

SO THEY KNOW WE'RE HERE

The 2022 Trans Sask Community Report



Connect with us:

Website: <https://www.transsask.ca/>

Instagram: transsask



We are humbled to bear witness to your stories and experiences. It has been an honour to do this work, and this community report would not exist without you. Thank you for trusting us and believing in what we are doing. Your encouragement moved us forward and helped to turn a dream into reality.

We also dedicate this report to Seanna Goalen, who passed away in July, 2022. Seanna was an extraordinary voice in our community who dedicated her expertise, talents, and personal experiences to many projects and initiatives. Our deepest condolences go out to Seanna's family and friends and we hope to honour her legacy in this work.



How to cite this report:

Fayant-McLeod, T., Bergen, J., Loewen Walker, R., Yacishyn, C., & Bird, N. (2022). 'So they know we're here': The Trans Sask 2022 community report. Trans Sask Support Services.

The Authors



Research Manager, Captain of Chaos

Tiberius Fayant-McLeod (they/them) is a Cree and Métis, ace, two-spirit, and non-binary researcher and facilitator. They consult, support, and volunteer for various community initiatives and research projects in Saskatchewan. In their rare free time, they read comics and queer stories, sing Meatloaf and show tunes at karaoke, study a variety of subjects including astrophysics, music, anthropology, and several languages. And despite their namesake, their favourite Star Trek character is Bones.



Research Specialist,

Snack-motivated Research Analyst

Dr. Jake Bergen (they/them) is a queer, agender-non-binary educator, instructional designer, and public engagement project facilitator. They hold a B.Ed. and an MPA from the University of Regina and a Ph.D. in Education from the University of Ottawa. Jake does research and teaching at the intersections of social studies, anti-racist and anti-oppressive pedagogy, mental health, and 2SLGBTQ+ inclusiveness in post-secondary teaching and learning, with a focus on teacher education. Jake also currently serves on the board and as a research advisory member for Trans Sask, a provincial advocacy organization for Two-Spirit, trans, non-binary, and gender non-conforming people in Saskatchewan. After teaching in the College of Education at the University of Saskatchewan for the past three years, they were recently appointed as an Assistant Professor at the University of Winnipeg



This project was funded by Women and Gender Equality Canada.



Women and Gender
Equality Canada

Femmes et Égalité
des genres Canada



Research ???

Dr. Rachel Loewen Walker (she/her) is a queer settler and an assistant professor in Women's and Gender Studies, Political Studies, and Law at the University of Saskatchewan. Rachel is most passionate about community-led research, queer theory, and theories of time, bringing this creative combination together in her work with the Social Innovation Lab on Gender Sexuality. Rachel is the former executive director of OUTSaskatoon (2013-2020), where she fostered a commitment to supporting 2SLGBTQ+ communities and their work, a commitment that continues to guide much of her praxis, whether work or play. Rachel loves movies and shows about time travel and is deeply invested in amplifying prairie voices, stories, and activists.



Project Manager, Executive Warrior

Claire is a trans woman based in Treaty 6 territory in Saskatoon. Claire has a BFA from the University of Regina and brings nearly a decade of experience working in the province's non-profit sector. As executive director of Trans Sask, she is passionate about building a better society for all 2STNBGN people and communities in the province. When she isn't working, Claire can most likely be found watching cooking, urban design, or retro gaming videos on YouTube; or being roped into yet another D&D campaign.



Additional Acknowledgements:

We would also like to thank Dr. Claire Carter, Dr. Megan Clark, Estefan Cortes-Vargas, and Dr. Fritz Pino for their advice, support, expertise, and cheerleading throughout this project.



Graphic Designer, Hyper-focused King

Naomi Bird (they/them) is a Two-Spirit person currently living in Saskatoon/Treaty 6 territory. Naomi holds a B.A. in Sustainability and Urban Planning from Dalhousie University, and they are currently working on a Masters in Land-Based Indigenous Education at the University of Saskatchewan. Naomi is an educational consultant for the Wabanaki Two-Spirit Alliance and currently sits on the 2SIMS National Two-Spirit Youth Council. Their research interests include 2SQ health, 2SQ identity, and trauma informed pedagogy. In their spare time, Naomi likes to bead, walking along the river, and can usually be found at the local climbing gym.



The original Trans Sask logo was made by Jacq Brassuer and was used 2018 - 2022.



Additional Acknowledgements:

We would also like to thank Dr. Claire Carter, Dr. Megan Clark, Estefan Cortes-Vargas, and Dr. Fritz Pino for their advice, support, expertise, and cheerleading throughout this project.

Table of Contents

Introduction

- 2 Why we need data about 2STNBGN people in Saskatchewan
- 3 About Trans Sask
- 4 Positive Stories

Research Project Methods

- 5 Overview & Data Sources
- 6 Data Analysis & Lessons Learned
- 7 How to Read this Report

Key Findings

- 8 Key Findings

Demographics

- 11 Demographic Charts
- 15 Ethno-Racial Background
- 16 Age, Indigenous People, Location & Citizenship
- 17 Disability
- 18 Education & Sexuality
- 19 Relationship Status & Gender
- 21 Income

Table of Contents

2STNBGN Community Voices

22 Diversity & Fluidity

6 Gender

Key Finding #1 and #2

27 Pronouns

29 Intersex Community

Key Finding #3

31 Sexuality

33 Relationships

34 Gender Euphoria & Agency

36 Best Part of Being Trans

Indigenous Community

38 Home

39 Health

Key Finding #4

Social Determinants of Health

Table of Contents

41	Location	Key Finding #5
42	Disability	
43	Neurodivergence	
44	Inclusion	
46	Identification & Documentation	Key Finding #6
48	Supports	Key Finding #7
49	Self-Care	
50	Visibility & Representation	Key Finding #8
52	Employment	Key Finding #9
53	Housing	
55	Incarceration & Age and Getting Older	
56	Health	Key Finding #10
58	Transition Related Care	
60	Waitlists and Sexual Health	
61	Mental Health and Anxiety, Depression, PTSD, & BPD	Key Finding #11
62	Body Image	

Table of Contents

Social Determinants of Health

- 63 Self-Harm & Suicide
- 65 Gender-Based Violence and Intimate Partner Violence
- 66 Alcohol & Substance Use
- 67 Spirituality

Recommendations

- 69 2STNBGN community members & research participants/co-investigators
- 70 Health care providers, institutions, & training or educational programs
- 71 Mental health care providers
- 72 2SLGBTQ+ Organizations and Funders
- 73 Researchers & government officials and businesses
- 74 Educational institutions, teachers, & staff
- 75 Families with 2STNBGN members/kids
- 76 Everyone

References

- 77 References

Introduction

“So they know that we’re here”: The **Trans Sask Community Report** is the **result of a year-long community engagement and research process**, through which our community entrusted us with telling the stories of Two-Spirit, trans, non-binary, and gender non-conforming (2STNBGN) people in Saskatchewan.

While in academic and policy terms this research fills a ‘data gap’ concerning the documented experiences of our community in a variety of sectors, we know that these stories and experiences have always existed. We wanted to generate data about 2STNBGN people ‘from within’ (as data like this is often extracted from us by those outside of our community), and we wanted to share these experiences with breadth and intentionality. The report that follows is in service to these goals.

What is data?

Data means collected information; information that is looked at, pored over, and studied.



Community Speaks

“The best part about being trans is no longer being restrained by society’s expectations on your life. If you do not fit into a box, you do not have to follow the rules, and this is incredibly liberating.

I wish cisgender people got the same liberation, because deconstructing what makes gender in our colonial society made me understand myself not just gender-wise, but also what I truly value and believe deep down.

Since realizing I am trans, I have held a high level of confidence in who I am, and no longer feel as lost and alone in myself. It is freeing, truly. Also, trans people are hot as fuck, and I am no exception.”

Why we need data on 2STNBGN people in Saskatchewan

Issues facing trans people in Saskatchewan are dynamic and ever-changing. From definitions and policies to organizing and visibility, we are in the midst of an enormous cultural shift in relation to social and political engagement with gender diversity. This shift renders certain assumptions and statistics obsolete or outdated (see the 'Location' section for an example that disproves the assumption that 2SLGBTQ+ people seek to leave the province), while bringing other key issues into much greater focus (see Key Findings).

Saskatchewan 2STNBGN people exist on the periphery for many researchers, organizations, and policy-makers, whether through exclusion from Canadian-wide research due to low participation, or as add-ons to organizational LGBTQ-programming and policy efforts. These cultural shifts and the lack of dedicated attention within research, policy, and support systems, necessitated this study.

While there have been major advances in 2SLGBTQ+ inclusion within Canadian society over the past several decades, significant social and health inequalities remain. Among the 2STNBGN communities across the country, individuals consistently self-report "fair to poor" mental health at higher rates than the general public (StatsCan, 2018).

In Saskatchewan, LGBTQ people must face healthcare providers that lack knowledge about mental health or healthcare services specific to the trans community, and are excluded in communications (language, forms, etc.; Schwab et al., 2022). **The need for community-led policy-making, such as through projects like the TRANS project (discussed below) are direly needed to address these inequalities** (Levac et al., 2022).

In addition, when it comes to available research, often data is only focused on the 'negative' experiences of our communities and fails to highlight strengths and successes. Research is also often dominated by cisgender (and heterosexual) researchers, rather than led by the 2STNBGN community.

As a result, our goal was to explore the strengths alongside the barriers, lead with the words of 2STNBGN people, and share stories and information about how our community is supporting one another. We also focus specifically on the stories and concerns of Two-Spirit, Trans, and Queer Indigenous people (2SQTIP) and work to fill the 'data gap' by compiling demographic information about who we are, where we are, and what we need to thrive.

About Trans Sask

For more than a decade, Trans Sask has worked to ensure that Two-Spirit, trans, non-binary, and gender non-conforming people (2STNBGN) in Saskatchewan are affirmed, empowered, and thriving. We are a 'by trans and for trans' organization—all of our staff and board members are part of the 2STNBGN community, and have direct lived experience and expertise that informs the research, advocacy, and programming that we undertake.

Founded in 2011 and incorporated in 2012, Trans Sask has a history of facilitating significant social change in Saskatchewan through 2STNBGN-led work with academic, community, and non-profit organizations.



Trans Van at Regina Pride
Credit: Miki Mappin

Notable initiatives have included the **'Time for Rights' (#time4rights) campaign in 2014**, which resulted in the addition of gender identity as protected grounds within the Saskatchewan Human Rights Code. Another initiative included successfully advocating for provincial health coverage of gender affirming surgeries in 2016.

In 2019, the Saskatchewan Trans Health Coalition, of which Trans Sask is a founding member, released a self-published medical transition guide to address gaps in access and information about gender-related health care in the province.

A year later, the TRANS project, a partnership between the Saskatchewan Trans Health Coalition and the University of Saskatchewan, piloted health navigators in the province. These navigators facilitate access to healthcare services through providing information about gender-affirming care, referrals, name-changes, and culturally-relevant support, in addition to organizing other community initiatives like support groups, legal ID change clinics, and education for health care providers (Short, 2021).

Introduction

Positive Stories

This report shares affirming and positive experiences, which are typically left out of mainstream narratives about 2SQTIP, trans, non-binary, and gender non-conforming people. Often, metrocentric (big city-focused) conceptions of gender and sexually diverse communities promote a stereotype that radical queerness and identity-affirming experiences only happen in large cities. Our project confirms that this is untrue, and that our participants find joy in the intentionality of growing-in-place and community-building in smaller areas.

Our human rights, health care, and social supports should not be areas of debate. However, the nature of our current social, political, and economic systems often requires 2STNGBN people to prove that we should be afforded the same rights and services as cis people (Rowe, 2014). In order to strengthen our advocacy efforts, our community needs current and relevant data that supports our demands for increased access to services, helps to change discriminatory laws, policies, and practices, and maps the areas that are affirming and which support our well-being. This research builds on the preliminary findings of TransPulse Canada (2020) by offering a more comprehensive look at 2STNGBN people in Saskatchewan. It also amplifies the experiences, stories, and resilience of our community.

Saskatchewan amends human rights code to explicitly protect gender identity

The Canadian Press

Published Tuesday, December 9, 2014 12:43PM CST



File photo (AP / Niranjan Shrestha)



Overview

Our study was designed with participant comfort and safety in mind. Our Research Manager, Tiberius Fayant-McLeod, is a Cree and Métis person, and their relationship with their family and community was essential to the research design through on-going and informal council with these groups. **Our methods drew from Indigenous research methodologies,** which favour long-term, sustainable relationships, community timeframes, and participants as co-creators of knowledge (rather than as 'subjects' of research).

We collected data through an online survey, interviews, and sharing circles. This project was also approved by the University of Saskatchewan Research Ethics Board.

Data Sources

Survey

Our survey was designed to be similar to other Canadian trans and gender diverse surveys, to enable comparisons across contexts. **It contained 250 questions, which were all optional and completed anonymously.**

Participation criteria included: 18 years of age and above, identify with a gender that differs from the one assigned at birth, and strong ties to the area known as Saskatchewan. Survey participants were offered a \$25 honorarium.

We received 381 responses to the survey, and after verifying them, **we analyzed 305 responses.**

Interviews & Sharing Circles

We invited everyone who filled out the survey to participate in an interview. Over 70 participants expressed interest; **we conducted 11 individual interviews and 4 sharing circles.**

Both the interviews and sharing circles relied on reciprocal storytelling and conversational interviewing methodologies. Questions were open-ended, and participants were asked to self-select their topics before the interviews. Sharing circle participants were asked to speak broadly about their experiences and their relationship to and/or understandings around gender. All interview and sharing circle participants were offered a \$75 honorarium.

Data Analysis

The research team analyzed the data in an iterative and relational way throughout the project. We worked to preserve the confidentiality of our participants and strove for consensus in our understandings of the data.



We identified five prevalent themes, which included: Employment, mental health, geography, community, and gender, and six additional areas of importance to our community, including **trans joy and gender affirming experiences, sexuality, experiences in the medical system, community, visibility, and neurodiversity.**

We made choices as a research team about how to represent the data. **We foregrounded data that might typically be considered 'outliers' in other studies.** There were also instances where our community rejected the premise of some questions, or participants used humour in their answers. We do not think these responses were any less 'real' than other data, even though they differed from what 'data' is usually imagined to be. In addition, wherever possible, we tried to preserve plurality and diversity in participants' answers.

Methods

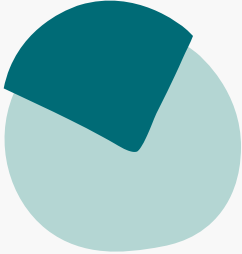
Lessons Learned

In 2021, there was no reliable way to estimate the size of the 2STNBGN population in Saskatchewan, therefore **non-probability snowball sampling was used.** As such, there is an associated higher risk of bias. Simply, this means that the results from our cannot be said to represent the broader population of 2STNBGN people in Saskatchewan. Though **we caution against making sweeping generalizations from our data,** we recognize the power and novelty of our study, offering unparalleled information about 2STNBGN people in the province.



Even with our impressive participation rate, there are still a number of voices that are missing from this study. In particular, the online format meant that anyone who did not have a smart device or a computer with a reliable Internet connection was unable to participate. This barrier disproportionately affects those experiencing poverty, homelessness, unemployment, and those living in rural areas without Internet or data services.

How to Read this Report



In each section, we use visuals, tables, quotes from our participants, and text to describe our findings. There are additional tables in the Appendix. Wherever possible, we try to compare data to other research and/or Saskatchewan-based data.

Due to the ability of participants to choose multiple answers for some of the questions, some charts and tables add up to more than 100%. For readability, we have rounded most percentages to the nearest number. Because of this, some sections may add up to just below or just above 100%.

100±

%

We alternated between using the number of respondents and percentages to represent qualitative data. The 'n' in (n=89) means the 'number of people' who responded was 89, and (n=10/282) means 10 out of 282 people indicated a certain response. Not all survey sections or questions had the same number of respondents. Saying '100% of people' could be misleading if there were only three responses, so in many cases, we included both the number and percentage.

We use '2STNBGN' throughout this report to represent our community, which includes **Two Spirit, trans, non-binary, and gender non-conforming people**. We acknowledge that there are many people in our community who do not use these labels, or any labels at all. We welcomed and encouraged participants to describe how they self-determine their own identities and associated labels.

Unapologetically
MYSELF!

Our key findings were identified by the full research group over several meetings. Our criteria included:



If the data addressed a significant gap in academic literature or documented 2STNBGN community knowledge



The severity of the impacts on our community / inflexibility of systems or structures



Amplifying historically excluded voices and experiences

1

2STNBGN people embrace gender fluidity

More than 1 in 3 (39%) participants used non-binary and/or gender fluid terms to describe their gender (out of 82 distinct terms), and more than 1 in 4 (27%) people used more than one 'set' of pronouns. Participants used terms like genderfluid, genderqueer, gender non-conforming, and non-binary to describe their gender, and many participants used a combination of pronouns (alternating between they/them and she/her, for example).

2

There is a long delay between participants knowing their true gender and coming out

The average age of participants understanding their gender (as different than what they were assigned at birth) was 14.5 years old, however, close to half of participants (47%) came out much later - between the ages of 20 to 30. In addition, only 63% of all respondents live day-to-day as their true gender. This knowing/showing delay is often the time during which 2STNBGN people are most invisible, isolated, and most in need of support. It also speaks to the social and political climate that limits 2STNBGN people from living and expressing themselves openly.



Key Findings

3

Intersex people may represent a higher percentage of people than previously reported

Of our respondents, 14.7% had sex characteristics that did not fit typical definitions of male or female, and 2.9% had been diagnosed with a medically-recognized intersex condition. Although we cannot draw conclusions about the general population with our limited dataset, this number is closer to what intersex activists and intersex communities have been saying for years.

4

Indigenous participants reported more unmet needs than non-Indigenous participants

These needs included access to mental health care services, general health care, transition-related healthcare, eating disorder services, employment, and access to gender affirming cultural spaces and ceremonies.

5

2STNBGN people are choosing to live in SK

Contrary to popular belief that queer and trans people want to leave Saskatchewan for other locations (such as larger cities where the 2STNBGN community is assumed to be bigger), many participants described their choice to stay in the province as an intentional way to build community, advocate for support, & cultivate belonging.

6

Barriers prevent 2STNBGN people from changing their legal name and ID to match their gender

Almost half (48%) of respondents who wanted to change their legal name had not done so, and although some had changed the gender marker on their driver's license, many people said that they would also like to have the X marker on their other IDs. 36% of people indicated they would like to change the gender marker on their passport, but of our respondents, none had done so.

7

Queer, Two-Spirit, trans, and non-binary service organizations save lives

Our respondents' ability to be 'out' was related to how comfortable they felt in certain environments. Many reported using community resources like social groups or online information to get the support and help they needed. Three out of four (77%) of respondents said they felt welcome in LGBTQIA+ spaces and many described the services of local 2SLGBTQIA+ organizations and centres as life-saving.



8

Visible 2STNBGN people help others to understand themselves and to find roles within their communities



Participants shared that seeing other 2STNBGN people thriving helped their own processes of coming out, understanding their gender(s), and feeling seen. Having 2STNBGN role models allows us to see the rich variety of experiences in our community and to imagine possibilities for our own lives.

9

2STNBGN-inclusive hiring practices and employment equity policies could be highly beneficial for all types of employers



Almost 50% of participants indicated that they avoided applying for a job because of their gender. Gender-inclusive work policies and practices could boost 2STNBGN employment rates and create more diverse & dynamic workplace environments.

10

The healthcare system, while making small improvements over time, struggles to provide adequate care to the majority of Saskatchewan 2STNBGN people

Our participants described how various levels of healthcare continue to exclude and limit access to gender-affirming care with unfair and outdated medical standards, extensive waitlists, prohibitive costs, lists of 'approved' doctors, providers' unwillingness to collaborate with patients, hostile medical environments, and policies and procedures that aren't transparent or accessible.

11

2STNBGN people can and do have positive health outcomes

In our focus on strengths-based narratives and experiences, we found that factors contributing to mental health and well-being included timely access to gender-affirming health care, inclusive and affirming policies and practices in schools and workplaces, funding of community-centered initiatives, positive representation, and access to mental health care.



