



CENTRE FOR
GENDER & SEXUAL
HEALTH EQUITY

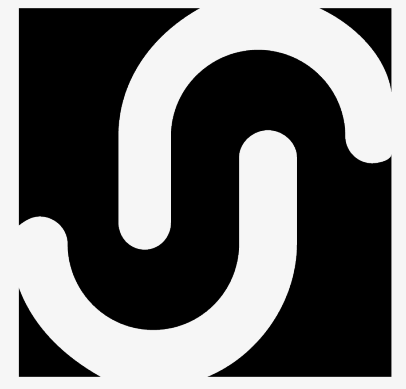
TRAINEE RESEARCH SYMPOSIUM



SIMON FRASER
UNIVERSITY



THE UNIVERSITY
OF BRITISH COLUMBIA

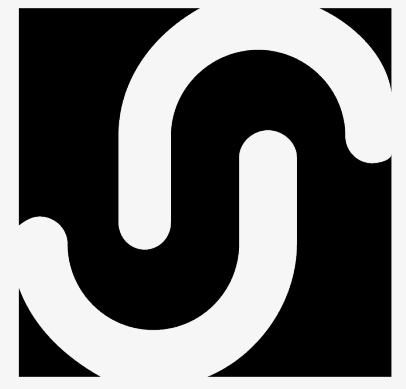


CENTRE FOR
**GENDER & SEXUAL
HEALTH EQUITY**

WELCOME

We would like to acknowledge that the Simon Fraser University, Burnaby campus, is situated on the unceded traditional territories of the Coast Salish peoples, including the səlilwətaʔɬ (Tsleil-Waututh), kʷikʷəłəm (Kwkwetlem), Skwxwú7mesh Úxwumixw (Squamish) and xʷməθkʷəyəm (Musqueam) Nations. We would also like to acknowledge that you are joining us today from many places, near and far, and acknowledge the traditional owners and caretakers of those lands.

@CGSHEquity | #CGSHETraineeSymposium



CENTRE FOR
**GENDER & SEXUAL
HEALTH EQUITY**

WELCOME

Please note that this session will be recorded.

To maintain privacy, you may turn off your camera and/or change your display name by clicking on the three dots on your image screen.

Zoom provides live captioning for this event.

If you would like to turn captions on, please click 'show captions' at the bottom of your zoom window.

@CGSHEquity | #CGSHETraineeSymposium

TRAINEE RESEARCH SYMPOSIUM



Mika Ohstuka



Parisa Kabir



Milo Ira



Martha Gumprich



Christian Barborini

TUE. MARCH 28 | 12:30-2:30 pm PT

Via Zoom or @ SFU FHS Student Commons

SYMPOSIUM

12:30 PM

Snacks

—

12:46 PM

Introduction

—

12:51 PM

Presenter: Mika Ohstuka

—

1:04 PM

Presenter: Parisa Kabir

—

1:16 PM

Lunch

1:36 PM

Presenter: Milo Ira

—

1:48 PM

Presenter: Martha Gumprich

—

2:00 PM

Presenter: Christian Barborini

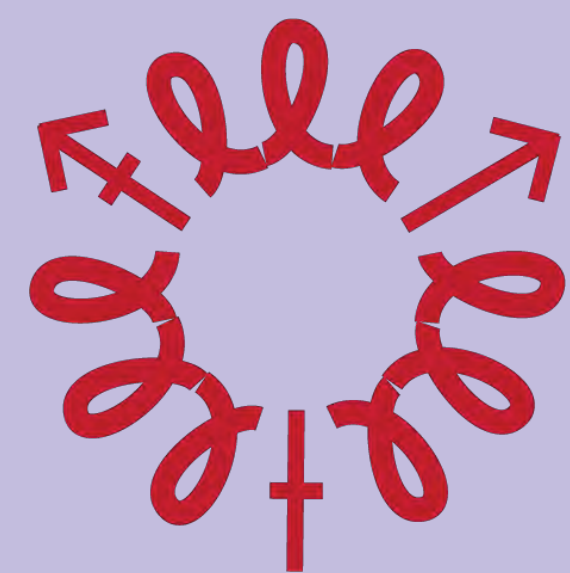
—

2:13 PM

Moderated Q&A by Dr. A.J. Lowik

CGSHE SYMPOSIUM

Mika Ohstuka



SHAWNA

**Gender-based
violence and
healthcare services
access among
women living with
HIV: Implications for
equity-oriented HIV
care**



