it was not possible to randomly sample the trans and non-

binary population. Therefore, results cannot be assumed to represent true population demographics. For instance, that 19% of participants identified as disabled does not mean exactly 19% of all trans and non-binary people in Canada identify as disabled. The final column of comparative tables in this report contains p-values. A p-value indicates whether there is a statistically significant difference between groups. For Tables 1 and 6, the “identifies as disabled” group is compared with the “does not identify as disabled” group. For Tables 3–5, all three groups are compared. A p-value less than 0.05 indicates that there is a statistically significant difference between groups, while p-values that are greater than or equal to 0.05 indicate that there is no statistically significant difference.

Disability identities, diagnoses, and visibility

Almost 1 in 5 Trans PULSE Canada participants identified as disabled (19%, $n = 543$); 59% ($n = 1708$) did not identify as disabled (but had a disability or chronic pain/illness). Participants who identified as disabled were more likely to identify or have been diagnosed with each of the conditions listed, compared to those that did not identify as disabled (Table 1). The most common disability identities in both groups were “psychiatric survivor, mad, or person with mental illness” (70% vs. 50%), “chronic pain” (57% vs. 17%), “neurodivergent” (52% vs. 35%), and “autistic” (28% vs. 14%). The most common disability diagnoses for participants identifying as disabled were mental health conditions (82%), chronic pain conditions (45%), and chronic illnesses (42%). The high proportions across most disability diagnoses in this group suggests many participants had comorbid conditions (i.e., were diagnosed with more than one disability or chronic condition). The most common disability diagnoses for participants who did not identify as disabled were mental health conditions (74%), learning disabilities (16%), chronic pain conditions (11%), and vision impairment (11%). Over half of participants identifying as disabled had a disability that was visible some or all of the time (56%), compared to 31% of participants that did not identify as disabled.

While not shown in the tables, 38% of all Trans PULSE Canada participants reported having multiple disability identities (i.e., selected more than one option among the identities listed in Table 1). Similarly, 38% reported having received more than one of the disability diagnoses listed in Table 1.

Sociodemographics

Geographic Distribution

Table 2 shows similar distributions of participants with a disability or chronic pain/illness (identity and/or diagnosis) and the rest of the sample across the provinces and territories. An exception to this was that 11% of people with a disability or chronic pain/illness were living in Quebec, compared with 21% of the rest of the sample.

Social Positions and Identities

Table 3 displays the sociodemographic characteristics of the sample. Across all three groups, the largest proportion of participants were between the ages of 25–34. Participants with a disability or chronic pain/illness, both those identifying and not identifying as disabled, were more likely to identify as non-binary or similar compared with the rest of the sample (57% and 50% vs. 35%) and less likely to identify as a woman or girl (18% and 21% vs. 38%). The three groups also differed with regard to sexual orientation. For instance, 62% of participants who identified as disabled identified as queer, followed by 53% of participants who did not identify as disabled, and 39% of the rest of the sample. Similarly, 21% of participants who identified as disabled reported that they were asexual, followed by 13% of participants who did not identify as disabled, and 8% of the rest of the sample.

Participants who identified as disabled were more likely to identify as Indigenous in Canada compared with participants who did not identify as disabled and the rest of the sample (14% vs. 9% vs. 4%). Similarly, a greater proportion of participants who identified as disabled also identified as racialized (18%) compared to those who did not identify as disabled (13%) and the rest of the sample (13%). Finally, those

Table 1: Disability identities, diagnoses, and visibility

	Has disability/chronic pain/illness		P-value ^a
	Identifies as disabled	Does not identify as disabled	
	n= 543 %	n= 1708 %	
Identities (check all that apply) ^b			
Autistic	28	14	<0.0001
Blind	1	0.4	0.020
Crip ^c	10	0.2	<0.0001
Deaf	2	0.9	0.006
Chronic pain	57	17	<0.0001
Neurodivergent	52	35	<0.0001
Psychiatric survivor, mad, or person with mental illness	70	50	<0.0001
Other (not listed above)	13	7	<0.0001
Diagnoses (check all that apply) ^b			
Acquired brain injury	8	2	<0.0001
Autism or Asperger's	17	8	<0.0001
Chronic illness	42	8	<0.0001
Chronic pain condition	45	11	<0.0001
Intellectual or developmental disability	12	3	<0.0001
Intermittent or episodic illness or condition	20	3	<0.0001
Learning disability	26	16	<0.0001
Mobility or physical disability	33	2	<0.0001
Vision impairment	15	11	0.008
Mental health condition	82	74	<0.0001
Any other form of disability or impairment (not listed above)	15	6	<0.0001
Visibility of identity or diagnosis			<0.0001
Visible or apparent all the time	9	3	
Visible or apparent some of the time	47	28	
Non-visible or non-apparent	44	69	

a P-values <0.05 indicate that differences between the groups are statistically significant.