Ethno-Racial Background	Number of Responses	Percentage of Sample
Black African (e.g. Ghana, Kenya, Somalia)	1	0.27%
Black Canadian or African American	3	0.81%
Black Caribbean (e.g. Jamaica, Haiti)	1	0.27%
East Asian (e.g. China, Japan, Korea, Taiwan)	6	1.61%
Indigenous (e.g. First Nations, Metis, Inuit, Native American)	70	18.82%
Indo-Caribbean (e.g. Guyanese with origins in India)	0	0.00%
Jewish	2	0.54%
Latin American (e.g. Argentina, Mexico, Nicaragua)	3	0.81%
Pacific Islander (e.g. Hawaii, Samoa, Tahiti, Tongva)	0	0.00%
West Asia or North African (e.g. Sudan, Iran, Israel, Egypt, Turkey)	1	0.27%
South Asian (e.g. India, Sri Lanka, Pakistan)	1	0.27%
South East Asian (e.g. Vietnam, Malaysia, Philippines)	4	1.08%
White Canadian or White American	207	55.65%
White European (e.g. England, Greece, Sweden, Russia)	64	17.20%
Mixed Race	63	16.94%
Prefer not to answer	1	0.27%
Other	8	2.15%

fig. 1

Age (n=293)	Number of Responses	Percentage of Sample
18-24	89	30.38%
25-34	129	44.03%
35-44	51	17.41%
45-54	11	3.75%
55-64	7	2.39%
65-74	4	1.37%
75+	1	0.34%
Prefer not to answer	1	0.34%

fig. 2



Population of Current Location of Residence (n=287)	Number of Responses	Percentage of Sample
I live on a farm or homestead outside towns/cities	5	1.74%
Under 1000	16	5.57%
Under 5000	8	2.79%
5000 - 10,000	7	2.44%
10,000 - 20,000	16	5.57%
20,000 - 50,000	31	10.80%
50,000 - 100,000	6	2.09%
100,000 - 250,000	79	27.53%
Over 250,000	119	41.46%

fig. 3

Education Level	Number of Responses	Percentage of Sample
Some high school, no diploma or GED	8	7.84%
GED	2	1.96%
High school graduate	14	13.73%
Some CEGEP, no diploma	0	0.00%
CEGEP graduate	0	0.00%
Some college or trade school, no degree	14	13.73%
College or trade school degree	9	8.82%
Some university, no degree	18	17.65%
Bachelor's degree	17	16.67%
Some graduate work, no degree	6	5.88%
Master's degree (e.g. MA, MS, MBA)	7	6.86%
Some doctoral or professional work, no degree	0	0.00%
Doctoral or professional degree (e.g. PhD, MD, JD)	3	2.94%
Prefer not to answer	4	3.92%

fig. 4



Sexual Orientation (n=103)	Number of Responses	Percentage of Sample
Asexual	25	13.44%
Bisexual	35	18.82%
Gay	8	4.30%
Lesbian	11	5.91%
Pansexual	27	14.52%
Queer	45	24.19%
Straight or Heterosexual	1	0.54%
Two-Spirit	17	9.14%
Not sure/ Questioning	9	4.84%
Prefer not to answer	2	1.08%
Other	6	3.23%

fig. 5

Relationship Status (n=238)	Number of Responses	Percentage of Sample
Single	90	37.82%
Married	32	13.45%
Dating	18	7.56%
Common Law	16	6.72%
In a relationship	39	16.39%
Poly	24	10.08%
Engaged	15	6.30%
Queer Platonic Partnership (QPP)	2	0.84%
Complicated	1	0.42%
Friends with benefits	1	0.42%

fig. 6

Gender Presentation (n=213)	Number of Responses	Percentage of Sample
Constellation A	41	19.43%
Constellation B	41	19.43%
Constellation C	41	19.43%
Constellation D	29	13.74%
Constellation E	21	9.95%
Constellation F	14	6.64%
Constellation G	11	5.21%
Constellation H	13	6.16%

fig. 7



Sector of Employment (n=205)	Number of Responses	Percentage of Sample
Agriculture, forestry, fishing, and hunting	3	1.46%
Construction	10	4.88%
Manufacturing	3	1.46%
Retail trade	28	13.66%
Transportation and warehousing	4	1.95%
Information, cultural, and recreation	27	13.17%
Finance and insurance	7	3.41%
Real estate, rental, and leasing	2	0.98%
Professional, scientific, and technical services	17	8.29%
Administrative and support, waste management, and remediation services	7	3.41%
Educational services	20	9.76%
Health care and social assistance	34	16.59%
Accommodation and food services	11	5.37%
Other services	23	11.22%
Public administration	9	4.39%

fig. 8

Annual Household Income (n=233)	Number of Responses	Percentage of Sample
Less than \$10,000	15	6.44%
\$10,000 to less than \$15,000	17	7.30%
\$15,000 to less than \$20,000	11	4.72%
20,000 to less than \$30,000	28	12.02%
\$30,000 to less than \$40,000	23	9.87%
\$40,000 to less than \$50,000	14	6.01%
\$50,000 to less than \$60,000	11	4.72%
\$60,000 to less than \$80,000	26	11.16%
\$80,000 to less than \$100,000	22	9.44%
\$100,000 to less than \$150,000	20	8.58%
\$150,000 or more	11	4.72%
Unsure	29	12.45%
Prefer not to answer	6	2.58%

fig. 9



Ethno-racial background

Participants chose from the following options for ethno-racial background:

- Black African
- Black Canadian or African-American
- Black Caribbean
- East Asian
- Indigenous
- Indo-Caribbean
- Jewish
- Latin American
- Pacific Islander
- West Asian or North African
- South Asian
- South East Asian
- White Canadian or White American
- White European



The majority of people identified as White (n=271) broken down further by White Canadian or American (n=208) and White European (n. 66).

Seventy people identified as Indigenous (First Nations, Metis, Inuit, and Native American) and a later question invited respondents to specify Indigenous identity further, finding that 42 people identify as First Nations, 42 as Metis, and six identify as Indigenous from another country, outside of Canada.

Our smallest ethno-racial groups include six respondents who identify as East Asian (e.g. China, Japan, Korea, Taiwan), five who identify as Black (inclusive of Black African, Black Canadian or African-American, and Black Caribbean), three who were Latin American, and four who were South East Asian.

Sixty-three respondents indicated being of mixed-race, eight indicated 'other' and the remaining respondents were Jewish (2), West Asian or North African (1), and South Asian (1).

Age

Thirty percent (n=89) of our participants were between the ages of 18 and 24 years old, 44% (n=129) were 25 to 34, 21% (n=62) were between the ages of 35 and 54, and only 4% (n=12) of our respondents were over the age of 55.



Indigenous People

Seventy (n=70) survey participants (19% of the total respondents) were Indigenous, and of these, 42 people identified as First Nations, 42 as Metis, and 6 as Indigenous from a country outside of Canada. Most Indigenous respondents were between the ages of 18 and 34 (n=61), similar to overall survey respondents.

None of the respondents who entered the section on Indigenous community (n=36) indicated living on a reserve. In the section asking participants about the population size of their communities, Indigenous respondents lived mostly in communities with populations larger than 100,000 (n=43/69).

Location & Citizenship

Given the concern that anonymity may be compromised by asking people from smaller and rural locations to identify themselves, we asked about the population size of participants' communities rather than whether they lived in specific towns or cities. Approximately two thirds of our respondents (n=198/287, 69%) live in communities with populations over 100,000 people, which includes both of the major cities (Saskatoon and Regina). Of the remaining participants, 13% (n=37/287) live in communities with 20,000 to 100,000 people, 8% (n=23/287) live in communities with 5,000-20,000 people, 8% (24/287) live in communities with under 5,000 people, and close to 2% live on farms (n=5/287).

Since survey participants could complete the survey if they had close ties to Saskatchewan without necessarily living in the province, some of these numbers may represent communities outside of Saskatchewan. Needless to say, only a handful of participants lived outside of urban environments.

In terms of nationality, 94 respondents indicated that they were born in Canada, while 8 indicated that they were born outside of Canada. Six of these respondents identified having citizenship from other countries, including Spain, the Netherlands, France, Sweden, Colombia, and the Philippines. Of those who were born in Canada, 71 were born in Saskatchewan, while 25 were born in other provinces including Alberta (n=8), Ontario (n=6), Newfoundland and Labrador (n=5), British Columbia (n=3), and Manitoba (n=3).

Disability

In an effort to explore a holistic perspective and complicate the binary of mental and physical disability, we invited participants to choose from a large selection of lived experiences that ranged from autism to chronic pain to being a psychiatric survivor. Ninety participants chose to answer questions related to disability and of those, 58 were neurodivergent, 30 indicated lived experience within the category 'psychiatric survivor, mad, or person with mental illness', 23 people were disabled or living with a disability (including episodic disability), and 22 had chronic pain.

When asked about whether they had been diagnosed with particular conditions, 61/90 people said they had been diagnosed with a mental health condition and 28 people indicated having a learning disability diagnosis.

Have you been diagnosed with any of the following?

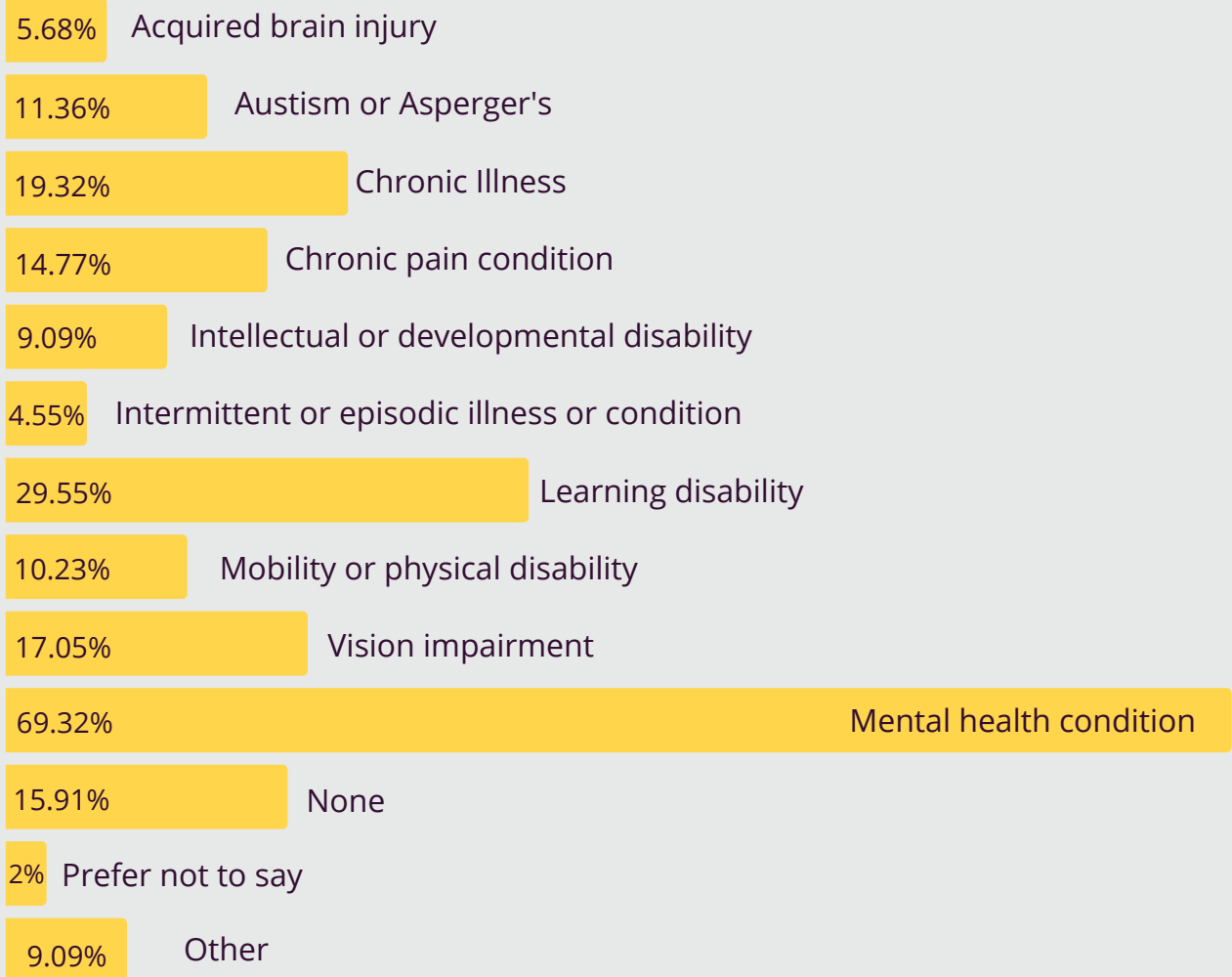


fig.10

Education

Amongst TransPulse survey respondents, 67% of 2873 people indicated that they had either a college/university degree or a graduate/professional degree. These figures are even higher than StatsCanada's 2016 findings for the general population, which indicates that 54% of all Canadians between the ages of 25 and 64 had either college or university qualifications (StatsCan, 2017).



Our survey found lower numbers, identifying that of 102 respondents to the section on education, just over 35% indicated having graduated from college or trade school (9), obtaining a university undergraduate degree (17), or holding an additional postsecondary degree, i.e. a Master's, JD, PhD, MD (10). Thirty-two people said they had some postsecondary education (14 college/trades and 18 university) without having completed a degree and 16 respondents noted that their highest level of education was a High School Diploma or GED. Eight people said they had some high school education, but no diploma or GED.

Sexuality

Participants were provided with a list of options related to sexual orientation and could select as many as they wished, as well as indicate options that were not listed. As a result, the reported numbers may total over 100%.



Similarly to gender, participants identified sexualities that are non-binary (i.e. queer, bisexual, pansexual), with most identifying as queer (44% n=45), bisexual (34% n=35), and pansexual (26% n=27). A relatively high amount of people identified as asexual (24% n=25) and 17% (n=17) identified as Two Spirit, an Indigenous-specific term that can indicate both gender and sexual diversity. We saw the lowest figures in relation to the more well-known sexual orientations, with 11 participants identifying as lesbian, 8 identifying as gay, and just one person identifying as heterosexual/straight.

Our findings align very closely with TransPulse's (2020) survey findings. The only category that differs by more or less than five responses is Two Spirit.

Relationship Status

When asked about relationship status, 90 participants out of 240 said that they were single, while 32 were married, and 16 were common-law. When asked to self-identify relationship status, respondents also defined a much wider span of relationship statuses and experiences than the legally defined options, including categories such as 'dating,' 'poly,' 'engaged,' 'in a relationship,' and 'queer platonic partnership (QPP).' Some of these descriptors move beyond normative, monogamous definitions of relationships - 10% (n=24) of people indicated they were currently in poly/non-monogamous relationships.

Relationship status numbers

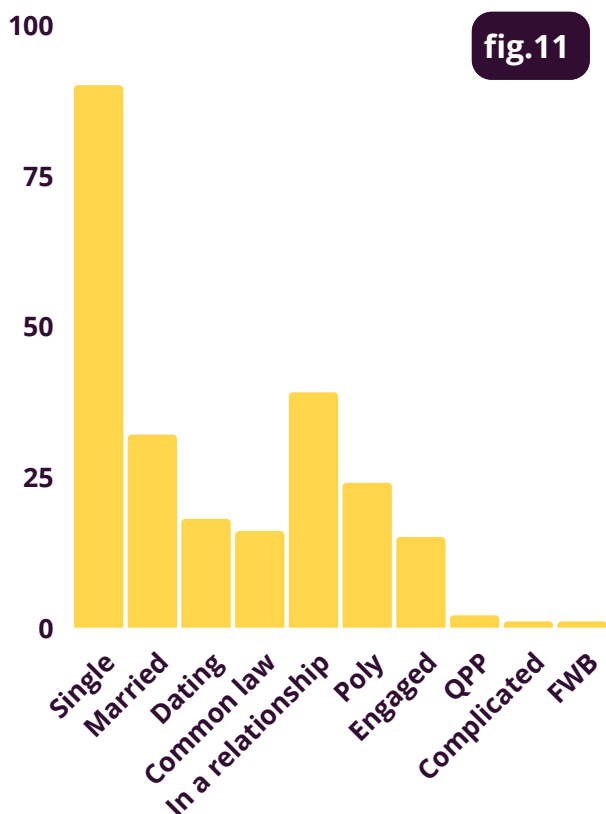
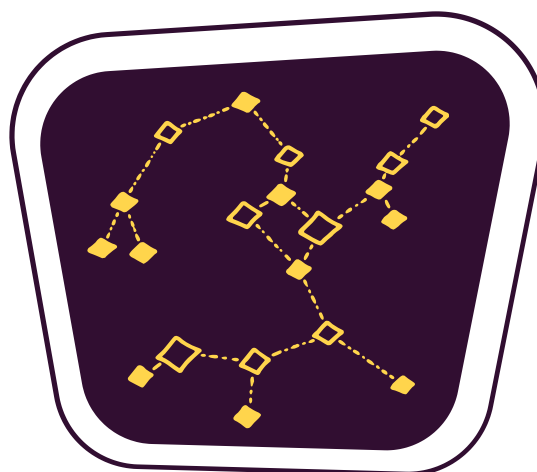


fig.11

Gender

In our effort to preserve plurality in the data, we counted every distinct gender once (n=211), but collapsed similar terms (such as nonbinary and non-binary) into 87 unique terms. Through a collaborative, round-table method, we classified these remaining 87 gender terms into eight **constellations** (see the Gender section for a detailed discussion). We recognize the tension between creating categories at all (which collapse distinct genders), and wanting to report back to our community about representations that might include them.



The single most-used gender term was nonbinary, with 33 instances. The top three gender constellations were Constellation C (groupings of nonbinary terms, n=41), Constellation D (fluid and gender nonconforming terms, n=41) and Constellation B (femme-ish terms, n=41). Constellation G includes all of highly individualized terms.

Gender constellation terms are shown on the next pag

Gender (n=213)	#	%
Constellation A: MTF, transfemme, femme, she/her, demigirl, women, girlflux, girl, female, futch, lady ass, female presenting, transgender female, concept femme adjacent-ish, trans woman	41	19.43%
Constellation B: fluid, Fae, fluidly presenting, genderfluid, male presenting but fluid internally, genderqueer, queer, queer he/they, androgynous, gender variant, gradient of man, woman, non-binary, none, and multiple, always changing, fluctuating between nongender and femme, pronoun non-conforming, don't belong to one isolated gender, gender nonconforming	41	19.43%
Constellation C: enby, nbi, non-binary girl, nonbinary man, nonbinary transgender, nonbinary agender, nonbinary	41	19.43%
Constellation D: femme bi dude, male, FTM, somewhat masculine, man, boy, masculine, masc, masc presenting, transmasc, transmasculine, androgynous trans man, demi-boy, transgender male, trans male, trans man, trans guy, trans dude, guy, sort-of a guy	29	13.74%
Constellation E: trans, transgender, trans identifying, trans person, transgendered person, transsexual	21	9.95%
Constellation F: Two Spirit, Two Spirit nonbinary, tastawiniyw/inihkwē, Indigiqueer, winan, two-hearted, heart centred being	14	6.64%
Constellation G: none of your business, very cool, orbish, xenogender, mavrique, normal, unknown, no thank you, cryptid, DVD screensaver, other, I'm not sure, gender anarchist	13	6.16%
Constellation H: agender, gendervoid, gender neutral, non-existent	11	5.21%

fig.12

Income

Personal income ranges were widespread, ranging from no income (n=28/233) to more than \$150,000 (n=3/233) per year. We asked people about their personal and household income and found that figures differed between the two. Individual respondents reported an average (median) income between \$20,000 and \$30,000, which is well under the reported median, individual income of the general Saskatchewan population of \$40,500 (StatsCan, 2022). At least 88 participants indicated living below the poverty threshold, which is calculated at \$22,416 in Saskatchewan.

When asked about total household income, the average (median) increased to between \$50,000 and \$60,000, which is still significantly below the median income for Saskatchewan households of \$91,060 (Jeudy, 2021). Of these, at least 137 households, or 59% of respondents, fell below the Saskatchewan household poverty threshold of \$44,833.

Annual Household Income (n=233)	# of Responses	% of Sample	% of Sk
Less than \$10,000	15	6.44%	6%
\$10,000 to less than \$15,000	17	7.30%	Combined below
\$15,000 to less than \$20,000	11	4.72%	8%
20,000 to less than \$30,000	28	12.02%	11%
\$30,000 to less than \$40,000	23	9.87%	9%
\$40,000 to less than \$50,000	14	6.01%	8.5%
\$50,000 to less than \$60,000	11	4.72%	7%
\$60,000 to less than \$80,000	26	11.16%	10%
\$80,000 to less than \$100,000	22	9.44%	6%
\$100,000 to less than \$150,000	20	8.58%	13%
\$150,000 or more	11	4.72%	2%
Unsure	29	12.45%	N/A
Prefer not to answer	6	2.58%	N/A



fig.13

Diversity & Fluidity

In our interviews, **many participants alluded to an aversion to labels, or talked about parts of their identities (not just gender, in many cases) as existing on a spectrum.** For example, one participant stated that, "I think, in general, the way I perceive myself and experience attraction is not very strong. I think I may be somewhere on the aro-ace spectrum, in that sexual attraction has been very, very conditional for me. Yet, at the same time, is simultaneously difficult to define. My idea of gender identity feels very contextual as well, and seems to resist a strict sense of definition, too."