CENTRE FOR
GENDER & SEXUAL
HEALTH EQUITY



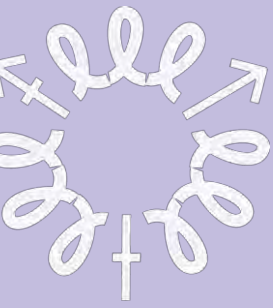
THE UNIVERSITY
OF BRITISH COLUMBIA

Land Acknowledgement

- We acknowledge that the land on which we work is the unceded and traditional territories of the x^wməθkwəyəm (Musqueam), S_kwx_wú7mesh (Squamish), and Səl'ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



Elder Blessing & Opening of CGSHE-UBC Office (2021)
With Elder Price & Elder Glida, Indigenous Design by Tiffany Creyke,
Art Installation by bubze & Sage

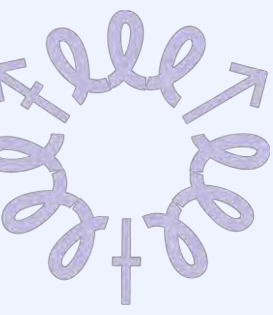


Resources

WAVAW: 604-255-6344

BWSS: 604-687-1867





Who am I?

Background

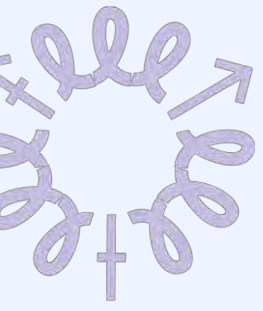
Objectives

Results

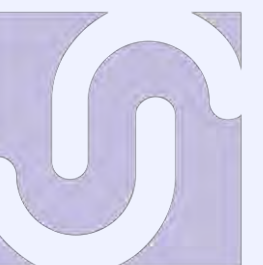
Implications

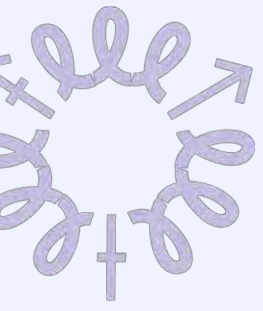
Outline



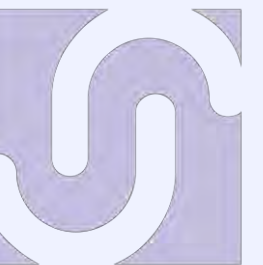


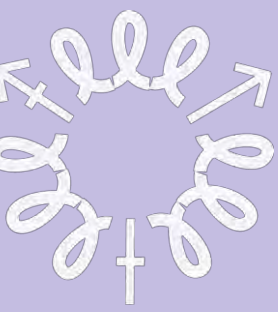
**Who am I and why
am I here?**





Background





SHAWNA Project Study Design

COMMUNITY-BASED

- Initiated in 2015 following six months of community consultation on research priorities and gaps, with cis or trans women living with HIV and HIV providers
- We are committed to GIPA/MIPA principles which ensures meaningful inclusion of the experiences of cis and trans women living with HIV in all stages of research

QUANTITATIVE COHORT

- Baseline and semi-annual questionnaires administered by interviewers to 370+ community experts

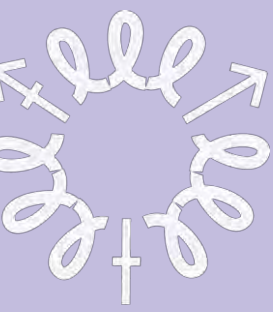
CLINICAL

- Offer voluntary sexually transmitted infections (STI) testing (Chlamydia, Gonorrhea, Syphilis, HCV)
- HIV viral load and CD4