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

c While "crip" has historically been used as a derogatory term, it is being reclaimed and used by some members of the disability community.

who identified as disabled were less likely to live in a rural location or small town than those who did not identify as disabled and the rest of the sample (4% vs. 7% vs. 8%).

Employment, Education, and Income

Participants aged 25 and older were asked questions about employment, education, and income. Although the majority of participants who identified as disa-

bled had a post-secondary degree (60%), only 21% were permanently employed full-time, compared with 46% of participants who did not identify as disabled and 56% of the rest of the sample (Table 3). One in three participants who identified as disabled were not employed or were on leave (33%), a higher proportion than that for participants who did not identify as disabled (13%) and for the rest of the sample (8%). This finding may be related to personal annual

income, as participants who identified as disabled (41%) were the most likely to report a personal annual income of less than \$15,000, compared to 24% of participants who did not identify as disabled and 9% of the rest of the sample. Further, the majority of participants who identified as disabled were living in a low-income household (63%), a significantly larger proportion than that for participants who did not identify as disabled (38%) and for the rest of the sample (24%).

Health and Well-being

Tables 4 and 4a show that participants who identified as disabled generally had lower self-rated levels of health, health care access, and well-being than participants who did not identify as disabled, who had lower levels compared with the rest of the sample. Participants who identified as disabled were most likely to report past-year unmet health care need(s) (63% vs. 45% and 26%), despite a greater proportion of this group having a primary health care provider compared to the other groups (85% vs. 80% and 80%). Participants who identified as disabled were also most likely to have avoided the emergency room in the past year (22% vs. 11% and 5%). Encouragingly, sizable proportions of participants who identified as disabled self-reported “good” to “excellent or very good” general health (41%). However, participants who identified as disabled still reported lower levels of self-rated general and mental health compared with the other two groups, with the majority of participants who identified as disabled reporting “fair or poor” general (58%) and mental (69%) health. A greater proportion of participants who identified as disabled reported considering suicide in the past year (42%), compared with participants who did not identify as disabled (34%) and the rest of the sample (15%).

Table 2: Distribution of people with disabilities/chronic illness/chronic pain across provinces and territories

	Has disability/ chronic pain/ illness n= 2251 %	Rest of Sample n= 620 %
Current province/territory		
Alberta	19	17
British Columbia	20	16
Manitoba	3	3
New Brunswick	3	2
Newfoundland and Labrador	1	1
Nova Scotia	4	3
Ontario	36	34
Prince Edward Island	0.4	0.8
Quebec	11	21
Saskatchewan	4	2
Northwest Territories	0.1	0
Nunavut	0	0.2
Yukon	0.3	0.2

Violence, Harassment, and Discrimination

Over the past five years, participants who identified as disabled had greater experiences of violence, harassment, and public space avoidance than participants who did not identify as disabled, who had higher levels compared with the rest of the sample. For instance, the majority of disabled-identifying participants had been sexually harassed (54%), compared with 44% of non-disabled-identifying participants and 27% of the rest of the sample. One in four (25%) disabled-identifying participants experienced physical violence, a significantly larger proportion than those for non-disabled identifying participants (17%) and for the rest of the sample (8%). Two-thirds of participants with a disability or chronic pain/illness, both disabled-identifying (67%) and non-disabled-identifying (67%), had avoided three or more types of public spaces (e.g. public washrooms, schools) for fear of harassment or outing, compared with a still notable 51% of the rest of the sample.