Another participant described the way that fluidity in one area can lead to understanding other areas as being fluid: "If you see people questioning stuff, it lets you have permission to question stuff, just like you know, when you start meeting more polyamorous people and you start questioning the assumption of monogamy, the mono-normativity in our society. It doesn't mean that monogamy is wrong or that being cisgender is wrong. It just means you should maybe poke at that and see it like why and is that okay?" - Jack(ie). Similar to other answers, this participant also talks about the process of questioning or re-evaluating their identity, and **many participants regarded this questioning process as ongoing, and not as simply moving between defined fixed identities.**

"When I first came out, I just identified as transmasculine. And I was 100% dead set on people perceiving me as a male and treating me as a male, and then the more that I've become comfortable with myself, I've come to accept both sides of my identity and that there is the masculine energy and the feminine energy and both of them is what creates me as my being.

So I think it's grown and it's changed over time. That's kind of how I view it. I have both masculine and feminine in me, and it's interchanging, some days I feel more feminine and I paint my nails and then other days, I am like, no, I just feel like a dude's dude today."

In such a fluid landscape, any attempt to categorize or define certain aspects of our 2STNBGN community is a disservice. **The way we describe ourselves to each other is in constant flux, changing with our growing knowledges, our burgeoning selves, our expanding horizons.** Anything we commit to paper about how we define ourselves is bound to shift over a year, a month, or even tomorrow. As frustrating as that might be for outside researchers and policy-makers, we consider it one of the greatest strengths of our community.

*Be intractable,
ever growing,
push boundaries, and change
the whole world just by being you*

Gender

One of the key logics of settler colonialism in the North America is the notion that there are only two genders: men and women. This binary has had painful and devastating impacts on not only 2STNBGN people, but also broader society, as all genders are pressured to fit into impossible molds. Our respondents echoed these pressures and offered resounding feedback that gender is something that is eminently diverse, self-determined, and should be open to change.

"I am neither a man nor a woman, I exist between the two and float around like that DVD screensaver sometimes hitting the side and presenting a gender."

Key Finding #1**2STNBGN people embrace gender fluidity**

More than 1 in 3 (39%) participants used non-binary and/or gender fluid terms to describe their gender (with 82 distinct terms in total), and more than 1 in 4 (27%) people used more than one 'set' of pronouns.

Rather than providing a list of gender labels or terms, we invited participants to enter their gender in their own words. **Some provided a singular term, while others provided multiple words and expressions. These participants defined their gender in exploratory, experimental, and unfamiliar ways, underscoring the wide landscape of the gender terminology terrain.** Non-binary (n=37), trans/gender (n=19), Two-Spirit (n=11), genderfluid (n=10), and genderqueer (n=9) were the most commonly identified terms. We grouped all terms used into Gender Constellations in order to further demonstrate the fluidity and complexity of gender identity and expression, but to also show the frequency of certain gender terms that were identified at least twice in the survey.

We draw on the work of various community agencies and educators who have started to use the lens of "gender constellations" to better describe the vast landscape of gender identity and expression (Sheetz, 2021; Wexler, 2016;). **Gender constellations also indicate connected entities from one point of observation, as stars within a constellation appear close together when we look up from Earth, but in reality they are very far apart within the vastness of space.** Similarly, femme-aligned, masc-aligned, and non-binary people are often grouped together because of rigid gender binaries and the overemphasis on secondary sex characteristics, even though the variance between these groups may be vast.

Constellations also reference the expansiveness of gender; gender is not fixed, can be redefined with new understandings or discoveries, and will change throughout our lifetimes.

We were not surprised to find that most 2STNBGN people did not identify with fixed definitions of male-ness or female-ness; our community is fluid, changing, and creative. We recognize this gender creativity as a strength and acknowledge the ways in which 2STNBGN people are helping the larger population to move away from rigid understandings of gender and identity.

Our gender constellations may look different from your point of observation.

We invite you to create your own constellations and hope this innovative way of analyzing gender inspires creativity in further research.

agender,
gendervoid, **H**
gender
neutral,
non-existent

C
enby, nbi,
non-binary girl,
nonbinary man,
nonbinary transgender,
nonbinary agender,
non-binary

Two Spirit,
Two-Spirit nonbinary,
tastawiniyw/inihkwē,
Indigiqueer, winan,
two-hearted,
heart centred
F being

fluid,
Fae,
fluidly
presenting,
genderfluid,
male presenting but fluid internally, genderqueer,
queer, queer he/theyandrogynous,
gender variant, gradient of man,
woman, non-binary, none, & multiple,
always changing, fluctuating
between nongender & femme,
pronoun non-conforming,
don't belong to one isolated
gender, gender nonconforming
A

D
femme bi dude, male, FTM,
somewhat masculine,
man, boy, masculine,
masc, masc presenting,
transmasc, transmasculine,
androgynous trans man, demi-boy,
transgender male, trans male, trans man,
trans guy, trans
dude, guy,
sort-of
a guy

trans,
transgender,
trans identifying,
trans person, trans-
gendered person,
transsexual
E

B
MTF, transfemme,
femme, she/her,
demigirl, women,
girlflux, girl, female, futch,
lady ass, female presenting,
transgender female, concept femme
adjacent-ish,
trans
woman

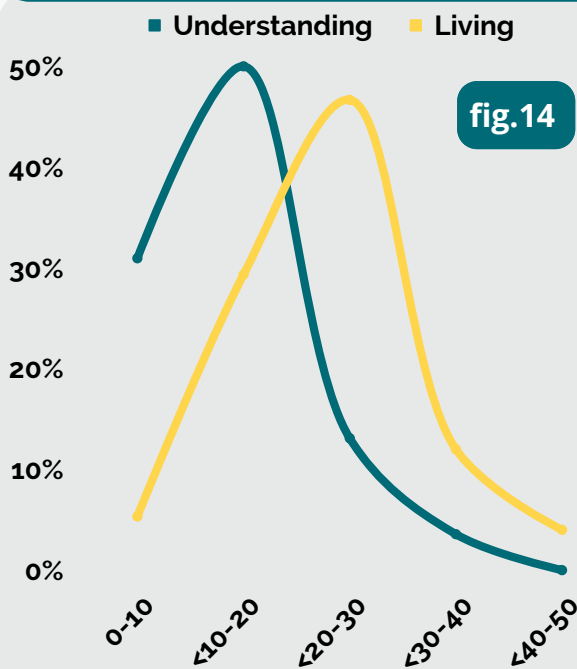
G
none of your business,
very cool, orbish, xenogender,
mavrique, normal, unknown,
no thank you, cryptid,
DVD screensaver,
other, I'm not sure,
gender anarchist

Key Finding #2

There is a long delay between participants knowing their true gender and coming out.

The average age of participants understanding their gender (as different than what they were assigned at birth) was 14.5 years old, however, close to half of participants (47%) came out much later - between the ages of 21 to 30. In addition, only 63% of all respondents live day-to-day as their true gender.

Knowing / Showing



This knowing/showing delay is often the time during which 2STNBGN people are most invisible, isolated, and in need of support. It also speaks to the social and political climate that limits 2STNBGN people from living and expressing themselves openly.

We asked our participants how old they were when they first realized that they were trans, non-binary, or gender diverse (even if they didn't have a word for it at the time). 13% (n=11/86) indicated that they were 4 or 5 years old, with one participant indicating as young as 3 years of age. One participant wrote, "honestly as little as 5, I had an inclination towards the identity I now have ... I fully recognized the difference (as in, was able to say what I'm not) when I was around 16", while another simply wrote, "Early, perhaps in kindergarten or early grade school".

Seventeen percent (n=15/86) indicated they were between 6 and 10, with the largest proportions being 29% (n=25/86) between 11 to 15, and 21% (n=18/86) between 16 to 20 years old. As one participant wrote, "15 is when I first questioned [my gender], but I didn't discover non-binary identities until I was 20 or so." Finally, 8% were 21 to 25 years old, and 8% were 26 or older when they understood their gender.

We also asked participants if they lived day-to-day as their true gender. Over half (63%) said 'yes' while 29% said 'sometimes', and only 6% (n=6) said they did not. For those that lived day-to-day as their true gender, we asked what age they began to do so - 13% (n=10/78) indicated they were 15 years old or younger (with the youngest being 4), 23% (n=18/78) were ages 16-20, 29% (n=23/78) were between the ages of 21-25, 15% (n=12/78) were 26-30, 8% (n=6/78) were 31-35, and 8% (n=6/78) were 36 or older (the oldest being 54).



In addition to the unlimited ways in which people chose to express or not express their genders, there are also many factors that influence when people decide to do so. These include parental expectations, perceptions of social acceptance, the impacts of cisnormativity, fear, violence, wait times for health providers, costs of needed/wanted surgeries or procedures, a lack of knowledge about accessing care or options. As well, **our own developing understandings of how we would like to be perceived can shift and change over time, leading to varying timelines.**

We also asked participants to rank different statements concerning their gender positivity, such as feeling proud of expressing themselves as their gender. **Many participants felt proud that they were able to express their true gender (76% somewhat or completely agreed), and even more indicated that they felt a sense of accomplishment when they were able to express their true gender (83% somewhat or completely agree).**

Tellingly, nearly 89% of respondents somewhat or completely agree that it is validating to be treated as their gender by strangers in public, demonstrating the high impact that positive and respectful interpersonal interaction plays. The positive effects of living, expressing, and being seen as one's true gender are complicated by the fact that people demonstrated lower indicators (neutral, disagree, strongly disagree) when it came to their feelings of comfort in their bodies or feelings of attractiveness. This shows us that there is a very strong relationship between identity and expression as well as that the ability to express one's gender publicly and interpersonally has a positive impact on well-being and self-esteem.

To what extent do you agree with the following statements concerning gender positivity?

- I feel proud being able to express myself as my gender
- I enjoy going out in public doing social activities because I can express myself as my gender
- I feel validated when strangers in public treat me like my gender
- I feel confident trying new and different clothes that express my gender
- I feel attractive
- I feel comfortable in my body

Gender Positivity

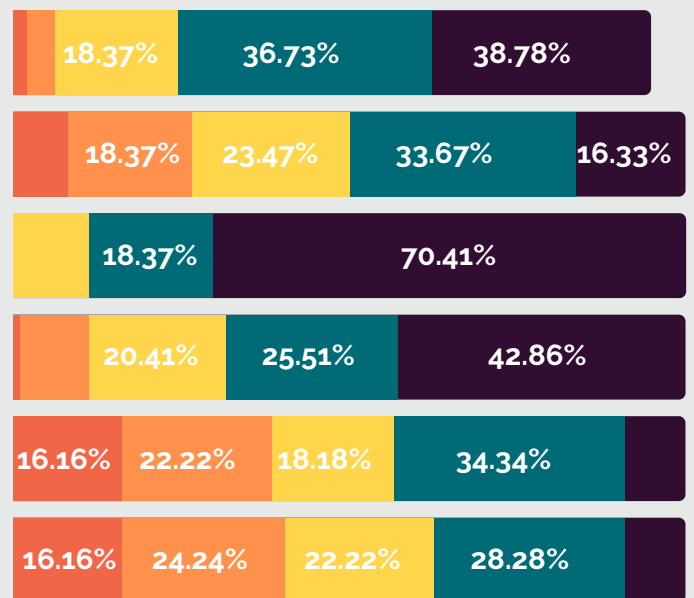


fig. 15

■ Disagree Completely ■ Disagree Somewhat ■ Neutral ■ Agree Somewhat ■ Agree Completely

Pronouns

Pronouns are words used to refer to people without using their names, such as I, you, she, them, himself. In English, some pronouns are heavily tied to specific genders. For 2STNBGN people, being addressed with the wrong pronoun can increase feelings of alienation, dysphoria, depression, and anxiety, making it important to understand and use people's correct pronouns (Parr & Howe, 2022).

MY PRONOUNS ARE:

We asked participants which pronouns they used and **just over one quarter (27%, n=24/89) of respondents indicated using a mix of pronouns, with eight different pronoun combinations identified.** The most common combinations were: 1) she/her and they/them; and 2) he/him and they/them. For those who use mixed pronouns, often they are listed in order of prioritization. For example, they/her may indicate someone prioritizes they/them pronouns over she/her. Following mixed pronoun use, the most common pronouns were: they/them (24% n=21), she/her (19% n=17), and he/him (12% n=11). A few of our participants described being open to any pronouns while prioritizing they/them, while one used any pronouns with no prioritization of one over the other, and another had no pronoun(s).

Sometimes people shift their pronouns depending on their surroundings or levels of comfort and six of our participants said that the pronouns they asked others to use were contextual to the situation they were in. For example, people shifted their pronoun use depending on whether they were at work or in online settings, whether they were "out" in one setting or another, based on daily shifts in gender presentation, and based on the difficulty in getting others to use their pronouns in a particular setting. As one participant put it: "Yeah, if I'm hanging around with more trans and gender diverse people, I'll roll out the ey/em, which is my preferred of the two, but it is also harder for people." - Jack(ie)

Misgendering

Unfortunately, 2STNBGN people are often misgendered, and when we asked our participants about the impacts of being misgendered, they expressed various levels of hurt, worry, and exhaustion. As one participant said about someone who frequently misgendered them, "I know she doesn't mean harm by it. But it does get pretty exhausting" - Jack(ie).

"Working with the queer community and working with allies of the queer community has also been really validating. In an organization I'm part of, everyone uses my pronouns correctly. And it feels foreign. Like it feels weird. It feels like I'm in my own special little safe space ... I never realized how great it felt to hear they/them until people consistently and constantly used it."

Discussing the lengths to which they would go to avoid being misgendered, participants also shared that in some situations they would use a different name or pronouns, make their clothing or gender expression more conventional, hide or avoid expressing their sexual orientation, or even change the pitch of their voice in order to avoid being misgendered and/or outed. These 'code-switching' activities demonstrate that in order to avoid the impacts of publicly being misgendered, 2STNBGN people further closet themselves.

What is code switching?

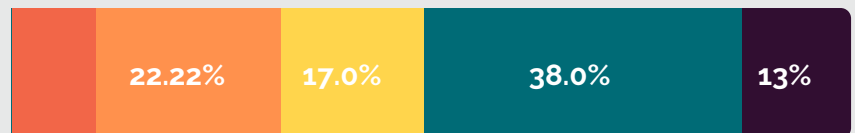
Code switching happens when people adjust their language, behaviour, and appearance to fit into the dominant culture. It can happen in relation to race, gender, sexuality, or other expressions of identity & is conscious and unconscious.



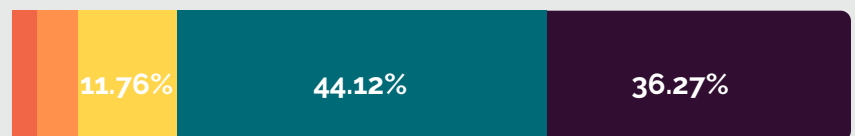
To what extent do you agree with the following statements concerning gender distress?

Gender Distress

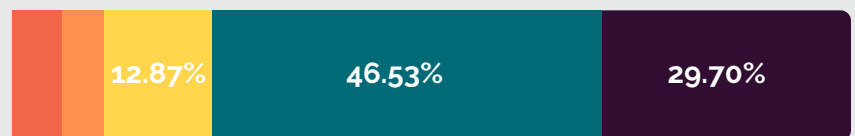
I avoid social situations because I can't express my gender



I feel hurt if someone calls me the wrong gender (wrong pronouns, name, language)



I feel like society doesn't embrace me in my gender



I worry that people will always treat me as the wrong gender

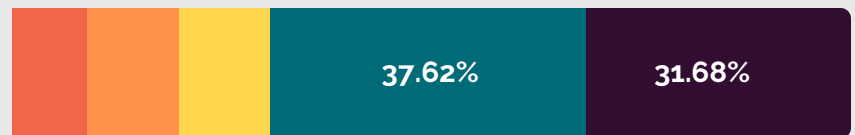


fig.16

■ Disagree Completely ■ Disagree Somewhat ■ Neutral ■ Agree Somewhat ■ Agree Completely

Intersex Community**Key Finding #3**

Intersex people may represent a higher percentage of people than is often reported.

Of our respondents, 14.7% (n=15/102) had sex characteristics that did not fit typical definitions of male or female, and 2.9% (n=3/102) had been diagnosed with a medically-recognized intersex condition. Although we cannot draw conclusions about the general population with our limited dataset, this number is much closer to what intersex activists and intersex communities have been telling us for years.

Rates of intersex people in North America are estimated to be upwards of 1.7% of the general population (United Nations OHCHR, 2019). However, this number does not necessarily reflect the full variety of intersex variations. Like many identity umbrellas, there are debates about who is included under the intersex label. And like the category of "transgender", different people will have different opinions about the definition, however for the purposes of our work, we have decided to use the fluid and ever-growing definition of intersex used by intersex activists. **Intersex is "not a single diagnostic category but includes a wide range of conditions and syndromes" (Koyama & Weasel, 2022).** In essence, "sometimes individuals are born with genital, genetic, or hormonal characteristics" that cannot be easily classified as either male or female (Morland, 2014).

The most important aspect to these findings is to listen and prioritize personal stories of being intersex. As Dr. Mel Michelle Lewis states, only by prioritizing personal stories, especially those of queer, trans, and intersex people of color, can we push back against "medical and theoretical account of knowing 'the body'" (Lewis, 2022).



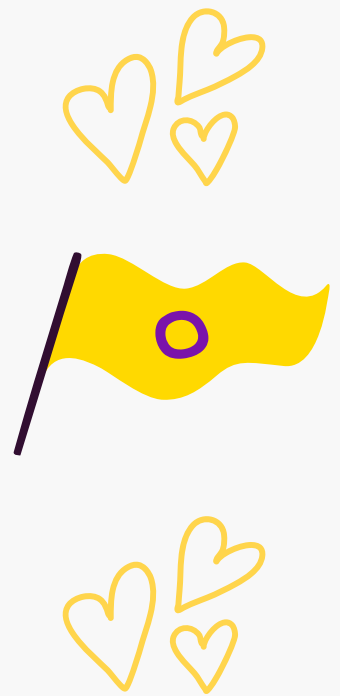
We asked participants if they were born with, or developed naturally in puberty, sex characteristics that do not fit standard definitions of male or female, and of the 102 people who answered this question, close to 15% answered yes, while 64% answered no. An additional 17% said they were unsure and 5% said they preferred not to say. We also asked respondents whether they have been diagnosed with a medically-recognized intersex condition and 2.9% indicated yes. Our findings reflect the general difficulties in accurately tracking intersex identities (as evidenced by the statistical differences between answers to these two questions). However, these findings can amplify arguments that rates of intersex people are underreported.

Intersex rights and trans rights share the concern of bodily autonomy and sovereignty. We are also aligned in our need to decolonize the medical system that places "colonial values and models of sex and gender that are not compatible with individual needs" (Roen & Oliver, 2022).

Like trans bodies, intersex bodies are highly medicalized and pathologized, placing authority over our bodies in the hands of medical practitioners. While 2STNBGN people fights for access to medical procedures, many intersex people are fighting against forced medical procedures and practices. Both are symptomatic of the colonized medical institutions that are reluctant to let go of their colonized thinking around sex and gender. As intersex activists **Pidgeon Pagnosis states, "I don't think we can be ourselves until the gender binary, which is a racist colonial project, is eradicated. It starts with making the surgeons who sculpt and craft the gender binary change their thinking and practices"** (Ruben et al., 2022).

Lewis asks the question, "How do our communities coalesce to advocate for access to consensual and holistic medical care and protect the sovereignty of the body against medical violence, particularly at the intersections of linked racial and sexual violence?" (Lewis, 2022). Research on the needs of intersex people have reported a number of ways to support our intersex kin (Morland, 2014; Jone, 2016; Sanders, et al., 2021), including:

- Having intersex variations included in sexual health and science education at schools
- Monitoring language to stop negative messaging
- Having access to mental health care at all life stages
- Medical practitioners learning trauma-informed approaches
- Teachers, principals, and councillors receiving education around intersex variations
- Responding to the need for community-centered research around intersex experiences
- Ensuring all trans and 2SLGBTQIA+ organizations support intersex initiatives and campaigns



Sexuality

Sexual orientation is often tied to societal conceptions of sex and gender. Even today, researchers, community centres, and governments, tend to conflate gender and sexuality, (for example, assuming that being gay or pansexual is the same as being trans or non-binary). This is based on a model that has been described as the ‘heterosexual matrix’: the assumption that heterosexuality is the norm against which every other expression of desire is measured, and that sexuality is only based on cisgender identities (Butler, 1990).