QUALITATIVE

- Digital storytelling project with subset of 8-15 community experts
- Knowledge Translation project focusing on incarceration





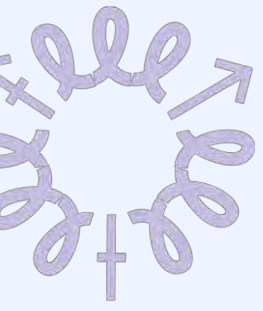
Gender-based violence (GBV)

- GBV is associated with social-structural factors: housing, food security, incarceration¹
- Settler colonialism and GBV²
- Most of the women (95%) in SHAWNA have experienced violence¹
- Violence is associated with difficulty accessing healthcare³
- Limited research from the pandemic

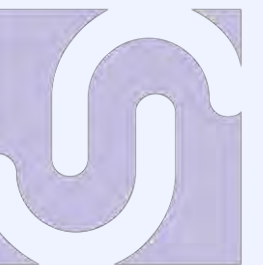


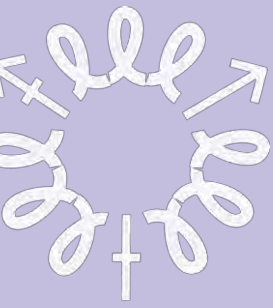
https://www.who.int/reproductivehealth/publications/violence/VAW_infographics/en/





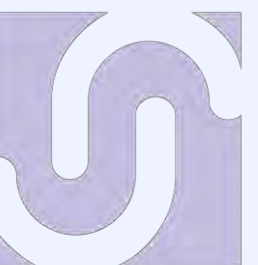
Objectives

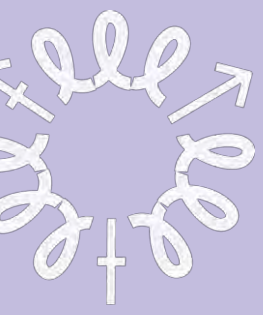




Objectives

1. Determine who we were most likely to miss during the pandemic and how violence impacted access to HIV care.
2. Determine the impact of transitioning HIV medication information onto PharmaNet.
3. What is the impact of receiving trauma- and violence-informed HIV (TVI) care on ART use and VL among women that experience violence?

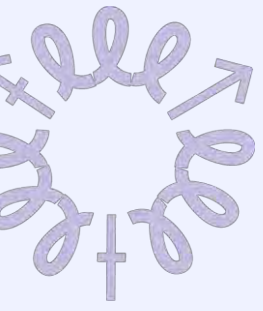




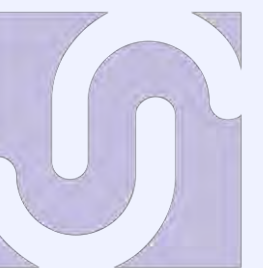
SHAWNA follow-up and HIV care access during COVID-19

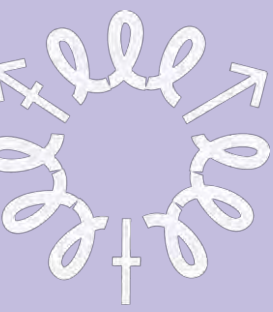
- Health and social inequities, including violence, were exacerbated during the pandemic⁴
- **Part 1:** Who were we unable to see during the pandemic?
- **Part 2:** How HIV care access was impacted during the pandemic
- **Equity-oriented care:** trauma-informed, culturally safe, contextually tailored, and harm reduction approaches⁵