Table 3: Socio-demographics

	Has disability/chronic pain/illness		Rest of sample	P-value ^a
	Identifies as disabled	Does not identify as disabled		
	n= 543 %	n= 1708 %	n= 620 %	
Age				<0.0001
14 - 19	7	16	11	
20 - 24	24	23	16	
25 - 34	39	38	33	
35 - 49	21	18	25	
50 - 64	9	6	13	
65 +	0.9	0.6	2	
Gender				<0.0001
Woman or girl	18	21	38	
Man or boy	20	26	27	
Indigenous or cultural gender	5	2	0.5	
Non-binary or similar	57	50	35	
Sexual orientation (check all that apply)^b				
Asexual	21	13	8	<0.0001
Bisexual	33	28	25	0.008
Gay	14	14	8	0.0002
Lesbian	13	14	21	0.0002
Pansexual	32	32	28	0.185
Queer	62	53	39	<0.0001
Straight or heterosexual	7	6	13	<0.0001
Two-Spirit	9	3	2	<0.0001
Unsure or questioning	8	8	10	0.210
Relationship status^c				0.282
In a relationship(s)	54	54	50	
Not in a relationship	46	46	50	
Indigenous in Canada				<0.0001
Indigenous in Canada	14	9	4	
Not Indigenous in Canada	86	91	96	
Racialization				0.018
Racialized	18	13	13	
Not racialized	82	87	87	
Immigration history (lifetime)				0.169
Newcomer (≤5 years)	3	3	4	
Established immigrant (>5 years)	8	8	10	
Born in Canada	88	89	85	
Urban / rural^d				0.017
Rural or small town	4	7	8	
Not rural or small town	96	93	92	
Low-income household (past year, age ≥ 25)^e				<0.0001
Low income household	63	38	24	
Non-low-income household	37	62	76	

Table 3: Socio-demographics, continued

	Has disability/chronic pain/illness		Rest of sample	P-value ^a
	Identifies as disabled	Does not identify as disabled		
	n= 543 %	n= 1708 %	n= 620 %	
Education (age ≥ 25) ^e				0.001
< High school	7	4	2	
High school diploma	7	9	7	
Some college or university	26	21	18	
College or university degree	44	48	52	
Grad/professional degree	16	19	21	
Employment situation (age ≥ 25) ^{c, e}				<0.0001
Permanent full-time	21	46	56	
Employed, not permanent full-time	40	35	30	
Not employed or on leave	33	13	8	
Not employed and student or retired	7	6	6	
Personal annual income (past year, age ≥ 25) ^e				<0.0001
None	4	1	1	
< \$15,000	41	24	9	
\$15,000 - \$29,999	26	24	22	
\$30,000 - \$49,999	17	23	23	
\$50,000 - \$79,999	8	18	23	
\$80,000 +	4	10	21	

a P-values <0.05 indicate that differences between the groups are statistically significant.

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

c These variables were missing for >10% of respondents.

d Rural and small town includes participants who reported a postal code or forward sortation area for a town or municipality with population <10,000.

e Personal income, education, and employment are reported here for those age 25 and older; additional data on student status and other factors will be reported in our youth report.

Chronic Pain and Illness

Table 4a shows that while 1 in 5 participants who identified as disabled were usually free of pain or discomfort, this was a significantly smaller proportion compared with that for participants who did not identify as disabled (52%) and for the rest of the sample (80%). Among participants who identified as disabled, the most common chronic conditions were sleep apnea (12%), high blood pressure (11%), and high cholesterol (10%).

Gender-affirming Care

Regarding gender-affirming care, the “identified as disabled” and “does not identify as disabled” groups were less likely to have received all needed care compared with the rest of the sample (21% and 24% vs. 33%), although they were slightly more likely to not be planning to receive this care (14% and 12% vs. 10%) (Table 4). As seen in Table 4a, participants who identified as disabled were more than twice as likely as participants without any disability or chronic pain/illness to be avoiding the diagnosis of a health issue to access gender-affirming care (38% vs. 15%).

Table 4: Health and well-being

	Has disability/chronic pain/illness		Rest of sample	P-value ^a
	Identifies as disabled n= 543 %	Does not identify as disabled n= 1708 %	n= 620 %	
Has primary health care provider				0.025
Yes	85	80	80	
No	15	20	20	
Unmet health care need(s) (past year) ^b				<0.0001
Unmet need(s)	63	45	26	
No unmet need	37	55	74	
Avoided emergency room (past year) ^b				<0.0001
Yes	22	11	5	
No	69	69	61	
Never needed ER care	10	21	34	
Gender-affirming medical care status ^b				<0.0001
Had all needed care	21	24	33	
In the process of completing	35	31	31	
Planning, but not begun	12	17	11	
Not planning	14	12	10	
Unsure if going to seek care	19	16	14	
Self-rated health				<0.0001
Excellent or very good	12	34	66	
Good	29	41	28	
Fair or poor	58	24	6	
Self-rated mental health ^b				<0.0001
Excellent or very good	8	11	39	
Good	23	27	36	
Fair or poor	69	62	25	
Considered suicide (past year) ^b				<0.0001
Yes	42	34	15	
No	58	66	85	
Attempted suicide (past year) ^b				<0.0001
Yes	8	6	1	
No	92	94	99	
Experienced violence or harassment (past 5 years, check all that apply) ^{b,c}				
Verbal harassment	79	70	52	<0.0001
Physical intimidation or threats	52	38	23	<0.0001
Physical violence	25	17	8	<0.0001
Sexual harassment	54	44	27	<0.0001
Sexual assault	35	27	13	<0.0001
Avoided public spaces for fear of harassment or outing (past 5 years) ^{b,d}				<0.0001
No avoidance	15	14	22	
1 or 2 types of spaces	18	19	26	
3 or more types of spaces	67	67	51	