Almost half of the people who answered the question, “What is your sexual orientation?” used the term ‘queer’ to describe their sexual orientation. Other popular terms used by participants were bisexual, pansexual, asexual, and Two Spirit. Interestingly, none of these terms typically describe sexual attraction to only one gender, but instead identify attraction to more than one gender (or an absence sexual attraction in the case of asexual).

Trends toward more fluid descriptions of sexuality aligned with younger age ranges, as 65% of respondents between the ages of 18 and 34 indicated that they were bisexual, pansexual, queer, and/or Two Spirit. Similarly, 70% of respondents between the ages of 25 and 34 identified within one or more of these four categories. For respondents over the age of 35 (which were few), responses were fairly evenly divided between the categories that were provided, including asexual, bisexual, gay, lesbian, pansexual, and queer.

fig.17

Sexual Orientation (n=103)	# of Responses	% of Sample
Asexual	25	13.44%
Bisexual	35	18.82%
Gay	8	4.30%
Lesbian	11	5.91%
Pansexual	27	14.52%
Queer	45	24.19%
Straight or Heterosexual	1	0.54%
Two-Spirit	17	9.14%
Not sure/ Questioning	9	4.84%
Prefer not to answer	2	1.08%
Other	6	3.23%

“The way my gender identity and sexual orientation interact is very complicated. I wouldn’t be surprised if a handful of other trans people felt the same way, too. In the past, being seen by other people in a romantic or sexual way makes me feel awkward – I think it enhances my insecurity about not being seen by potential partners as “masculine” enough, while at the same time, not wanting to buy into rigid binary thinking for myself. I find I question and doubt myself and my presentation much more than I perhaps should in the courting context.”

Sexuality by Age

Sexual Orientation (n=103)	18-24	25-34	35-44	45-54	55-64	65-74	75 or older	Prefer not to answer
Asexual	32%	60%	4%	4%	0%	0%	0%	0%
Bisexual	17.14%	60%	14.29%	2.86%	2.86%	2.86%	0%	0%
Gay	12.50%	75%	0%	0%	0%	0%	0%	12.5%
Lesbian	18.18%	27.27%	27.27%	9.09%	0%	9.09%	9.09%	0%
Pansexual	33.33%	48.15%	11.11%	3.7%	0%	3.7%	0%	0%
Queer	20.45%	52.27%	18.18%	4.55%	0%	2.27%	2.27%	0%
Straight or Heterosexual	0%	0%	0%	100%	0%	0%	0%	0%
Two-Spirit	5.88%	70.59%	5.88%	0%	0%	11.76%	5.88%	0%
Not sure/ Questioning	11.11%	55.56%	0%	11.11%	0%	11.11%	0%	11.11%

fig.18

Our findings align with other research that shows that 2STNBGN people do not feel that current sexuality language and categories accurately represent them – instead, they opt to choose descriptions that are more fluid or make multiple choices rather than choosing any one descriptor (Galupo, Henise, & Mercer, 2016). When given space to fully describe sexuality, for example, Galupo et al. (2016) found that in addition to combining and mixing current terminology around sexuality, participants chose to describe their sexualities in complex, shifting ways that included relationship status and styles, polyamory, BDSM, kink, and separations between sexual and romantic attractions.

In the future, using more inclusive tools such as the Gender Inclusive Scale (Lomash, 2016) or other emerging measurements of sexuality may allow 2STNBGN participants to better express their sexualities. For example – we did not ask questions specifically about desire and engagement with kink communities and activities in the survey, but a number of our interview and focus group participants shared openly about their appreciation of being able to explore kink in supportive online and in-person environments.

Relationships

When asked about their relationship status, 38% of participants (n=90/240) indicated that they were single, while 13% (N=32/240) were married, and 7% (N=16/240) were common-law. Respondents also defined a much wider span of relationship statuses and experiences than these three legally defined options, including categories such as 'dating,' 'poly,' 'engaged,' 'in a relationship,' and 'queer platonic partnership (QPP).'

We were interested to find that 10% (n=24/240) of participants indicated that they were currently in poly/non-monogamous relationships, with some indicating that this is an inherent part of their gender and/or sexuality. Drawing out the landscape of non-monogamy and polyamorous relationships, other participants noted that sometimes partners and their sense of community was intertwined. One participant noted:

"My experience of the queer community here: I like deep personal one on one relationships. So I usually stick to folks who are like-minded within the queer community ... I'm in an open relationship. So it's mostly been through partners that I've dated. And it's been quite wonderful. My partners now, like I said, are very supportive of my identity."

For some, a sense of queer community is connected to their partners, whether sexual, romantic, or platonic, and the support of their community/partners seems to connect directly to their ability to express fluid gender identities.

Participants also described the ways that their partnered relationships were connected to affirming different aspects of their gender, as 85% (n=136/161) said that their spouse/partner(s) were supportive of their gender identity and expression, and 72% (n=158/216) said their partner(s) affirmed their clothing and gender expression. As one participant said:

"But also seeing my partner be into somebody who looks a lot like me, too, was again, very affirming between the fat politics and the non-binary stuff... he's very bi, but he has been really good about gender stuff, too. Which is really, really nice." - Jack(ie)



While 66% (n=143/216) of respondents said that a current or past partner has celebrated their body, some participants also described dating challenges. For example, some participants had confidence issues surrounding dating and their trans identity, or felt pressured to pass or fit into gendered stereotypes with/for their partners.

"My wife of course is my biggest supporter, like I couldn't have gotten through this without her."

Participants also noted the challenge of dating cis-people as a trans person.

It helps me feel more at ease when my partners are also proudly or visibly queer or trans, like me. I have experienced anxiety and insecurities among very cis-conforming or cis-passing people in the LGBTQ+ dating scene. If I were to be with a cis-identified gay man, as a trans-masculine person, I would find myself in a position where I would feel much more insecure about my status as a non-cis man in a gay context.

Likewise, dating a cis-identified straight woman would pose similar insecurities, with the two of us being perceived as an outwardly straight couple. I feel like I would always have to justify my masculinity to myself and my partners in those two contexts.

In addition, there are other expectations that either of those alternatives present that make me feel discomfort and dissonance with my own identity as a broadly queer/gender ambivalent trans masculine person. I don't want to compromise or lose my understanding of myself to satisfy society's standard of what a gay or straight couple ought to be.



Understanding how high rates of support and affirmation contribute to positive health outcomes for 2STNBGN people and the valuable role that supportive relationships (whether intimate or otherwise) can play in 2STNBGN people's lives should be investigated further.

Gender Euphoria & Agency

Trans euphoria includes moments of joy, confidence, pride, bliss, or excitement that result when the gendered experiences or expressions of Two-Spirit, trans, non-binary, or gender non-conforming people match their identity. For some, it is a sense of being 'home' in their body, while for others, it can mean feeling seen as their true self by loved ones. Since 2STNBGN people have many gendered experiences that are not affirming, we asked participants about times when they experienced gender euphoria. **Their answers reflected big and small moments, personal and public experiences, and exemplified the deep joy that can accompany affirming experiences.**

Participants described individual experiences of gender euphoria as:

"I look at my reflection and think 'this is who I am' for the first time"

"I am in a situation where I don't have to fake or mask who I really am"

"I feel like myself, like myself, feel confident"

"My body feels like 'home' after surgery"

"I dress in drag"

In addition, **participants described the joy of not being constrained by traditional gender roles, and how freeing it was to make autonomous choices to exist outside of those binaries.** Our participants described instances when they asserted agency concerning their gender, both personally and in their interactions with others.

Instances of asserting gender agency included:

Realizing they were 'allowed' to wear nail polish or makeup, grow out their hair, or wear a binder or bra for the first time

Booking and/or looking forward to appointments for gender-affirming care

Asking HR at their workplace to change their name on forms, or for coworkers to use their correct pronouns

Working or volunteering with the queer community

Participants also shared many experiences of feeling affirmed, seen, heard, and understood within spaces created by queer and 2STNBGN people and/or local community organizations. These stories support research that has found that trans people's well-being is tied to their sociopolitical involvement and community connections (Roberts & Christens, 2021) and demonstrate the value of 2STNBGN-specific programs and community spaces.



We also heard many stories of cis allies and accomplices making efforts to learn new pronouns, doing the work to make workplaces gender-inclusive, engaging in educational opportunities to learn about gender diversity, tackling harassment head-on, and challenging cissexism and heteronormativity at its core. For example, anyone in a service industry who stops themselves from making assumptions about the gender of their customers has profound effects on the 2STNBGN people that they serve. **These stories also demonstrate that dismantling transphobia is everyone's job, and that families, partners, and even strangers can play a role in increasing trans joy.**

**The Best Part
of Being Trans**

We asked participants what they thought was the ‘best part of being trans’ and received more than a hundred unique answers (including one participant who said the best part was “the surveys!”). The three major themes that we identified in participants' answers included interrelated conceptualizations of self-knowledge, living authenticity, and the positive impacts of feeling confident or comfortable with themselves.

Knowing who they are

Participants' answers in this theme included responses like “knowing who I am”, “really getting to know and understand myself and why I am the way I am”, “self-understanding”, “understand my own body and experience”, “getting to explore yourself and figure out what you feel best in”, “coming to terms with yourself”, and having answers to internal explorations of self and identity.

Being able to live authentically

We saw a difference in participants' answers between knowing for themselves who they are, and living/ expressing themselves as this person. These responses included almost a dozen variations of “living as my true self”, “being who I am”, and a dozen more of “being able to live an authentic life”. Their responses signaled doing this through self-expression, defying gender norms, “not having to subscribe to cis-bullshit”, and living as who they are in their day-to-day life.

**Positive impacts of feeling confidence or comfort with
themselves**

Many participants noted the impacts of knowing who they are and being able to live as their authentic selves. Their answers included, “being my whole self has allowed me to love myself for the first time”, “finally feeling more comfortable in the body I'm living in”, “little euphoric moments, confidence”, “feeling way more comfortable and free with myself”, “happy with who I am”, “it can be beneficial in a spiritual sense”, “finally being happy about who I am”, “feeling beautiful”, “finally seeing myself and not just feeling wrong or broken”, “finally feeling comfortable in my existence”, “feeling like myself and being who I am I really believe makes me happier as a person”, and “I'm not angry and lost anymore”.

“Possibility. As someone who is non-binary, there is a lot of room for me to try to figure out who I truly am. If genders are planets in a galaxy, I am still looking for mine. In the context of my culture (Cree & Métis), I am excited about what this self-discovery could mean for my responsibilities to future generations, and the space I can make for them to be more supported in their gender identities”



Other themes that we identified included:

- 1** **Trans(gressions): rejecting gender norms, boxes, binaries, and defying expectations placed on them.**
- 2** **Healing: finding happiness, joy, love, and humor.**
- 3** **Community and relationships: being connected to trans friends, partners, and community, and being cared for, supported, and understood**
- 4** **The openness of their perspective; being able to experiment, grow, and be open to possibilities.**
- 5** **Educating, helping others, and taking responsibility to create space for others to do self-exploration**



In total, the responses to this question underscore the positive impacts that accrue when 2STNBGN people have the space to understand who they are and can live as their authentic selves. The sheer number of participants who used words like ‘finally’ signaled to us the depth of these positive impacts, and further supports the urgent need to create spaces for self-exploration and expression for 2STNBGN people.

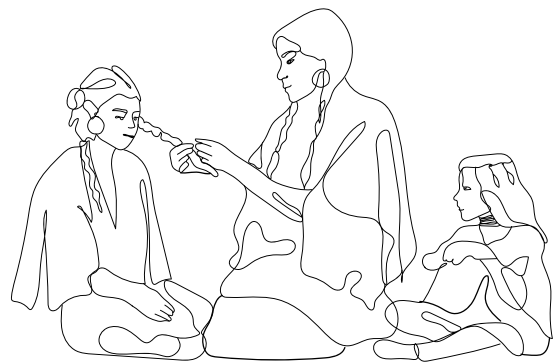
Home

Nineteen percent (n=70/287) of our participants self-identified as Indigenous. Since close to 15% of the population in what is colonially known as 'Saskatchewan' is First Nations or Métis, this is a promising statistic, and our resulting research provides important information about Two-Spirit, queer and trans Indigenous People (2SQ TIP) people in the province.

There was a lot of variation in where 2STNBGN Indigenous participants lived. Sixty-two percent (n=43) live in areas with a population over 100,000 which includes both Regina, Saskatoon, and possibly other cities outside Saskatchewan. Twenty-percent (n=14) live in areas with a population between 10,000 and 50,000, while 17% (n=12) live in an area with a population under 10,000. Finally, 13% (n=9) live in an area with a population under 5,000.

None of our participants reported currently living on a reserve, but this is likely due to the limited reach of our study. These numbers are consistent with research around Indigenous and queer migration that describes how **both Indigenous and queer people often move from rural areas to 'the city' for better access to education, employment, and health care.**

Most participants, 23/31 (74%), reported that their Indigenous community was welcoming or 'a little' welcoming of them as trans, non-binary, gender diverse, or Two-Spirit people. Of the 31 people who answered the question: "Do you feel connected to your Indigenous community", 11 responded 'Yes' and 12 responded 'No'.



When leaving home communities for different opportunities in places like Regina and Saskatoon, some people lose their community connections or find it difficult to access Indigenous spaces and activities in urban settings. That said, even with these difficulties, 64% of respondents (n=20/31) responded 'yes' to feeling proud of their Indigenous identity.

"[A]s I'm exploring the potential of being Two-Spirit, it's also an opportunity for me to connect with my culture and connect with the people that came before, me and decolonize myself and decolonize my own perception of who I'm supposed to be and who society wants me to be."

Research has shown the negative impacts of colonialism on social determinants of health, specifically as it effects physical and mental health (Dykhuizen et al., 2021; Tait et al., 2018). **Indigenous participants in our study reported higher levels of medical diagnoses than non-Indigenous respondents**, including cancer (3.5% vs. 2%), heart attack (5% vs. 1%), high blood pressure (16% vs. 10%), high cholesterol (10.5% vs. 7%), sleep apnea (9% vs. 7%), and stroke (2% vs. 0.4%). However, Indigenous respondents also reported lower diagnoses of both blood clots in lungs (0% vs. 0.4%) and blood clots in legs (0% vs. 1.5%).

In terms of mental health amongst Indigenous participants and non-Indigenous participants, diagnosis were nearly identical, with a few instances where Indigenous participants reported slightly higher rates in relation to anxiety disorders (72% vs. 68%), major depression (57% vs. 52%), & schizophrenia (7% vs. 3%).

Key Finding #4

Indigenous participants reported more unmet health needs than non-Indigenous participants

These needs included access to mental health care, general health care, transition-related healthcare, eating disorder services, employment, along with access to gender affirming cultural spaces and ceremonies.

Particular findings from our study showed that **Indigenous trans, non-binary, and gender non-conforming participants experienced challenges in accessing ceremonies or cultural spaces**. Most people expressed wanting to attend gender-affirming ceremonies, where their gender identities and/or roles as Two-Spirit people are celebrated and uplifted, but shared that it was challenging to participate in ceremony when they weren't sure if they would be welcomed.

Participants also shared experiences of being shamed, or pressured into wearing ribbon skirts when the skirts did not fit who they were as Two-Spirit and/or trans people.

"I have been in educational settings where all women had to wear skirts. Even as guests, you had to wear skirts. Or if you presented as female, you had to wear skirts.

My partner and I once had a person in a position of authority tell us that I had to wear a skirt in order to participate in the group, we said, "no, that's not happening". And like that was even really intimidating for us to even say it or to even stand up for ourselves because you're talking to traditional knowledge keepers who are strict on those roles, and like gender roles and stuff like that. But it happened, we did it. We were very emotional about it. And this person just walked away and that was it. And I never did wear a skirt for the whole time."

Indigenous Community

Indigenous resilience research has shown that access to Elders, cultural activities, ceremony, community, and nature significantly increases Indigenous resilience (Anderson, 2008). Being active in our Indigenous communities, as we know, has huge healing potential and when we are left out of community and teachings, it can cause further harm. As one participant explained:

"There's a lot of people that need a lot of help nowadays, like in terms of their mental health. And if those [binary] teachings are being taught as therapeutic tools, they're causing or they're continuing the cycle of hurt, like, there's no healing in it. It actually turns people off from their culture, and they don't want to be part of it. Because there's no space for us there."



As we saw in the Gender section some 2SQTIP are using their Indigenous languages to not only describe their genders, but are using culturally-specific pronouns as well. **Learning our languages may empower us to see ourselves outside of a colonial lens.**

When asked to identify challenges in their Indigenous communities, the long-term effects of colonization and overwhelming racism in Canada were the most common responses. Transphobia and homophobia are direct consequences of colonization, and as we continue to work collectively toward liberation for all trans, non-binary, and gender non-conforming people, we acknowledge that it will not be possible without Indigenous sovereignty and self-determination. It is clear that the voices, perspectives, and experiences of Two Spirit, queer, trans and Indigenous people are central to larger efforts toward Indigenous sovereignty, decolonization, and Indigenousization. **2SQTIP require competent cultural and gender-affirming supports in healthcare, educational, and cultural settings.**

"I want my culture. I want my people to accept me. [T]o make space, create space for me."

Note:

Trans Sask is preparing a separate report with more detailed findings about Indigenous communities and the Two Spirit, queer and trans Indigenous people that participated in this study.

Key Finding #5

2STNBGN people are choosing to live in Saskatchewan

Contrary to popular belief that queer and trans people want to leave Saskatchewan for other locations (like larger cities where the 2STNBGN community is assumed to be bigger), many of our participants described choosing to stay in the province as an intentional way to build community, advocate for support, and cultivate belonging.

In Valerie Korinek's *Prairie Fairies*, one of the only available historical texts of queer life on the prairies, she writes, "People chose to move, regionally or outside the region, but they often chose to stay" (2018, p. 398). For decades, myths have prevailed that the only place queer and trans people can exist fully are in major urban centres, which are assumed to be more socially liberal. This myth, coupled with anecdotal evidence, has long cast Saskatchewan as the last place in Canada that 2STNBGN people would want to live.

Our findings were in disagreement with these narratives. **We found that 2STNBGN people are choosing to live and stay in Saskatchewan for many different reasons. Our participants described this choice as an intentional way to build community, advocate for support, and cultivate belonging.** Participants also described Saskatchewan as their ideal location to be close to family or their roots, have more affordable lives, and live in cities that aren't too big. Some participants shared having left Saskatchewan for a time, but finding their way back, more determined than ever to stay and contribute to a changing social climate.



"And then I came back here to be closer to family and resources and such for mental health help, and whatnot. So that's what brought me back here, really. And then it's nice sometimes that it's small."

These stories align with new information from Statistics Canada which shows that 2STNBGN people are in fact moving away from big urban centres, and that Halifax and Victoria have the highest proportion of 2STNBGN people in Canada, while Saskatoon's numbers are catching up with Vancouver (Stats Can, 2022).

Social Determinants of Health

That said, there are still many barriers in Saskatchewan, particularly in rural communities. **Many 2STNBGN people who live outside of Saskatoon or Regina have no choice but to travel for doctor's appointments and to access queer and trans-specific resources like in-person social groups or events, adding costs and increasing experiences of isolation.**

When we asked participants if they had ever moved to a different city or town to be closer to gender-affirming services, 18% answered 'yes' (n=42/233). In addition, 21% (n=41/194) of participants indicated that they had travelled for gender-affirming surgery, and for 16% (n=42/260) of participants, this had been to another city or town.

*"I'd like to stay here. When it comes to surgeries, for some of them, I have no choice and have to go out of province because there are no surgeons here."
- Jemma*

Rural communities have unique challenges such as a lack of privacy, small or non-existent peer support, and small or non-existent dating pools. It has also been shown that the effects of transphobia have a ripple effect in rural communities, where transphobia in one part of someone's life can impact other areas in ways that are less pronounced in urban settings (for example, in employment settings or visits to the local grocery store) (Movement Advancement Project, 2019).



Disability

Definitions of disability can be as varied as how we define ourselves as Two-Spirit, trans, non-binary, and gender non-conforming people, and for some, these identities overlap.

Disabled transgender academics have argued that there needs to be a bridge between 'trans studies' and 'disabled studies', as both are reduced to medical or social models of understanding, instead of also looking at the societal norms that 'create' disabilities (or genders) in the first place (Baril, 2015).

"Trying to accept that label [disability] has been a bit of a journey, much like you know, exploring gender was quite a journey and figuring out how that works." - Jack(ie)

Aiming for more holistic discussions of disability, we invited respondents to choose from a large selection of lived experiences that were not divided by the binary of mental and physical disability. Twenty-three participants indicated that they were disabled or living with a disability (including episodic disability), and 22 had chronic pain. When asked about whether they had been diagnosed with particular conditions, 69% (n=61/88) had been diagnosed with a mental health condition, and 30% (n=26/88) of people indicated having a learning disability diagnosis.

Social Determinants of Health

These figures are significantly higher than findings from the Canadian Survey on Disability (Learning Disabilities Association of Canada, 2017), which found that within the general population, 3.9% of people had a learning disability and 7.2% had a mental health-related disability. These differing figures could suggest a number of things. First, 2STNBGN people may experience higher rates of mental health conditions and diagnoses, possibly attributed to experiences of discrimination, social and economic exclusion, and transphobia in workplaces, home environments, and healthcare settings.

More importantly, however, these statistics offer insight into the social and healthcare systems that surround 2STNBGN people, and support research that has found that higher mental illness diagnosis rates have been linked to a lack of understanding of gender identities on the part of healthcare providers (and the over-diagnosis of various conditions in lieu of responding to specific healthcare needs).



By reframing these findings away from a deficit model (only providing statistics on the increased prevalence of mental illness in a particular community, for example) to a social determinant of health lens (focusing on systems-level factors that influence outcomes), **we call on educational, social, health-care, and employment sectors to acknowledge their own responsibilities in better supporting the health and well-being of 2STNBGN people.**

Neurodivergence

When we asked our participants about specific conditions, 64% (n=58/90) identified as neurodivergent, 27% (n=24/90) indicated that they were autistic, and 11% (n=10/88) had a formal autism diagnosis. These rates are significantly higher than the Canadian Mental Health Survey of Children and Youth, which found that only 2% of the general population of Canadian youth are diagnosed with autism (2019). **We know that autism in adults remains underfunded, under-researched, and under-reported, indicating that national figures are likely well-under actual experience.** In addition, 33% (n=30/90) of participants identified as a 'psychiatric survivor, mad, or person with mental illness'.

Though our sample size is small, these statistics support findings from larger studies indicating higher rates of neurodiversity and mental health conditions in trans and gender-diverse people than in cisgender people. In Canada, 30% of participants in the TransPulse survey identified as being neurodivergent (Bauer, Scheim, & Churchill, 2020) and a study looking at multiple international data sets revealed that trans and gender-diverse people had higher rates of neurodivergence than both cisgender women and cisgender men (Warrier et al., 2020).

"I just feel like, if I had been born non-autistic, I feel like I would have just shlepped that off and not researched it. And not gotten fixated on the queer community and not, you know, kind of discovered my labels at that younger age."

There may also be 2STNBGN community-specific impacts of mental illness and neurodivergence diagnoses. For example, we asked participants about delays they experienced accessing gender-affirming medical care, and responses indicated that **6% (n=12/201) of people had been denied gender-affirming health care because of their mental health, and 2% (n=4/201) were denied because of an autism diagnosis.** It is unsurprising then, that when asked about medical assessments for gender-affirming health care, participants sometimes avoided sharing information with healthcare practitioners in order to access the care that they needed: 21% (7/33) answered that they had avoided sharing information about their mental health, and 15% (n=5/33) had avoided sharing information about their autism.



Our hope is that through sharing rates of neurodivergence within the 2STNBGN community, we can bolster efforts to de-stigmatize and celebrate neurodiversity, and begin to recognize the contributions that neurodiverse people make in ensuring systems, policies, and procedures recognize and affirm diverse ways of being.

Social Determinants of Health

Inclusion

In order to gauge the extent to which our community is 'out' and feels safe in different contexts, we asked participants if they felt a sense of belonging in queer (LGBT2Q+) spaces, with different questions for 'in person' and 'online'. In total, 73% indicated that they felt like they belonged in in-person LGBT2Q+ spaces, and this rose to 81% when asked about belonging in online LGBT2Q+ spaces. In addition, 85% of participants indicated that they were out to 'all' or 'most' of their LGBTQ+ friends, but a lower portion, only 64%, indicated that they were out to 'all' or 'most' of their straight and/or cisgender friends.

Do you feel a sense of belonging in these places?

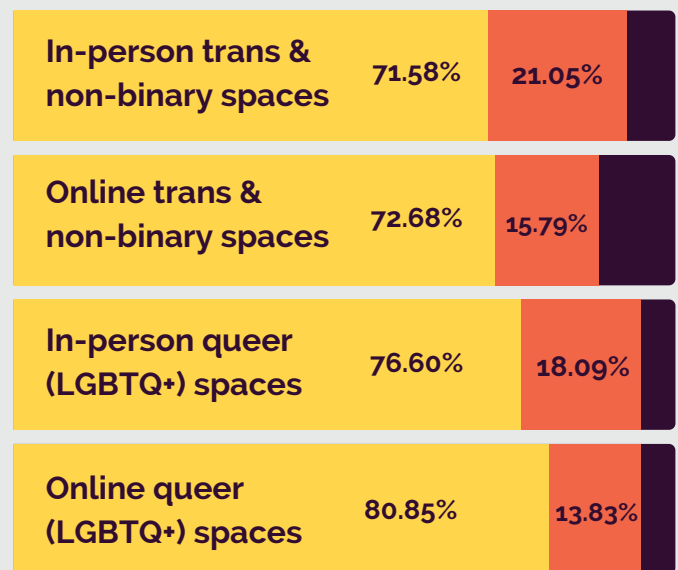


fig. 19

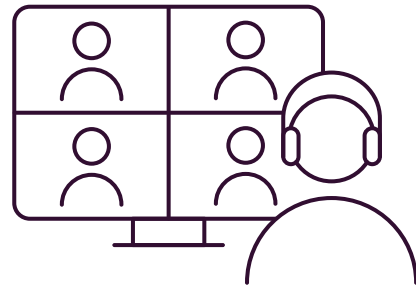
■ Yes ■ No ■ Prefer not to answer

Social Determinants of Health

"When I first came out to a few people, I had to make them guess because I was so nervous in that moment to say it out loud. Part of me was still scared, but luckily they guessed right! Thankfully they were very accepting too. It was great, and they all knew too. It was just a load off my chest." - KS

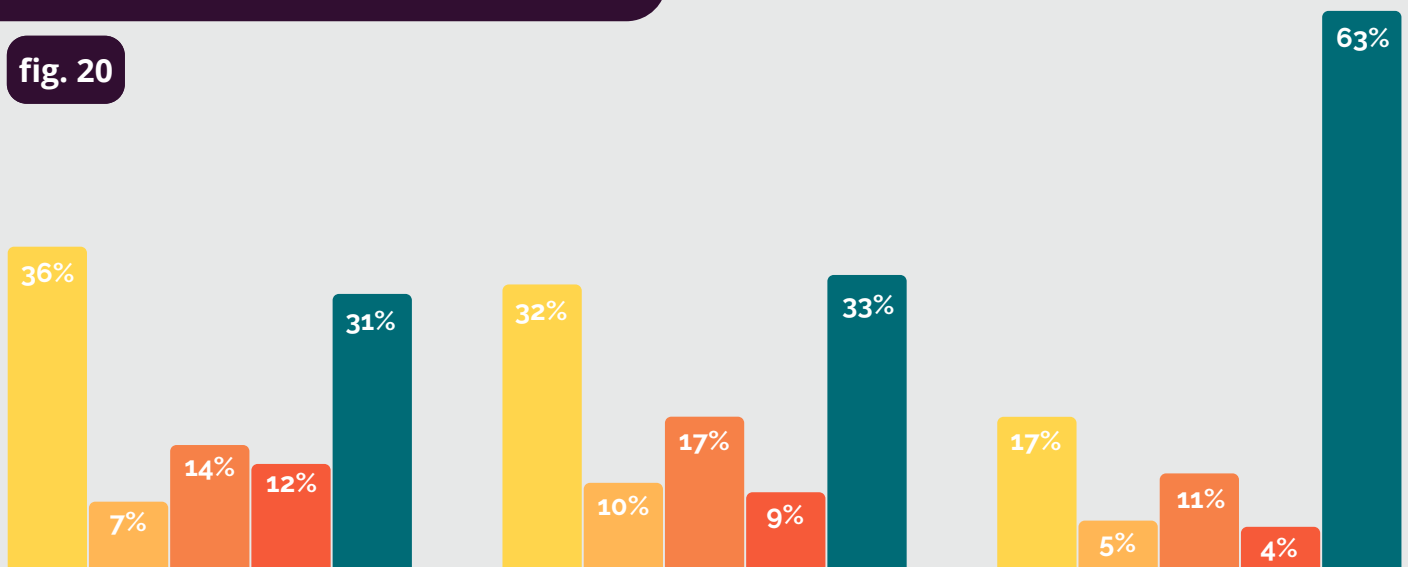
Participants were also 'out' to varying degrees in other contexts. For example, 63% (n=58/94) said that they were out to all or most of their immediate family, while only 41% (n=38/94) indicated that they were out to all or most of their extended family. Of those who were students (n=35), 60% indicated being out to all or most of their current classmates.

In terms of their workplaces, 45% of respondents said they were out to all or most of their employers or managers, though this number decreased to 41% when respondents were asked whether they were out to all or most of their current coworkers. Higher rates of disclosure to managers may be related to having to disclose parts of their identity on forms and documentation, but it is clear that many respondents are not fully 'out' in their workplaces.



Are you out to your....

fig. 20



■ Yes, all ■ Yes, most ■ Yes, some ■ Prefer not to answer ■ N/A

Social Determinants of Health

2STNBGN people also experience layers of isolation and exclusion. Negative media attention, 'debates' about our existence, lack of support from friends and family, high degrees of misinformation spread about our lives, cisnormativity, and even lack of acceptance and understanding within queer communities all contribute to these experiences. Exclusions are amplified for Black, Indigenous, and trans people of colour, as they are forced to grapple with the intersections of transphobia and racism, xenophobia, tokenism, or fetishization. Increased incidences of isolation are also felt by 2STNBGN people who are disabled and/or neurodiverse.

"And now I know that they have like, youth groups and stuff. And like, that was never a thing when I was a youth, like... I would have died to have something like that in my life."

Trans and non-binary people in Canada experience high rates of social isolation, in part, due to constantly monitoring our safety and potential social rejection, even during small talk (Heinz, 2018). It is notable that heightened experiences of social exclusion and isolation result both from being 'out' and from being 'invisible' as a trans, non-binary, or gender non-conforming person (Heinz, 2018). Our research found that social isolation results in high levels of social avoidance, depression, anxiety, and not feeling understood.

However, **our overall mental health improves when we are accepted - affirming environments have positive impacts on 2STNBGN people.**

Sometimes all it takes is seeing a rainbow poster on an instructor's door or a trans-coloured bracelet on a coworker's wrist, to know that one can be themselves in a workplace or classroom. Never underestimate the power of symbols and signs of support.

Identification & Documentation

Key Finding #6

Barriers prevent 2STNBGN people from changing their legal name and ID to match their gender.

Almost half (48%) of respondents who wanted to change their legal name had not done so, and although some people had changed the gender marker on their driver's license, many people said that they would also like to have the X marker on their other IDs. Thirty-six percent of people indicated they would like to change the gender marker on their passport, but none of our respondents had done so.



"We had a Name Change clinic that ran out of money within 24 hours. There's such a high demand for the service." -Jemma

Social Determinants of Health

The legal status and human rights of Two-Spirit, transgender, non-binary, gender-nonconforming (2STNBGN) people in Saskatchewan has steadily been improving. Since 2014, the Saskatchewan Human Rights Commission has explicitly prohibited discrimination against people based on gender identity (Saskatchewan Human Rights Code, 2018), a ruling which led to the removal of the requirement for gender-confirming surgery in order to change one's legal identification in 2016, and the ability to select an "X" gender marker on one's driver's license. In August 2021, the province announced that residents of Saskatchewan could also select an "X" gender marker on their health cards, and made further changes to the legal gender and name change process.



Despite these improvements, however, provincial regulations of identity are still ill-equipped to represent us. In particular, **Saskatchewan's process for legal name changes is unnecessarily complicated with no online access, multiple, time-sensitive requirements (criminal record check, signature of a notary, application form), and long administrative delays.** Also, despite gender identity and sex being prohibited grounds for discrimination, and an indication that no person may publish anything "that exposes or tends to expose to hatred any person or class of persons on the basis of a prohibited ground," the name change process requires that anyone who changes their name must have both names published as part of the official record. This forced publication of deadnames exposes trans and gender diverse people to serious consequences, from job discrimination to physical violence.

When asked whether people had legally changed their name, 31% (n=28/89) of respondents indicated having done so, while 67% (n=60/89) had not. In a later question, 43 of those who said they had not changed their names noted that they wanted to.

When it came to discussing gender markers on identification, almost half of respondents who wanted to change their gender marker had not done so (48%, n=43/89). Just 20% (17/87) of people reported having X markers on their driver's license, while only 7% (6/87) of people had an X marker on their birth certificate, and 2% on their health card. Our findings showed that no participants currently had an X marker on their passport, despite 35% (n=29/84) of people indicating they would like to. The high costs to changing one's passport likely contributes to these numbers, as well as the fact that many other countries don't recognize X as a legal gender and could place 2STNBGN people 'outed on arrival' in potentially dangerous situations.

Ontario researcher Greta Bauer conducted a study to identify the impact of access to gender-affirming IDs and found that **having one or more identity documents that match a person's lived gender significantly correlates with a decrease in past-year suicide attempts and ideation** (Bauer, et al., 2015). It cannot be stressed enough how vital the role of a legal name change is to the health and safety of trans people.

Social Determinants of Health

Supports

Key Finding #7

Queer, Two-Spirit, trans, and non-binary service organizations save lives.

Our respondents' ability to be 'out' was related to how comfortable they felt in certain environments. Many reported using community resources like social groups or online information to get the support and help they needed.

Three out of four (77%) of respondents said they felt welcome in LGBTQIA+ spaces and many described the services of local 2SLGBTQIA+ organizations and centres as life-saving.

"OUT saved my life, and it saves a lot of people's lives." - Jemma

"I'm always worried about going on to online space. Because you know, there is a lot of anti-semitic and homophobic behaviour. So it's like, when you go into a space, and you know that it's a queer specific space ... it makes it less scary."

We asked participants what helped them to navigate living in a cisgender world, and **one of the major supports mentioned was queer service organizations, such as OUTSaskatoon, SaskQTY Chokecherry Studios, and the UR Pride Centre.** Of the many programs and services these organizations provide, peer support groups (such as Gender Revolution, which is a partnership between OUTSaskatoon and Trans Sask) were important to participants for providing social connections, offering referrals, and increasing feelings of belonging and recognition. It was noted that the online offering of these groups made them more accessible to some participants.

Participants also talked about support they receive from other members of the 2STNGBN community. Supports included:

Using people's proper pronouns and inclusive language in social settings.

The queer/trans community in Saskatchewan supporting and hosting each other when people travel for surgeries.

People who have finished their transition journey being resources and support for those who are starting theirs.

Facebook support groups for peer-support and advice for people having surgery in Montreal.

"[I]n an organization I'm part of, everyone uses my pronouns correctly. [I]t feels foreign. Like it feels weird. [I]t feels like I'm in my own special little safe space."

"Thinking about the way the queer community comes together for each other in times of need warms my heart."

Social Determinants of Health

Q

What kind of queer space do you want to see in your community?

"I want to see a learning space for my community. A place where you can share your own experiences and where you can hear other people's experiences. Also if you are curious about yourself or if you want to learn more about someone you love. Maybe even an emergency room, in case you get kicked out or something. Yeah, like a safety net."- KS

A



Three quarters (73%, n=184/250) of respondents said their close friends are supportive of their gender identity and expression; participants also mentioned the positive impact of supportive cis friends who correct others when they used the wrong pronouns and supportive partners who affirm their gender or clothing choices. While two people said that their family had been their biggest support, many others noted that it took their family longer to "be on board," or to "come around." Some participants mentioned how valuable it was to have a supportive family doctor (two found their family doctors through the OUTSaskatoon Q list) and one noted that their psychiatrist was very accepting and trans inclusive.



Self-Care



Self-care might be a buzzword now, but what it can represent is how we treat ourselves in a world that has yet to embrace all we have to offer: "Just like getting enough sleep and taking your vitamins can help your body's resilience against illness, self-affirmation can help your mind's resilience against negative experiences" (Lorenz, 2021, p. 18).

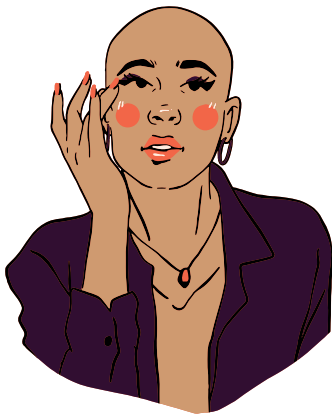
Participants defined self-care in many ways, thus demonstrating both its importance and the unique role that self-care plays in people's lives. Some defined it in a physical sense or related to an activity such as exercise, making food, skin care, bathing, colouring, drinking tea, gardening, or playing sports or video games. Others defined it in relation to mental aspects where self-care involved reflecting, allowing oneself to rest, seeking counselling, journaling, or taking time to learn new skills. Still others defined self-care as relational, with practices involving ending volatile relationships, setting clear social boundaries, connecting with others, sharing stories, making friends, and giving back to their communities. Finally, many participants defined self-care creatively, linking it with creating, doing art, playing music, and writing. Despite far-reaching and varied definitions of self-care, many participants shared that they do not often take or have the time for self-care. With the pressures of being productive and the stresses of work and life, some participants noted that they felt guilty when prioritizing themselves.

Visibility & Representation

Key Finding #8

Visible 2STNBGN people help others to understand themselves and to find roles within their communities.

Participants shared that seeing other 2STNBGN people thriving helped their own processes of coming out, understanding their gender(s), and feeling seen. Having 2STNBGN role models allows us to see the rich variety of experiences in our community and to imagine possibilities for our own lives.



"I think that's why having that representation is so important, because it kind of helps people in our community be seen and heard, but also help be visible for other people. So they know that we're here."

"I feel that as someone who did transition, this is kind of my way to kind of give back to the community. To basically use my privilege to help others." - Seanna Goalen

Social Determinants of Health

Trans visibility and representation stand out as key elements in the processes of being able to name and define one's gender, coming out, making decisions in community organizing, & being included in spaces. As one participant put it:

"[S]eeing somebody else gives you the permission to say I can change that if I want to. I can change my gender. I can change how my relationships shake out" - Jack(ie).

Our interviewees made a key distinction between visibility and representation such that visibility can be understood as having access to information: i.e. the visibility of other 2STNBGN people, ideas, and resources is integral to being able to understand gender and to name their own gender identity. Building upon this, others mentioned that visibility aided in the process of being able to come out, or affirm their identity in a way that made them feel "seen." In one interview, a participant said that:

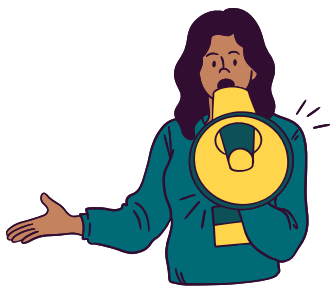
"[S]eeing other very femme presenting non-binary people really helped me come out, so they were a really good impetus behind that" - Jack(ie).

Another participant mentioned that they and their partner would go to small town bars for the sole purpose of being visible for people who may not otherwise see trans people in their lives.

Social Determinants of Health

Representation, on the other hand, can be understood as an intentionality about the ways that role models are portrayed, about supporting and amplifying advocacy work by and for 2STNGBN people, and about the inclusion of 2STNGBN people in decision-making processes. Many participants shared their role models, which included non-binary spoken word poets, older non-binary people, trans athletes, and local Two Spirit educators. As one participant said:

“Queer people, we do all kinds of different things and contribute to the world in so many ways, and we take up space doing those things. So seeing others like us in those kinds of spaces, where there may not have been so much room or representation before, is really important. It helps show us that we can be in those spaces and by doing so, we are creating more opportunities for diversity and enhancement in these different spheres in our lives, be it personal, professional, communal, etc.”



Another participant said:

“For how conservative our province is, it's really nice that we have so many people now that there's been some really pivotal voices along the way that have been loud and gave been big supporters and pushing things forward like Laura Budd with the human rights and everything.”