Table 4: Health and well-being, continued

	Has disability/chronic pain/illness		Rest of sample	P-value ^a
	Identifies as disabled n= 543 %	Does not identify as disabled n= 1708 %	n= 620 %	
Avoided specific spaces (past 5 years, check all that apply)^{b, c}				
Public washrooms	63	65	53	<0.0001
Support groups	24	16	9	<0.0001
Travelling in Canada	16	13	9	0.011
Housing security^b				
Secure	90	88	94	0.002
Insecure ^e	10	12	6	
Household food security (past year)^b				
Always had enough to eat	73	86	94	<0.0001
Sometimes did not have enough	21	11	5	
Often did not have enough	7	3	1	

a P-values <0.05 indicate that differences between the groups are statistically significant.

b These variables were missing for >10% of respondents.

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

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

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

The most common barriers to gender-affirming care cited by the entire Trans PULSE Canada sample were the costs of treatment and travelling to treatment, along with waitlists. However, participants who identified as disabled were more likely to not be able to afford treatment (39% vs. 35% vs. 25%) or travel to treatment (30% vs. 22% vs. 12%) compared with participants who did not identify as disabled and the rest of the sample, respectively. Of note, 7% of participants who identified as disabled were denied gender-affirming care because of their disability.

Income and Poverty

Table 5 expands on the measures of socioeconomic status presented in Table 3. The following results were collected only from participants ages 16 and older. One in five (21%) participants who identified as disabled had received income from public social assistance or welfare, compared with 12% of participants who did not identify as disabled and 4% of the rest of the sample. Likewise, 1 in 3 participants who

identified as disabled were receiving public disability support compared to only 6% of participants who did not identify as disabled but had a disability, chronic illness, or chronic pain. Those who identified as disabled tended to be at either extreme of week-to-week income variation; 60% either reported that it varied a great deal or not at all. Participants who identified as disabled were also more likely than participants who did not identify as disabled and the rest of the sample to report finding it “very” or “fairly” difficult to meet monthly housing-related costs (19% vs. 8% and 5%).

Community and Belonging

Participants who identified as disabled were significantly more likely to have ever been discriminated against or excluded from trans or non-binary communities based on their disability compared to those who did not identify as having a disability (28% vs. 8%; Table 6). Nearly 1 in 3 participants who identified as disabled had a very or somewhat strong sense of belonging in disability spaces (31%). Participants

Table 4a: Health and well-being, continued

	Has disability/chronic pain/illness		Rest of sample		P-value ^a
	Identifies as disabled		Does not identify as disabled		
	n= 543 %	n= 1708 %	n= 620 %		
Usual level of pain or discomfort					<0.0001
Usually free of pain/discomfort	21	52	80		
Mild	19	24	11		
Moderate	49	21	8		
Severe	11	2	0.2		
Chronic conditions (check all that apply) ^b					
Cancer	4	1	2		0.003
Heart attack ^c	2	0.3	2		0.001
High blood pressure ^c	11	8	12		0.009
High cholesterol ^c	10	7	8		0.323
Pulmonary embolism ^c	0.6	0.3	0.6		0.437
Sleep apnea	12	8	5		0.0002
Stroke ^c	2	0.6	0.4		0.007
Venous thrombosis ^c	1	0.6	1		0.325
Avoiding diagnosis of a health issue to access gender-affirming care ^{c, d}					<0.0001
Yes	38	27	15		
No	62	73	85		
Barriers to gender-affirming care (check all that apply) ^{b, c, d}					
Can't afford treatment	39	35	25		0.009
Can't afford travel to treatment	30	22	12		<0.0001
Denied because of my gender identity or expression	5	2	2		0.123
Denied because of my weight	11	6	3		0.004
Denied because of my mental health	8	5	0.5		0.002
Denied because of my autism	0.9	0.5	0		0.550
Denied because of my disability	7	0.3	0		<0.0001
On a waitlist	37	39	36		0.775
Other barriers	23	24	22		0.769

a P-values <0.05 indicate that differences between the groups are statistically significant.