Representation also matters within media as many participants discussed the importance of social media in increasing the visibility of 2STNGBN people. One participant talked about how social media helped them be able to see “gender fluid people succeed and do their thing,” while others mentioned how affirming it was to see 2STNGBN characters in films and television.



One of our participants discussed **the importance of 2STNGBN representation in being able to create the kind of community they would like to live in.** They said that when making decisions, communities need 2STNGBN people at the table, to ensure that the decisions being made will include us:

“Having a growing space of inclusion of how many people are out there, advocating for progressive change, you can really learn and help foster a better place for everyone. It is important that we have multiple voices of experiences and opinions at the table, so we can create an environment that takes care of everyone as best as we can, in the most fair, just way that we can.”

In this way, representation means a seat at the table and the promotion of ideas that extend beyond current binary systems and processes.

Social Determinants of Health

Employment

Just over half of respondents 54.5% (n=121/222) said that they have permanent employment, with 41% (n=92/222) employed full time (30 hours or more) and 13% (n=29/222) employed part time (less than 30 hours). We asked open-ended questions about employment industries, with answers ranging from retail, to social work, to veterinary medicine.



Twenty-eight people indicated being un/underemployed and more than double that number indicated receiving social assistance or disability assistance within the last 12 months (38/230 - Saskatchewan Assured Income for Disability [SAID] and 26/230 - Saskatchewan Income Support [SIS]). **When asked about the relationship between being trans, non-binary, or gender diverse and employment prospects, almost 50% of respondents (n=115/213) said that they have avoided applying for a job because of their gender and 31% (n=70/226) have refrained from providing references from a previous job because of their gender identity.** These figures demonstrate the continued discrimination and perceived discrimination that 2STNBGN people experience in relation to employment. Further, 34.5% (n=77/223) of people believe that they have not been hired in the past due to their gender identity.

In terms of industry and employment sectors, there were only slight differences between our participants and the general Saskatchewan population (StatsCan, 2022) with these notable exceptions: **2STNBGN people seem more likely to work in the information, cultural, and recreation sector than the general population (13% vs. 3%) and less likely to be working in the agriculture, forestry, fishing and hunting sectors (1.5% vs. 9%).**

Research has shown that 2STNBGN people do sex work at higher rates than cisgender people (Fitzgerald, Patterson, Hickey, Biko, & Tobin, 2015). In their report on the health and well-being of trans and non-binary people doing sex work, Trans Pulse documented that 5.6% (n=133/2,369) of people were sex workers during the time of the study. Of these, two of the six participants from Saskatchewan indicated being sex workers. **Our survey asked respondents whether they had ever done sex work or exchanged sex for money or other resources and 50 of 230 responded yes (22%).** Of those, more than half (24/46) indicated being 20 and under when they first started doing sex work, while 20 were between 21 and 30 and only two were over 31 when they started.

How old were you when you first started doing sex work?



fig. 21

Overall, our respondents demonstrated that most people in their lives were not aware of their sex work (see Table) and in instances where they were aware, 22 said that their spouse or partner(s) were somewhat to very supportive and 17 said that their close friends were somewhat to very supportive.

Key Finding #9

2STNBGN-inclusive hiring practices and employment equity policies could be highly beneficial for all types of employers.

Almost 50% of participants indicated that they avoided applying for a job because of their gender. Gender-inclusive work policies and practices could boost 2STNBGN employment rates and create more diverse and dynamic workplace environments.

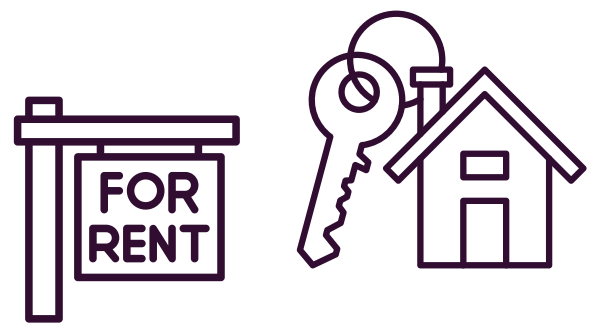


Despite unfortunate findings regarding comfort and safety in the workplace, 2STNBGN people bring numerous gifts to the employment sector. As more and more industries work to incorporate the calls to action from the Truth and Reconciliation Commission, and to build in policies and practices supporting equity, diversity, and inclusion (EDI) efforts, it is clear that **2STNBGN people have a key role to play in supporting shifts in hiring practices, policy-development, and service delivery.** At the time of writing, Canada is in the midst of potential widespread changes to the federal employment equity act, changes which will hopefully include 2SLGBTQ+ people as a designated group, along with other needed adjustments (Boisvert, 2021; Statistics Canada, 2022).

Social Determinants of Health

Housing

A limitation of our survey was its failure to reach people who are housing insecure or experiencing homelessness (including living in shelters or without a regular address). Only three of 234 people indicated they were currently experiencing homelessness. However, 31/221 people indicated that they avoided accessing a shelter for fear of being treated negatively due to their gender identity, demonstrating that quite a few respondents have experienced homelessness and/or housing insecurity throughout their lifetime.



Most respondents indicated that they are renting 54% (n=126/234), while 27% (n=64/234) are homeowners. Overall, 41% (95/233) of respondents indicated finding it difficult to meet monthly housing-related costs.

Social Determinants of Health

The TransPulse 2020 survey revealed that of the 95 Saskatchewan participants, 14% were housing insecure (TransPulse, 2020), while the 2010 TransPulse survey revealed that 47% of all Indigenous trans people reported high levels of poverty and 35% reported experiencing homelessness or under-housing (Schiem et al., 2013).



According to the Canadian Observatory on Homelessness, 94% of those experiencing homelessness in Prince Albert and 79% in Regina are Indigenous (2021). They also found that of those experiencing homelessness in Regina, 26% were youth, and 3% had identified as gender diverse (2021). The number of 'hidden homeless' (those living in someone else's home) was 45% in Regina (2021). Saskatoon has yet to release their Point in Time count for 2022, but their numbers from 2018 were 5.5% youth, 85.5% Indigenous and 17% 'hidden homeless'. Although these statistics are not specific to 2SLGBTQ or 2STNBGN communities, other research has demonstrated that queer and trans youth are overrepresented in provincial and national rates of homelessness.

"The city could do a lot better on housing right now. Freezing winters really harm people experiencing homelessness. There aren't many places for people to stay." - Jemma

Because of the various difficulties trans people face finding secure and livable-wage employment, the normalization of transphobia in the housing sector, institutional erasure, some shelters having religious affiliations, and invasive or irrelevant intake questions, **trans people face higher rates of food and housing insecurity and more barriers accessing shelters than the general public (Paterson, 2022).** These rates increase exponentially for trans people of colour.

A recent study about trans and non-binary people accessing shelters in Manitoba, identified **four major ways shelters can do better for trans clients:**

1

Provide mandatory & constant training for shelter staff about trans-specific needs & rights

2

Develop trans-specific housing programs in consultation with 2STNBGN community

3

Hire trans staff

4

Increase visibility & messages of acceptance through positive media, such as posters which demonstrate an intention of inclusion & to signal to trans clients that they are welcome

(Paterson, 2022)

Social Determinants of Health

Incarceration

It is documented that trans and non-binary people experience increased discrimination and violence when incarcerated, compared to cisgender people (Vandenbroeck, 2020). Only two respondents indicated having spent time in jail while living their true gender. A later question revealed that five respondents had spent time in a women's facility and five had spent time in a men's facility, demonstrating that an additional eight respondents had spent time in jail when they were not living in their true gender. Four respondents indicated having experienced hostility or harassment in jail as a result of their trans or gender diverse identity, with two identifying staff as who mistreated them and two identifying that it was others in jail.



Making life behind bars more bearable for our 2STNBGN friends and family is not enough. **There needs to be accountability and commitment to prisoner justice, we need networks of support for those inside and those leaving prisons, and serious attention must be paid to the factors of our lives that are overly policed such as being black or brown, being poor, being mentally ill, being disabled, or using drugs.** The truth is 2SLGBTQ+ community have been at the forefront of widespread conversations about the criminalization of racialized, queer, and trans communities, inequities within our prison systems, and the call to reduce and/or abolish the police.

Throughout these conversations, it is clear that **we need alternatives to policing that include housing options, mental health supports, appropriate accommodations at all levels for those with disabilities, safe consumption sites, community supports, decriminalization of drugs, sex work, and HIV non-disclosure, and much more.** 2STNBGN people have a large stake in this conversation and represent key voices for continued transformation efforts.

Age & Getting Older

We can guess that the younger ages of our respondents contributes to the increased fluidity in terms of gender and sexuality, though our data collection methods aren't able to make a clear argument to this effect.



As discussed earlier, when asked how old they were when they first realized they were trans, non-binary, or gender diverse, **people indicated a range of age 3 to 38, with an average age of just under 15 years old (14.86).** When we compare this to the age that people began living in their true gender, **the average age jumped to 25 (24.98), demonstrating that for many there is a long delay (10 years) between "knowing" and "living" as 2STNBGN.**

Social Determinants of Health

I feel like I can't trust what my body might do as I get older

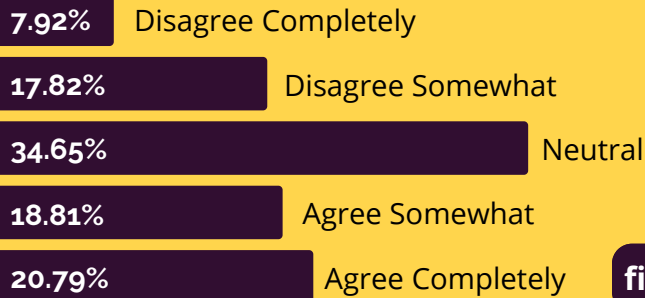


fig. 22



Although respondents were generally on the younger side, **a number of trans and non-binary people worry about getting older and what will happen when they have to move into unsupportive retirement and long-term care homes.** A high number of respondents would be comfortable living with either their family or chosen family as they age (48%, n=125/258 and 67%, n=174/258 respectively); when asked about their comfort aging in a retirement community or long-term care home, respondents were unmoved (only 21 and 16 people respectively). Instead, respondents were much more comfortable getting older in settings that were specifically for LGBT people (50% n=128/258 for retirement community and 48% n=125/258 for a long-term care home). Similarly to the general population, trans and non-binary people would prefer to age in place, with 55% (n=143/259) noting it was very important to live independently in their own home.



Health



"[I]t was one of those things where it's like, oh, if I just if I had a chance to rant about the health care system, I will take any opportunity to do it. [laughter] Not only is it like, cathartic to talk about it to somebody who like knows what's going on, but you know, like, it's one of those like, 'it gets better' things and things are a lot better now."

Key Finding #10

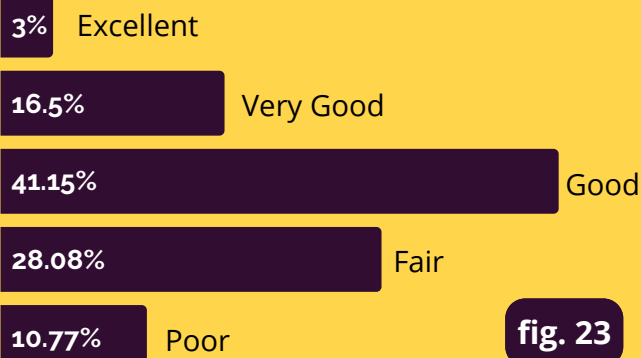
The healthcare system, while making small improvements over time, struggles to provide adequate care to the majority of Saskatchewan 2STNBGN people.

Our participants described how various levels of healthcare continue to exclude and limit access to gender-affirming care with unfair and outdated medical standards, extensive waitlists, prohibitive costs, lists of 'approved' doctors, providers' unwillingness to collaborate with patients, hostile medical environments, and policies and procedures that aren't transparent or accessible.

Barriers to healthcare have been the single most-researched area of our lives. Although some of this research has translated to improvements, much remains to be done, and Saskatchewan's healthcare system has been slow to adapt to our needs.

Social Determinants of Health

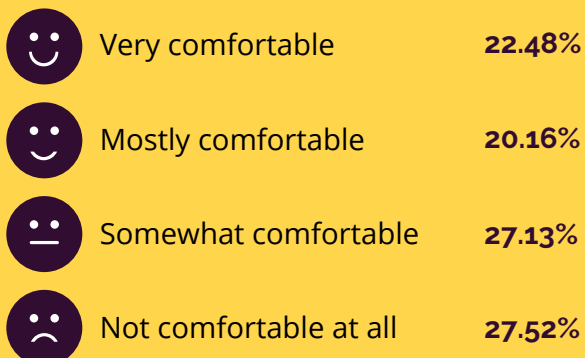
In general, would you say your health is:



Before ever setting foot in a health care facility, 2STNBGN people must navigate barriers such as: Will the staff be friendly or hostile? Will they use the name I give them or the one listed on my health card? Will they be confused or upset if I tell them my pronouns? Will they out me to the waiting room? These anticipatory fears have been found to contribute to 2STNBGN people avoiding care even in emergency situations as **almost 30% (n= 73/256) of respondents shared that they have avoided an ER visit because they were 2STNBGN, and 18% have done so in the past 12 months.**

Trans people are often put in positions where they know more about their health care options and needs than their providers. **Only 37% (n= 92/252) of our respondents said their health care providers were knowledgeable about trans or non-binary health care** and the majority of respondents were not comfortable talking about their 2STNBGN needs with their doctors.

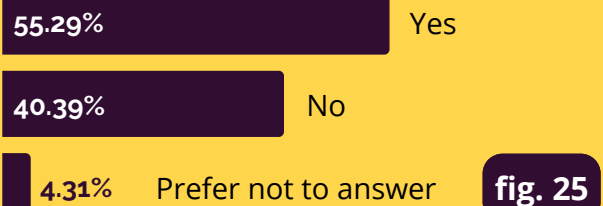
How comfortable are you discussing your trans/non-binary status needs with your health care provider?



Prefer not to answer 2.71%

fig. 24

Does your current primary health care provider know about your trans or non-binary identity or experience?



Almost half of our respondents (48%, n=126) live with chronic pain or other conditions that could place them in health care settings on a consistent basis. One participant expressed that they were already exhausted by their dealings with the health care system because of their disability needs and they would therefore not be addressing their trans needs anytime soon.

In some cases, **participants described their doctors' positive response to disclosing their gender or other instances where doctors were keen to help them access the care they needed and to support them** in decisions they had made for themselves, even if the doctor in question lacked expertise in the area. There were also cases of doctors seeking out educational opportunities for themselves and/or their students, co-workers, and staff to increase their cultural intelligence and overall knowledge of 2STNBGN health needs.

In all healthcare settings, 2STNBGN people deserve health care that accounts for our whole selves, not just pieces of us. It is clear that the Saskatchewan Health Care system needs to make several changes in order to achieve this and we discuss these in greater detail in the following sections.

Transition-Related Care

Do you want any gender-affirming surgeries or procedures?



fig. 26

Which of the following applies to your current situation?

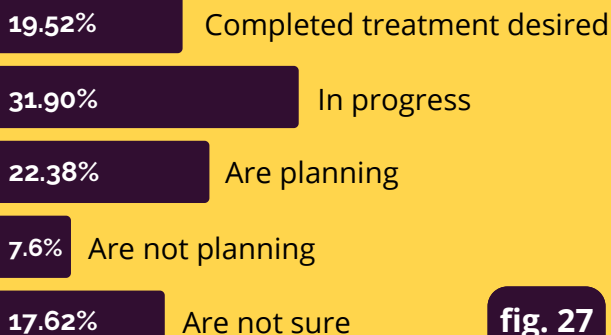


fig. 27

Transition-related care, according to our participants, has simultaneously come a long way and still has a long way to go. Those who started or completed their desired transition-related health care more than 5 years ago, more frequently recalled experiences of neglectful doctors, staff and health professionals avoiding administering care, Do-It-Yourself aspects of surgery and recovery, black market hormone therapy, having no post-surgery support and travelling exclusively out of province or country for care, referrals, or assessments.

These experiences still happen today, but at reduced rates thanks to projects such as the Trans Health Navigators, organizations such as Trans Sask, UR Pride, Sask QTY, and OUTSaskatoon, and thanks to doctors educating themselves and others on transition-related health care.

Social Determinants of Health

In all cases of transition, there is no right or wrong way to be 2STNBGN. Every person experiences their gender differently and will need different things at different times in order to fully be themselves. **For almost 60% of our respondents, gender-affirming medical procedures are something that they want, while 11% do not want gender-affirming procedures.** For many, these procedures are essential and life-saving, yet they are deemed 'cosmetic' by the government. As a result, very few of them are covered by Saskatchewan's Provincial Health Plan and 12% (n=22) of our respondents have paid for gender-affirming procedures including hair removal, top surgery, egg freezing, and hair transplants out of pocket.

The prohibitive cost of healthcare for 2STNBGN people contributes to lower quality of life and has a significant impact on mental health

28% can't afford the treatment they want



18% can't afford the cost of travel for treatment



19% unwillingly stopped HRT, often due to cost



fig. 28

"Medically transitioning is the best decision of my life. It has saved my life." -Jemma

Social Determinants of Health

Twenty-two percent (n=44/201) of our respondents were denied access to gender-affirming procedures due to their weight, mental health, autism, disability, gender expression or gender identity. A further 35% (n=74/210) indicated that they are currently “avoiding a diagnosis” with the concern that it might impact their ability to access gender-affirming care and 36% (n=12/33) reported that they avoid sharing information with their doctors about being neurodivergent, non-binary, or having experienced trauma, with the concern that they might be denied access to gender-affirming care.

Unfortunately, it appears that these fears were justified as **our findings showed that while Indigenous respondents were 25% more likely than non-Indigenous respondents to share information with providers during mental health assessments, they were denied trans-related health care 16% more often than non-Indigenous respondents.**



Access to gender-affirming procedures and surgeries varies significantly across provinces and territories. **Some procedures are only accessible outside of the province and the funds covered only include the procedure itself and not the cost of travel, accommodation, time off work for recovery, post-surgical care return trips, revisions/corrections, or support for an accompanying caregiver.** Twenty-one percent (n=41/194) of our respondents have travelled out of province for surgeries or procedures and many more expressed that they would like to go out of province, but could not afford it.

When it comes to out-of-province travel, certain procedures in Canada have baseline requirements for Body Mass Index (BMI) of patients that differ or are not required in other countries. This means that people are refused care within Canada and must pay out-of-pocket to travel to other countries, with no options for provincial reimbursement or support.



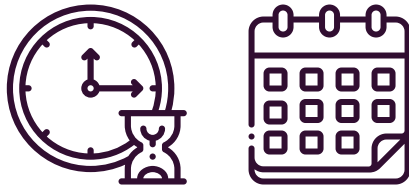
Overall, our findings showed that **there is a lot of diversity within our community regarding what an individual needs to feel affirmed in their gender, and what stages they are at in their gender-affirmation journeys.** They also showed that there are gross deficits in our health care system, including a high degree of “medical-gatekeeping”; something that happens when medical practitioners have all the power to decide who can and cannot have access to gender-affirming care.

On the positive side, all participants who were able to access gender-affirming procedures described improvement in self-esteem, mental health, and improvement of quality of life. A 2018 study of all peer-reviewed articles about gender transition from 1991 to 2017 found that 93% of the articles agreed that access to gender-affirming care was significant to trans peoples’ well-being (What We Know Project, 2018).

Social Determinants of Health

Waitlists

Second only to cost, **waitlists are one of the greatest barriers to accessing care.** There are several waitlists in Saskatchewan, including waitlists to get on a waitlist. The waitlist lengths reported by our respondents ranged from six months to six years and the longer someone is made to wait on these lists, the more negative the impacts on their mental health. Participants shared that they experience anxiety, depression, frustration, desperation, and a general decline in mental health the longer they are made to wait for life-saving medicines and procedures.



In 2020 it was reported by the Saskatoon Star Phoenix that the waitlists had been “halved,” however that meant from four years to two years (Short, 2020). Waiting two years and even longer for essential care is still completely unacceptable and places 2STNBGN people in precarious situations that can have drastic physical impacts, as in the case of puberty blockers and Hormone Replacement Therapy (HRT), both of which are particularly time-sensitive for youth. Although all family doctors in Saskatchewan are capable of prescribing HRT or puberty blockers, many will not do so. This exacerbates wait times and circumvents the value of puberty blockers in providing young 2STNBGN people the time and space needed to explore their gender identity and to decide what their own transition-path will look like. **If family doctors would prescribe puberty blockers without delays, we would see a significant improvement in wait times across the province.**

Sexual Health

In general, **respondents reported significantly higher levels of sexual health screenings and prevention than the Saskatchewan general population.** For example, 50% of our respondents said they regularly get tested for HIV, compared to only 7% of the general population (Vescera, 2022).

Also, syphilis rates in Saskatchewan have been rapidly increasing since 2017 with increases of over 900% in Saskatoon (Latimer, 2021) yet none of our respondents reported being diagnosed with syphilis in the past year. These results could mean that 2STNBGN in Saskatchewan are, on average, more conscientious and savvy about sexual health than the general population. This could also mean sexual health providers are generally more gender-inclusive, offering safer spaces for 2STNBGN people to access healthcare, and therefore contributing to their higher use.

Have you been vaccinated for HPV?

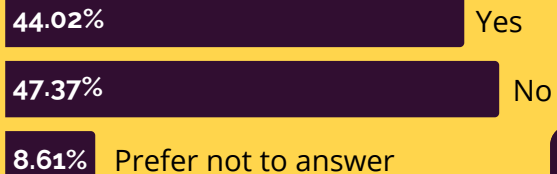


fig. 29

Have you ever had an HIV test?

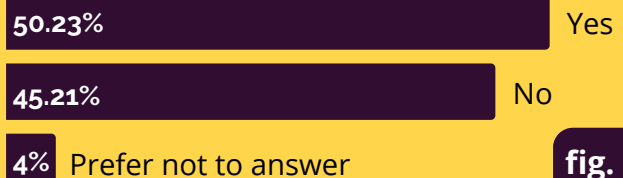


fig. 30

Mental Health

Key Finding #11

2STNBGN people can and do have positive health outcomes.

In our focus on strengths-based narratives and experiences, we found that factors contributing to mental health and well-being included: timely access to gender-affirming health care, inclusive and affirming policies and practices in schools and workplaces, funding of community-centered initiatives, positive representation, and access to mental health care.

Anxiety, Depression PTSD, & BPD

Mental Health Research Canada report that 23% of Canadians have high anxiety rates and 15% have high rates of depression. They also report that 30% of people identifying within the LGBTQ2S+ community live with depression (2022). The prairies had the highest rates of both anxiety and depression in all of Canada, with the combined population of Saskatchewan and Manitoba reporting that 25% of people experience anxiety and 18% experience depression.

Our survey found that 68% (n=172) of our respondents experience anxiety, which is about 43% higher than the general SK/MB population. We used the Overall Anxiety Severity and Impairment Scale which measured respondents' self-reported anxiety levels. Both the average and the mode were 12 which indicates "severe" anxiety (Norman, 2006).

Social Determinants of Health

Our respondents also reported high diagnoses of major depression, at 52% (n=132), which is 34% higher than the general SK/MB population (Mental Health Research Canada, 2022).

Have you ever been diagnosed with any of the following?

Anxiety
67.98%



fig. 31

Depression
52.17%



Respondents also reported high levels of Post-Traumatic Stress Disorder (PTSD) at 29% (n=72). Rates of PTSD in Saskatchewan's 2STNBGN community are much higher than the Canadian Psychological Association's estimation that 8% of Canadians develop PTSD (n.d.).

According to the Canadian Mental Health Association (BC Division), 1% of the general population is diagnosed with Borderline Personality Disorder (BPD) (2014). A US study about transgender mental health diagnoses, found that 3% of their respondents had been diagnosed with BPD (Wanta et al., 2019) and our study found three times that, with just over 9% of our respondents reporting they had been diagnosed with BPD.

Social Determinants of Health

These high rates of mental health distress and diagnoses are one of the areas in which 2STNGBN people have been over-researched and over-reported. We note that these numbers are even higher in some reports as unfortunately, 2STNGBN people are often forced to exaggerate symptoms to receive appropriate care.

Ultimately, and as mentioned throughout this report, we remind all readers that the mental health of 2STNGBN people improves significantly when we are able to access the health care we need.



Body Image

Research on the relationship between body image and disordered eating in Canada is minimal and outdated. From what is available, it seems that anywhere from 4% to 22% of the general population of Canada deals with disordered eating (Rikani et al., 2013; Stone et al., 2021). Even with the lack of a clear comparison, we determine our findings as significant in this context as 216/243 of our participants reported changing eating or activities to change or control their weight. In the case of Indigenous respondents, they were 9% more likely to need access to eating disorder services.

Have you ever changed your eating activities to try to change or control your weight?

89.89%

Yes

10.29%

No

fig. 32

With access to gender-affirming surgeries and procedures already restricted in Canada, and many of those available requiring recipients to lose weight, some participants shared how these unfair medical expectations led them to unhealthy weight-loss behaviours. Indigenous respondents were more than twice as likely than non-Indigenous respondents to engage in unhealthy weight change behaviours as a result of these barriers.

"So I did, I lost the weight. And I was very cognizant of the fact that it took a toll on my mental health, I fell into disordered eating patterns. And I really, really struggled with it."

Not surprisingly, body image also played a part in many peoples' body dysphoria. Accessing help for eating disorders is crucial, as this is an area with a very high mortality rate. For these reasons, it's imperative that health practitioners in this area receive training about trans-specific health and needs and that eating disorder centres work to create a gender inclusive environment.

Social Determinants of Health

Participants also discussed how they felt invisible in the face of mainstream social media representation. In particular, non-binary participants described the conflation of 'androgynous' and 'skinny' in popular media and the ways that this impacted their gender expression. BIPOC participants discussed the over-representation of whiteness in trans and non-binary spaces and the impacts this has on belonging and self-esteem, and likewise, participants with disabilities noted both a lack of and a complete absence of disabled representation. In many instances, it was clear that body image was connected to visibility, to being able to see oneself represented in the outside world, and concurrently, participants shared that their ability to accept themselves as 2STNBGN was helped by being able to see confident 2STNBGN people on social media and in social spaces.

Being around other trans or non-binary people seems to be central to many people's positive experiences of their bodies. Participants described the experience of being in spaces with other 2STNBGN people as incredibly affirming. The experience of being seen, understood, celebrated, and desired is at the heart of visibility and representation.

If you need help

Saskatchewan Crisis Line - all ages:

1-306-525-5333

National Eating Disorder Information Centre Helpline:

1-866-633-4220

Or find more support at:

<https://nied.ca/immediatesupport>

Self-Harm & Suicide

According to Statistics Canada, nearly 12% of the Canadian population has thought about suicide in their lifetime, 4% have planned suicide, and 3% have attempted suicide (2019). Our statistics confirm the findings of other research on 2STNBGN communities that indicate that suicidality and rates of self-harm are much higher than that of the general population.

One of the greatest symptoms of systemic oppression and the societal neglect of our physical, mental, emotional, and social needs, is higher rates of self-harm behaviors and suicide ideation; a fact which reminds us that suicidality is the byproduct of transphobia, homophobia, and cisnormativity, and not something universal to the 2STNBGN community.



For example, one study found a direct correlation between a lack of access to gender neutral bathrooms at universities and colleges and suicidality among trans students (Seelman, 2016).

Social Determinants of Health

Have you ever seriously considered suicide?

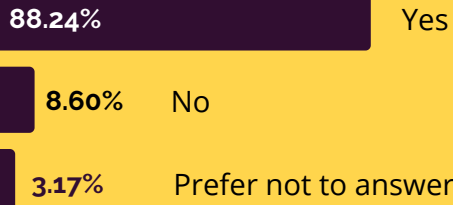


fig. 33

Have you ever seriously attempted suicide?

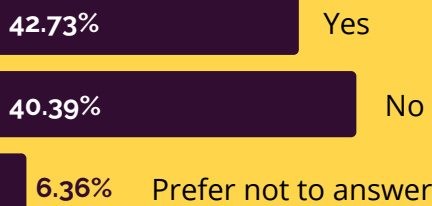


fig. 34

Have you ever done anything to hurt yourself on purpose?

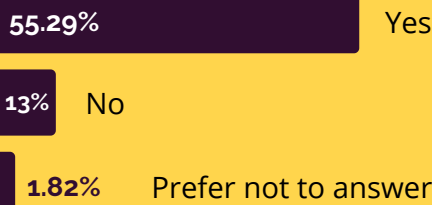


fig. 35

Sadly, most research on the trans and non-binary community focuses on suicide, self-harm, and other “deficits”. You will find these statistics in almost all reports and articles written about us. In our efforts to amplify a strengths-based landscape of our community, we will not repeat these studies here.

Instead, we ask you to acknowledge that transphobia exists and that it has awful impacts on our communities. We do not need to prove its existence and are better served by discussing the ways that communities, institutions, and governments could work to meet our social, emotional, physical, and mental needs and therefore work to alleviate these painful outcomes.

Emergency Numbers

Trans Lifeline: 877-330-6366

Saskatchewan HealthLine: 811

Indigenous Hope for Wellness Help Line: 1-855-242-3310

Indian Residential School Crisis Line: 1-800-721-0066

Mobile Crisis Service Prince Albert: 306-764-1011

Mobile Crisis Service Regina: 306-757-0127

Mobile Crisis Service Saskatoon: 306-933-6200

La Ronge 24-Hour Crisis Line: 306-425-4090

Regina Crisis/Suicide Line: 306-525-5333

Gender-Based Violence

In this research project, we purposefully did not ask our participants to share personal experiences facing violence or harassment, as our community has long been reduced to these experiences in research settings and the mainstream media. However, we know that the statistics are dire, as the TransPulse project found that 98% of Ontario respondents reported at least one instance of transphobia, and 24% of these reported being harassed by police (Schein, 2014).

We did find that **48% of respondents avoided situations, places, objects or activities “frequently” or “constantly” because of anxiety or fear.** This is an essential aspect to our mental health as “access to public spaces is foundational for well-being, including access to food, physical activity, and social interaction, and is necessary for accessing community services, health care, and education” (Schein, 2014).

When it comes to gender-based violence (GBV), 2SLGBTQ+ people face some of the highest rates of violence of any group of people in the world (Sida, 2015). GBV serves as a way of controlling and/or punishing those who appear to threaten traditional norms of masculinity and femininity, and who threaten heteronormative systems, meaning that 2STNBGN people experience GBV very differently from other groups. The concurrent impacts of homo-, bi-, transphobia, and misogyny result in impacts such as identity abuse (refusing to use someone's correct name and pronouns), threatening to 'out' the individual, restricting access to supports, or threatening to disclose HIV/AIDS status, among other tactics. Also, talking about GBV often means coming out with one's sexual and gender identity to service providers and many folks may fear further discrimination and retraumatization during this process.

Social Determinants of Health

The Gender-Based Violence Project, a recent initiative of OUTSaskatoon, has started important conversations about both the impacts of GBV on 2SLGBTQ+ communities and strategies and recommendations for individuals and organizations (<https://gbvproject.ca/gbv-education/>).

Intimate Partner Violence

In 2021, Saskatchewan had the highest rate of Intimate Partner Violence (IPV) in Canada at 724 per 100,000 people (StatsCan, 2021). Agencies, governments, and social services have been slow to recognize that intimate partner violence occurs within 2SLGBTQ+ relationships and even slower to explore IPV within 2STNBGN communities. Recently, Women and Gender Equity Canada (WAGE) found that 49% of LGB+ women reported being assaulted by partners, which is almost double what straight women reported at 25% (WAGE, 2022), indicating that there is a great need to increase awareness around IPV in queer relationships, as well as to ensure that 2SLGBTQ+ people are included within related support and educational programs.

We did not ask our interview and sharing circle participants to speak to intimate partner violence or their experiences of gender-based violence, but we did ask a question about IPV in the survey. Thirty-percent of respondents (n=64/216) indicated having had a partner insult, shout, or yell at them, while 28% indicated that they had a partner force or pressure them into sexual activity.

Social Determinants of Health

Alcohol & Substance Use

Another limitation of our study was collecting information around substance and alcohol use. If we compare our results to the 2017 Canadian Tobacco, Alcohol, and Drugs Survey, our overall statistics are directly proportional to the national and provincial findings. However, this finding is potentially inconsistent as it has been found elsewhere that 2STNBGN people typically have higher self-reported alcohol and substance usage. Explanations for this have been theorized to include transphobic stigma and violence, familial rejection, high rates of Post-Traumatic Stress Disorder, unemployment, depression, unstable housing, and other stressors that are coped with by using alcohol and substances (Keuroghlian, 2015; Watson et al., 2019; Wolfe et al., 2021). There is also research suggesting that 2STNBGN people start to drink alcohol, use substances, and smoke both nicotine and marijuana at younger ages than our cisgender peers (Day et al., 2017; Fuxman et al., 2021). One study in particular found that these statistics are elevated even more among young people who are questioning their gender (Fuxman et al., 2021).

Do you use cannabis?

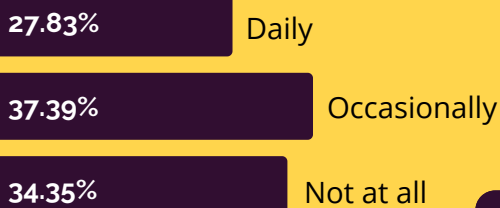


fig. 36

The 2021 Canadian Cannabis Survey recorded Canadian daily use of cannabis at 19%. Our results were about 9% higher, at 28% daily use.

Our respondents indicated that 75% (n=180/240) had consumed alcohol in the past 12 months, again, similar to Canada's general population (78%) and Saskatchewan's general population (78%) (Canadian Tobacco, Alcohol, and Drugs Survey, 2017). But when further broken down into monthly alcohol consumption, we found that 75% (n=180/240) of our respondents participated in monthly use while the general Canadian population ranged from 63% - 68%.

Eight percent (n=21/255) of our respondents indicated that they needed the use of addictions services, but only 3% (8/255) reported accessing these services. Barriers preventing 2STNBGN people from accessing addictions services include discriminatory policies and practices, uninformed or abusive staff, councillors, and security guards, the referral system at large, lack of gender inclusive options (gender-neutral spaces, washrooms, or sleeping arrangements), high staff turnover, and lack of trans staff (Baguso et al., 2022; Keuroghlian et al., 2015; Oberheim DePute, & Hagedorn, 2017). One study documenting gay and lesbian addiction treatment options found that having a safe space to explore both sexuality and relationship to drugs and alcohol was beneficial (Hicks, 2000). It is easy to imagine 2STNBGN people having the similar option to explore and express their gender freely could have similar benefits.

Future research should prioritize these voices and expand beyond reductive 'problem models to explore harm reduction and community-led initiatives.

Spirituality

Many participants had traumatic or negative experiences with mainstream religions. For Two-Spirit and Indigenous trans and gender diverse people, religious institutions played a key role in colonization and genocide with impacts continuing today and therefore having different connotations for 2SQTIP than for non-Indigenous TNBGN people.

Despite these experiences, **a number of participants have found their way to their own spiritualities or less common religions where they experience comfort, community, and intimacy with partners.** Indigenous participants were 15% more likely to feel “connected to spirituality or faith” than non-Indigenous participants, and 24% less likely to be “not religious or spiritual at all.” Some 2SQTIP people have begun a healing journey through ceremony and practices like smudging. This path has been key to growth and self-acceptance, and reiterates the need for Indigenous 2STNBGN people’s access to gender-affirming teachings and ceremonies.

Do you feel connected to your spirituality or faith?

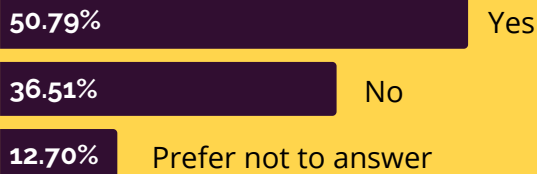


fig. 37

Twenty-eight percent of respondents used their own words to describe their relationship with what we might term ‘spirituality’. Many of these descriptions borrowed from or mixed various aspects of all listed religions and spiritualities. Many others described their relationships with the universe, nature, and/or the idea of a higher power. Many rejected traditional categorization. The second most common responses to the question about people’s relationship with spirituality/religion was “none,” followed by “agnostic,” and “atheist.” It is possible that our findings speak to the way in which mainstream religions continue to be unwelcoming or unsafe places for many 2STNBGN people in Saskatchewan.

Social Determinants of Health

Self-declared religion/spirituality (n=221)	# of Responses	% of Sample
Own Words	61	28%
None	29	13%
Agnostic	27	12%
Athiest	21	9.5%
Pagan	15	7%
Spiritual	13	6%
Indigenous Spirituality	8	4%
Christian/adjacent	7	3%
Wiccan	7	3%
Buddhist	7	3%
Catholic	6	3%
Satanist	5	2%
Witch	4	2%
Unsure/Don't Know	4	2%
Animism	2	1%
Jewish	1	0.5%
Ignostic	1	0.5%
Misotheistic	1	0.5%
Hellenizing Gnostic	1	0.5%
Unitarian Universalist	1	0.5%

fig. 38

“I’m reconnecting with my spirituality. I’m glad to have something in my current life, that my ancestors had in their lives. It’s not only a connection to my family and friends, but to everything else in our lives. I was raised religious, but there was never a connection. Going to church versus going to ceremony, felt like a comfort like no other.” - KS

Recommendations

For the first time in Saskatchewan, our diverse experiences as 2STNGBN people are collected in one place. We hope this report makes us more visible, provides evidence-based arguments for health care providers, educators, and other public figures to instigate better services, and adds narratives of strength, joy, creativity, and fluidity to the otherwise bleak existing research landscape relating to 2STNGBN communities.



At the heart of this project was Tiberius' (Trans Sask's Research Manager) genuine passion for bringing people together. Every interview and sharing circle was filled with laughter, even while speaking to topics that were difficult or traumatic. Sharing stories has been an important aspect of Indigenous research for generations, and it was a necessary tool for this research, as it offers insight and can also offer healing.



We offer recommendations to all sectors of society. These recommendations are built from our key findings, our comprehensive review of related 2STNGBN research and our knowledge about what it means to live in Saskatchewan. We encourage you to make it a priority to check all of the boxes that relate to you. 2STNGBN people told us that they want to live in this province, so please help us to make that a safe and affirming choice!



Recommendations

2STNBGN community members & research participants/co-investigators

- Continue being amazing and beautiful – your existence and visibility is affirming for others who are looking for support, role models, & friends.
- Reach out to other 2STNBGN people – our research revealed that even small interactions and gestures mean much more than you think - and you deserve the best care and the most support.
- Start or join an online space where you can ask questions, try out new pronouns, or interact with and offer support to other 2STNBGN people.
- If your community doesn't have a social group (like Gender Rev) - start one! Email Trans Sask at info@transsask.ca if you need help.
- Be intentional about including disabled and neurodivergent community members when organizing events (i.e. have hybrid participation options, make sure elevators are working, etc.).
- Take time to think about and share gender-affirming stories.

Recommendations



Health care providers, institutions, & training or educational programs

- Educate yourself on providing care to 2STNBGN patients.
- Educate yourself about the past harms perpetrated by Canadian medical institutions (i.e. The Clarke Institute) and various social and educational systems toward 2STNBGN people.
- Provide safe ways for clients to provide you with their name, gender, and pronouns, regardless of their current legal status.
- Provide the same care to trans patients that you would to cisgender patients.
- Cease practices which seek to 'normalize' patient's physical characteristics to cisgender-norms without informed patient consent (i.e. intersex surgeries).
- Work to ensure that Indigenous patients receive culturally competent and anti-racist care.
- Ask for pronouns and use them consistently (this may require practicing).
- Create low-cost or sliding scale access for mental health resources.
- All physicians are able to prescribe hormone replacement therapy and puberty blockers to 2STNBGN patients without a referral.



Recommendations



Mental health care providers



Create sliding scale access to counselling and therapy.



Change intake forms to make room for clients to self-identify gender and pronouns.



Participate in educational opportunities to learn about gender diversity.



Seek out affirming and supportive therapies for 2STNBGN people.



Ensure that you clearly identify if your practice is 2STNBGN-informed.



Recommendations



2SLGBTQ+ Organizations

- Hire 2STNBGN people and prioritize 2STNBGN people on your boards.
- Make deliberate programs, trainings, and services for gender diversity.
- Seek out and make deliberate spaces for BIPOC contributions.
- Work to expand services beyond urban centres.
- Prioritize peer and social support groups and navigators for 2STNBGN - and that these groups are run by 2STNBGN staff and volunteers.
- Ensure there are avenues for support that allow 2STNBGN people to connect before they are ready to be in a physical space (i.e. online, email, and other virtual programs).

2SLGBTQ+ Funders

- Educate yourself on gender diversity and work to understand the differences between sexuality and gender identity.
- Be explicit about the fact that 2SLGBTQ+ people and programs are eligible grant and fund recipients.
- Fund 2STNBGN-specific initiatives and organizations.
- Ensure that 2SLGBT+ people are part of your advisory groups.
- Read this report: [Enchante Network Funding Report](#).