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

c These variables were missing for >10% of respondents.

d Among respondents in the process of completing or planning to receive gender-affirming medical treatment.

who did not identify as disabled were less likely to report a strong sense of belonging (6%), but were also much more likely to report not being interested in them (43% vs. 10%). Half of participants who identified as disabled reported having to hide or minimize

their disability depending on where they are or who they are with “always” or “most of the time,” compared with 31% of participants who did not identify as disabled.

Table 5: Income/Poverty

	Has disability/chronic pain/illness		Rest of sample	P-value ^a
	Identifies as disabled	Does not identify as disabled		
	n= 533 %	n= 1656 %	n= 597 %	
Has received income from (past year, age ≥ 16) ^b				
Public social assistance or welfare	21	12	4	<0.0001
Public disability support	33	6	2	<0.0001
Neither of these sources	54	82	94	<0.0001
Portion of income received in cash (past 3 months, age ≥ 16) ^c				
				0.044
Most	5	5	5	
About half	2	2	2	
Less than half	20	17	11	
None	73	76	82	
How much has income varied from week to week (past year, age ≥ 16) ^c				
				<0.0001
A great deal	24	18	12	
A lot	7	13	9	
Some	18	19	13	
A little	15	20	28	
Not at all	36	29	37	
Homelessness ^{c, d}				
				0.124
Currently homeless	2	1	0.7	
Not homeless	98	99	99	
Difficulty meeting monthly housing-related costs (age ≥ 16) ^c				
				<0.0001
Very	19	8	5	
Fairly	18	15	10	
A little	27	28	25	
Not at all	24	32	51	
Unsure	3	2	1	
Not applicable	9	15	8	

a P-values <0.05 indicate that differences between the groups are statistically significant.

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

c These variables were missing for >10% of respondents.

d Homelessness was defined as not having a regular address, and staying in other people’s homes, in shelters, or on the street.

Conclusion

Of all Trans PULSE Canada participants, 19% (n = 543) identified as disabled and 59% (n = 1,708) did not identify as disabled but had a disability or chronic pain/illness. Over 1 in 3 (38%) participants had multiple disability identities or diagnoses. A similar trend was seen across most measures of health and well-being: a greater proportion of participants who identified as disabled reported poor health or well-being

outcomes, followed by those with a disability or chronic illness/pain that did not identify as disabled, followed by the rest of the sample. These measures included unmet health care need, self-rated general and mental health, and experiences of violence and harassment, among others. While nearly 1 in 3 participants who identified as disabled felt a strong sense of belonging in disability spaces (31%), over 1 in 4 (28%) had been discriminated against in trans and non-binary communities due to their disability.

Table 6: Community and belonging

	Has disability/chronic pain/illness		P-value ^a
	Identifies as disabled	Does not identify as disabled	
	n= 543 %	n= 1708 %	
Ever been discriminated against in or excluded from trans or non-binary community on the basis of disability			<0.0001
Yes	28	8	
No	72	92	
Sense of belonging in disability spaces			<0.0001
Very strong	6	1	
Somewhat strong	25	5	
Somewhat weak	30	17	
Very weak	18	21	
No access to disability spaces	10	13	
No interest in accessing disability spaces	10	43	
Has to hide or minimize disability			<0.0001
Never	13	33	
Sometimes	37	36	
Most of the time	37	23	
Always	14	8	
^a P-values <0.05 indicate that differences between the groups are statistically significant.			

Although the majority of transgender and non-binary participants with disabilities had some degree of post-secondary education, they still reported lower employment rates and lower income compared with the rest of the sample. The findings of this report are consistent with previous findings of the 2017 Canadian Survey on Disability, which found that disabled people were underemployed and more likely to be living in poverty compared with their non-disabled peers.⁶ Additionally, a recent study found that being gender diverse and being disabled were both independent predictors of having experienced discrimination and workplace harassment while working in Canada’s federal public service.⁷ Taken together, the findings of this report and previous research highlight a need for future, intersectional research investigating employment and em-

ployment discrimination among transgender and non-binary disabled individuals.

Future research is needed to identify factors that improve the health and well-being of disabled trans and non-binary people, so that meaningful support (e.g., in the form of policies or interventions) can be provided. Additionally, it is necessary to consider how other social positions and identities interact with disability to affect health and well-being among transgender and non-binary people. In particular, the relationships between disability, health, and well-being among the aging transgender and non-binary population is a crucial, yet understudied topic.

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