Recommendations



Researchers & government officials

- Ensure that all research and policy decisions have appropriate 2STNBGN representation and collaboration.
- Help community organizations that focus on 2STNBGN needs achieve sustainable funding.
- Work to decriminalize sex work to ensure safer work conditions, to reduce the stigma of sex work as a whole.
- Advocate for changes to policy and law that 2STNBGN people have identified as barriers to quality of life.
- Continue or start work to address colonial harms.

Businesses

- Create policies and practices that protect 2STNBGN staff and service users.
- Use affirmative hiring practices to recruit 2STNBGN talent.
- Have clear instructions on how to file gender-based harassment complaints.
- Ensure employee benefits cover 2STNBGN health and wellness needs.
- Ensure 2STNBGN employees have access to opportunities which let them connect and network with other 2STNBGN professionals in their fields.
- Ensure employees have access to training and/or professional development on how to support 2STNBGN clients and colleagues.
- Pay 2STNBGN organizations to present to your staff.



Recommendations



Educational institutions, teachers, & staff

Do a classroom resource audit to ensure books, posters, AV materials, resources, textbooks, etc. are reflective of a diverse range of gender identities and types of relationships.

Ensure school policies specifically prevent gender-based bullying and protect 2STNBGN students.

Ensure that 2SLGBTQ+ teachers are supported and encouraged.

Adapt all forms to have front-facing and 'legal' options for students to use their names.

Do not ask for gender-based data on forms or in classrooms if it is not needed.

Have a process to change students' school email addresses quickly and efficiently when they change their name.

Assess your school's ability to offer gender-neutral washrooms and change-rooms and advocate for their development.

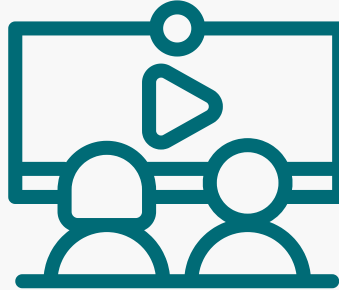
Offer non-gendered or gender-inclusive extra curriculars, including sports.

Have a process for students to communicate their pronouns to classroom teachers in a variety of settings (if students will use different pronouns and/or names at school than at home, for example) .

Do not divide classes, groups, or lines by gender.



Recommendations



Families with 2STNBGN members/kids



Educate yourself about expansive understandings of gender, including gender constellations and other ways of learning about gender: [Early Childhood Resources](#).



Ensure your little ones know and understand that they will be supported in their gender journey.



Make sure that the books, tv shows, and movies that you share with your family portray a variety of genders.



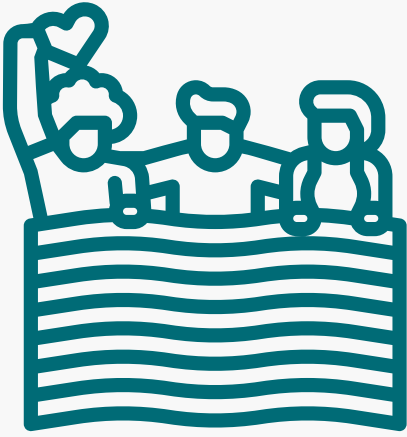
Avoid unnecessarily gendering clothes, toys, household tasks, etc.



Take your kids to pride and queer centre social groups or queer camp (fYrefly)! <https://www.fyreflysask.ca/>



Recommendations



Everyone

Go out of your way to ensure that your media (tv shows, books, social media, movies, video games, etc.) are created by and reflect people who are different from you.

Learn about being an ally and an accomplice to 2STNBGN people.

Amplify don't occupy: As an ally or an accomplice, ensure that you are not speaking for 2STNBGN people and rather that you are supporting and highlighting the voices and lived experiences of 2STNBGN people.

Self-educate about issues that you are curious or unsure about (just google it!).

Correct friends when they misgender or needlessly gender someone if that person isn't around.

Ask your 2STNBGN friends and family members what they would like you to do when someone misgenders or harasses them, and then carry out their wishes.

Continue to challenge binaries in your own thinking and in your everyday life.



References

- Baguso, G., Aguilar, K., Sicro, S., Mañacop, M., Quintana, J., & Wilson, E. (2022). 'Lost trust in the system': System barriers to publicly available mental health and substance use services for transgender women in San Francisco. *BMC Health Services Research*.
<https://doi.org/10.1186/s12913-022-08315-5>
- Baril, A. (2015). Transness as debility: Rethinking intersections between trans and disabled embodiments. *Feminist Review*, 111(1), 59–74. <https://doi.org/10.1057/fr.2015.21>
- Bauer, G. et al. (2015). Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. *BMC Public Health* 15, 525.
- Bauer, G., Scheim, A., Churchill, S. (2020). *Health and well-being among trans and non-binary Canadians: First results from TransPULSE Canada*. Presentation, World Professional Association for Transgender Health (WPATH) 26th Scientific Symposium. Accessed August 5, 2022: <https://transpulsecanada.ca/wp-content/uploads/2021/02/WPATH-2020-TPC-Health-and-Well-Being-vFINAL-1.pdf>
- Boisvert, N. (July 14, 2021). For the first time in decades, major changes are coming to Canada's workplace equity laws. *CBC News*. Retrieved September 1, 2022, from <https://www.cbc.ca/news/politics/employment-equity-task-force-1.6103132>
- Butler, J. (1990). *Gender Trouble*. Routledge.
- Canadian Mental Health Association, BC Division. (2014). *Borderline personality disorder*. Retrieved August 15, 2022, from <https://cmha.bc.ca/documents/borderline-personality-disorder-2/>
- Canadian Observatory on Homelessness. (2021). *Community report on Regina*. Retrieved September 8, 2022, from <https://www.homelesshub.ca/community-profile/regina>
- Canadian Observatory on Homelessness. (2021). *Community report on Prince Albert*. Retrieved September 8, 2022 from <https://www.homelesshub.ca/community-profile/prince-albert>
- Canadian Observatory on Homelessness (2018). *Community report on Saskatoon*. Retrieved September 8, 2022, from <https://www.homelesshub.ca/community-profile/saskatoon>
- Canadian Psychological Association. (n.d.) *Traumatic stress section: Facts about traumatic stress and PTSD*. Retrieved August 15, 2022, from <https://cpa.ca/sections/traumaticstress/simplefacts/>
- Canadian Tobacco, Alcohol, and Drugs Survey. (2017). *Detailed tables*. Retrieved August 19, 2022, from <https://www.canada.ca/en/health-canada/services/canadian-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html>

References

- Coleman, T. et al. (2011). Challenging the binary: Gender characteristics of trans Ontarians. *Trans PULSE E-Bulletin*, 2(2), 1-3.
- Day, J., Fish, J., Perez-Bumer, A., Hatzenbuehler, M., & Russel, S. (2017). Transgender youth substance use disparities: Results from a population-based sample. *Journal of Adolescent Health*, 61, 729-735.
- Dykhuisen M, Marshall K, Loewen Walker R, Saddleback J. (2022). Holistic health of Two Spirit people in Canada: A call for nursing action. *Journal of Holistic Nursing*, 40(4).
<https://doi.org/10.1177/089801012111072645>
- Fuxman, S., Valenti, M., Schneider, S., O'Brien, K., & O'Donnell, L. (2021). Substance use among transgender and cisgender high school students. *Journal of LGBT Youth*, 18(1), 40-59.
- Galupo, M.P., Henise, S., & Mercer, N. (2016). 'The labels don't work very well': Transgender individuals' conceptualizations of sexual orientation and sexual identity. *International Journal of Transgenderism*, 17(2), 93-104. <https://doi.org/10.1080/15532739.2016.1189373>
- Guyan, K. (2022). *Queer data: Using gender, sex and sexuality data for action*. Bloomsbury.
- Heinz, M. (2018). Communicating while transgender: apprehension, loneliness, and willingness to communicate in a Canadian sample. *SAGE Open*, 8(2).
<https://doi.org/10.1177/2158244018777780>
- Hicks, D. (2000). The importance of specialized treatment programs from lesbian and gay patients. *Journal of Gay & Lesbian Psychotherapy*, 3, 81-94. https://doi.org/10.1300/J236v03n03_07
- Intersex Campaign for Equality. (2015, April 1). *How Common is Intersex? An Explanation of the Stats*. Retrieved August 11, 2022, from <https://www.intersexequality.com/how-common-is-intersex-in-humans/>
- Intersex Society of North America. (n.d.) *Do Frequency Rates Matter?* Retrieved August 11, 2022, from <https://isna.org/node/972/>
- Jeudy, L. (2021, November 16). *Canada: Median Annual Family Income, by province 2019*. Statista. Retrieved August 8, 2022, from <https://www.statista.com/statistics/467078/median-annual-family-income-in-canada-by-province/>
- Jones, T. (2016). The needs of students with intersex variations. *Sex Education*, 16(6), 602-618.
<https://doi.org/10.1080/14681811.2016.1149808>

References

- Keuroghlian, A., Reisner, S., White, J., & Weiss, R. (2015). Substance use and treatment of substance use disorders in a community sample of transgender adults. *Drug and Alcohol Dependence* 152, 139-146. <https://dx.doi.org/10.1016/j.drugalcdep.2015.04.008>
- Korinek, V. (2018). *Prairie Fairies: A History of Queer Communities and People in Western Canada, 1930-1985*. University of Toronto Press.
- Koyama, E., & Weasel, L. (2002). From social construction to social justice: Transforming how we teach about intersexuality. *Women's Studies Quarterly*, 30(3/4), 169–178. <http://www.jstor.org/stable/40003252>
- Latimer, K. (2021, August 27). Outreach, prevention needed as syphilis epidemic surges in Sask.: experts. *CBC News*. Retrieved August 8, 2022, from <https://www.cbc.ca/news/canada/saskatchewan/syphilis-outbreak-sask-spreads-1.6154278>
- Learning Disabilities Association of Canada. (2017). *Canadian Survey on Disability - Highlights*. Retrieved August 12, 2022, from <https://www.ldac-acta.ca/canadian-survey-on-disability-reports-a-demographic-employment-and-income-profile-of-canadians-with-disabilities-aged-15-years-and-over-2017/>
- Lomash, E., Galupo, M., & Mitchell, R. (2016). 'All of my lovers fit into this scale': Sexual minority individuals' responses to two novel measures of sexual orientation. *Journal of homosexuality*, 64(2). <https://doi.org/10.1080/00918369.2016.1174027>
- Lynn, J. (2022, April 27). Saskatoon remains largest city in Saskatchewan: census. *CTV News: Saskatoon*. Retrieved August 8, 2022, from <https://saskatoon.ctvnews.ca/saskatoon-remains-largest-city-in-saskatchewan-census-1.5878356>
- Levac, L., Cattapan, A., Haley, T., Pin, L., Tungohan, E. and Wiebe, S.M. (2022). Transforming public policy with engaged scholarship: Better together. *Policy & Politics*, 1–22. <https://doi.org/10.1332/030557321X16485722290035>
- Morland, I. (2014). Intersex. *Transgender Studies Quarterly*, 1(1/2), 111-115. <https://doi.org/10.1215/23289252-2399758>
- Movement Advancement Project (November, 2019). *Where We Call Home: Transgender People in Rural America*. Retrieved August 17, 2022, from <https://www.arcusfoundation.org/wp-content/uploads/2020/12/Where-We-Call-Home.pdf>
- Norman, S. B., Hami Cissell, S., Means-Christensen, A. J., & Stein, M. B. (2006). Development and validation of an overall anxiety severity and impairment scale (OASIS). *Depression and anxiety*, 23(4), 245-249.

References

- Oberheim, S., DePue, M., & Hagedorn, W. (2017). Substance use disorders (SUDs) in transgender communities: The need for trans-competent counselors and facilities. *Journal of Addictions & Offender Counseling*, 38, 33-45.
- Parr, N. J., & Howe, B. G. (2022). Heterogeneity of transgender identity nonaffirmation microaggressions and their association with depression symptoms and suicidality among transgender persons. *Psychology of Sexual Orientation and Gender Diversity*, Publish Ahead of Print. <https://doi.org/10.1037/sgd0000347>
- Rikani, A. A., Choudhry, Z., Choudhry, A. M., Ikram, H., Asghar, M. W., Kajal, D., Waheed, A., & Mobassarrah, N. J. (2013). A critique of the literature on etiology of eating disorders. *Annals of neurosciences*, 20(4), 157–161. <https://doi.org/10.5214/ans.0972.7531.200409>
- Roberts, L. M., & Christens, B. D. (2021). Pathways to well-being among LGBT adults: Sociopolitical involvement, family support, outness, and community connectedness with race/ethnicity as a moderator. *American Journal of Community Psychology*, 67, 405-418. <https://doi.org/10.1002/ajcp.12482>
- Roen, K., & Oliver, E. (2022). Decolonizing and demedicalizing intersex research. *Feminism & Psychology*, 32(2), 281-290. <https://doi.org/10.1177/095935352111068>
- Rowe, W. (2014). Auditioning for care: Transsexual men in Ontario accessing health care. In D. Irving and R. Raj (Eds.), *Trans Activism in Canada: A Reader* (pp. 209-224). Canadian Scholars' Press Inc.
- Rubin, D., Wolff, M., & Lock Swarr, A. (2022). Creating Intersex Justice: Interview with Sean Saifa Wall and Pidgeon Pagonis of the Intersex Justice Project. *Transgender Studies Quarterly*, 9(2), 187-195. <https://doi.org/10.1215/23289252-9612823>
- Sanders, C., Usipuk, M., Crawford, L., Koopmans, E., Todd, N., & Jones, T. (2021). What mental health supports do people with intersex variations want, and when? Person-centred trauma-informed life-cycle care. *Psychology of Sexualities Review*, 12(1), 5-19. <https://shop.bps.org.uk/psychology-of-sexualities-review-vol-12-no-1-summer-2021>
- Saskatchewan Human Rights Code*. (2018). *Chapter S-24.2 of the Statutes of Saskatchewan*. Government of Saskatchewan.
- Saskatchewan Trans Health Coalition. (2019). *Saskatchewan Medical Transition Guide*. Saskatchewan Trans Health Coalition. <https://www.transsask.ca/wp-content/uploads/2019/02/Saskatchewan-Medical-TransitionGuide-Final-Draft-1.pdf>

References

- Seelman, K. L. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *SW Publications*, 64. https://scholarworks.gsu.edu/ssw_facpub/64
- Scheim, A., Bauer, G., & Pyne, J. (2014). Avoidance of public spaces by trans Ontarians: The impact of transphobia on daily life. *Trans PULSE e-Bulletin*, 4(1).
- Scheetz, Ellen. (2021). *Gender Constellation*. Authentic You. <https://www.authenticyou.co/video-gender-constellation/>
- Schwab, A., Peter, N., Lawson, K., & Jessani, A. (2022). 'Expectation is always that the practitioner might not be okay with queerness': Experiences of LGBTQ + with the healthcare system in Saskatchewan, Canada. *Journal of Homosexuality*, August, 1-16. <https://doi.org/10.1080/00918369.2022.2103871>
- Short, A. (2020, January 20). Gender confirmation surgery approval wait times halved in the past year. *Star Phoenix*. <https://thestarphoenix.com/news/local-news/wait-times-for-gender-confirmation-surgery-approval-halved-by-provinces-expansion>
- Short, A. (2021, January 18). Trans health navigator pilot to 'bridge the gap' for patients, doctors, Saskatoon. *StarPhoenix*. <https://thestarphoenix.com/news/localnews/trans-health-navigator-pilot-to-bridge-the-gap-for-patients-doctors>
- Statistics Canada (2017, November 29). *Education in Canada: Key results from the 2016 census*. The Daily. Retrieved August 8, 2022, from <https://www150.statcan.gc.ca/n1/daily-quotidien/171129/dq171129a-eng.htm?indid=14431-1&indgeo=0>
- Statistics Canada (2018). *Table 13 Cisgender and transgender Canadians' mental health indicators, by indicator, Canada, 2018*. Retrieved, September 7, 2022, from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00009/tbl/tbl13-eng.htm>
- Statistics Canada (2019). *Suicide in Canada: Key Statistics*. Retrieved, August 19, 2022, from <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>
- Statistics Canada. (2021, March 2). *Section 3: Police-reported intimate partner violence in Canada, 2019*. Government of Canada, Statistics Canada. Retrieved August 8, 2022, from <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001/03-eng.htm>
- Statistics Canada. (2022, August 30). *Census Profile. 2021 Census of Population*. Statistics Canada Catalogue no. 98-316-X2021001. Government of Canada, Statistics Canada. Retrieved September 9, 2022, from <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>

References

- Statistics Canada. (2022, April 27). *Canada is the first country to provide census data on transgender and non-binary people*. The Daily. Retrieved August 17, 2022, from <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm>
- Statistics Canada. (2022, January 7). *Labour force characteristics by industry, annual*. Government of Canada, Statistics Canada. Retrieved August 9, 2022 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410002301>
- Statistics Canada. (2022, March 23). *Income of individuals by age group, sex, and income source, Canada, provinces, and selected metropolitan areas*. Government of Canada, Statistics Canada. Retrieved August 9, 2022, from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1110023901>
- Statistics Canada. (2022, June 2). *Overview of policy issues and background – Employment Equity Act review*. Government of Canada, Statistics Canada. Retrieved September 1, 2022, from <https://www.canada.ca/en/employment-social-development/corporate/portfolio/labour/programs/employment-equity/reports/act-review-overview-background-policy-issues.html>
- Stone, K. D., Dimitropoulos, G., & MacMaster, F. P. (2021). Food for thought: A dissonance between healthcare utilization costs and research funding for eating disorders in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 30(3), 197–203.
- Taylor, A. B., Chan, A., Hall, S. L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group. (2020). *Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey*. Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia.
- Tait, C., Henry, B., & Loewen Walker, R. (2018). Child welfare: A social determinant of health for Canadian First Nations and Métis children? In R. Henry, A. LaVallee, N. Van Styvendale, & R. A. Innes (Eds.), *Global Indigenous Health: Reconciling the Past, Engaging the Present, Animating the Future* (pp. 151-173). University of Arizona Press.
- The Trans PULSE Canada Team. (2020, March 10). Health and health care access for trans and non-binary people in Canada. <https://transpulsecanada.ca/research-type/reports>
- United Nations Office of the High Commissioner on Human Rights. (2019). *Background Note on Human Rights Violations against Intersex People*. United Nations OHCHR.
- Vandenbroeck, L. (2020). *The Lived Experience of a Male-to-Female Transgender Individual Incarcerated in a Men's Correctional Institution*. (Master's Thesis, University of Manitoba, 2020).

References

- Vescera, Zak. (May 21, 2022). Saskatchewan reports record number of HIV cases in 2021. *Star Phoenix*. Retrieved September 9, 2022, from <https://thestarphoenix.com/news/saskatchewan/saskatchewan-reports-record-number-of-hiv-cases-in-2021>
- Warrier et al. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communications*, 11(3959). <https://doi.org/10.1038/s41467-020-17794-1>
- WAGE (2022, February 7). *Fact Sheet: Intimate Partner Violence*. Women and Gender Equality Canada. Retrieved August 8, 2022, from <https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/intimate-partner-violence.html>
- Wanta, J. W., Niforatos, J. D., Durbak, E., Viguera, A., & Altinay, M. (2019). Mental health diagnoses among transgender patients in the clinical setting: An all-payer electronic health record study. *Transgender health*, 4(1), 313–315. <https://doi.org/10.1089/trgh.2019.0029>
- Watson, R., Veale, J., Gordon, A., Clark, B., & Saewyc, E. (2019). Risk and protective factors for transgender youths' substance use. *Preventive Medicine Reports*, 15, 1-6. <https://doi.org/10.1016/j.pmedr.2019.100905>
- Wexler, Liat. (2016). *Applying the Universe Model of Gender in Prevention*. Washington, DC. National Sexual Assault Conference. <http://www.preventconnect.org/2016/11/applying-the-universe-model-of-gender-in-prevention/>
- What We Know Project. (2021, August 11). *What does the scholarly research say about the effect of gender transition on transgender well-being?* What We Know. Cornell University. Retrieved August 8, 2022, from <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/%20what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people%20/>
- Wolfe, H., Biello, K., Reisner, S., Mimiaga, M., Cahill, S., & Hughto, J. (2021). Transgender-related discrimination and substance use, substance use disorder diagnosis and treatment history among transgender adults. *Drug and Alcohol Dependence*, 223, 1-8. <https://doi.org/10.1016/j.drugalcdep.2021.108711>