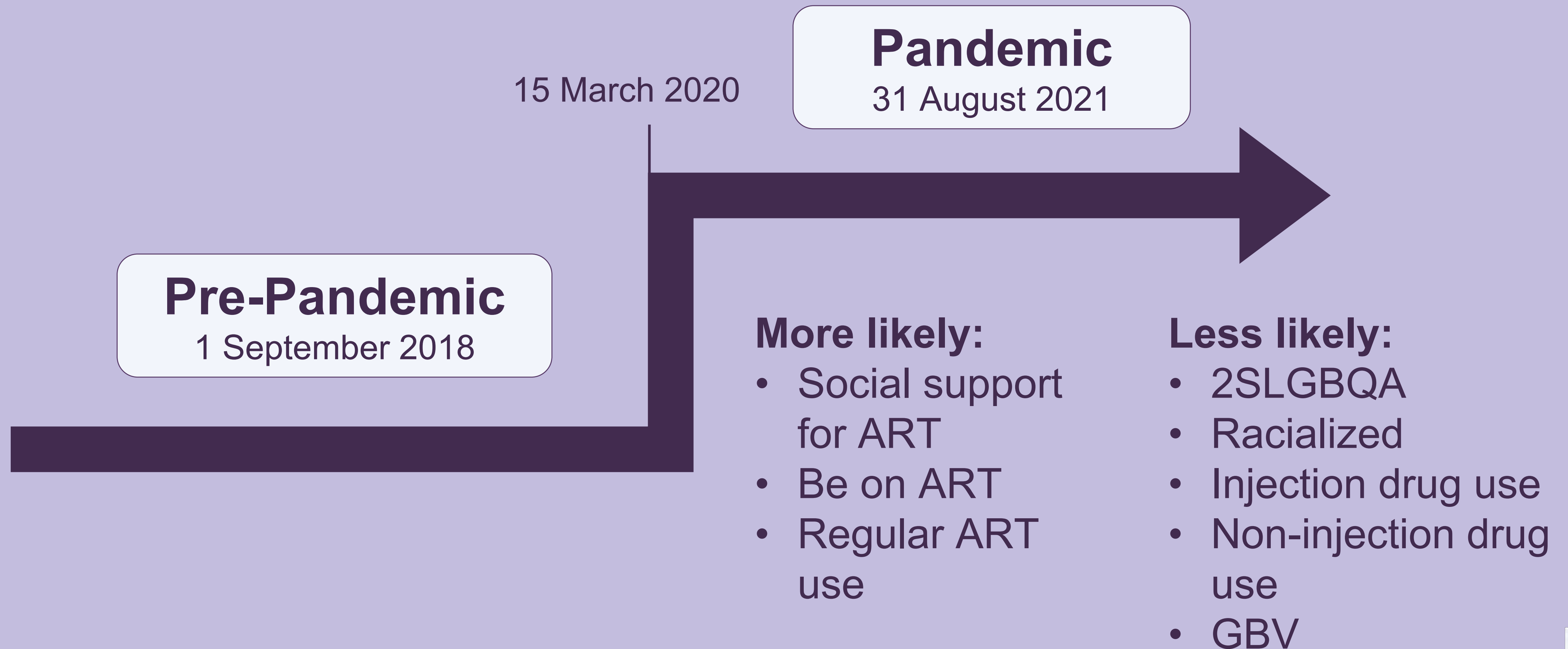


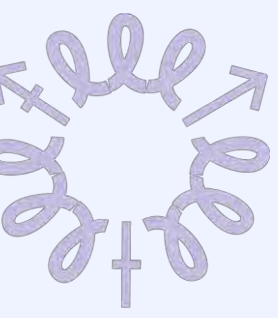
Results





Part 1: Who was more likely to complete a follow-up interview during COVID?





Part 2: GBV and HIV care access during COVID

Bivariate associations:

- Racialization
- Food insecurity and negative changes to food security
- Housing insecurity
- Injection drug use
- HIV disclosure without consent
- HIV stigma
- Difficulty maintaining support networks
- GBV

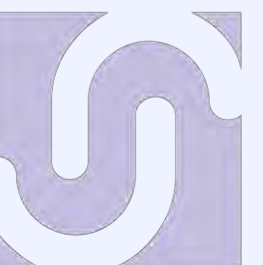
Pre-Pandemic

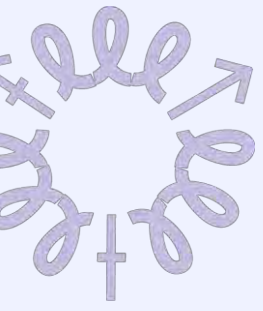
GBV
14% (n=22)

Pandemic

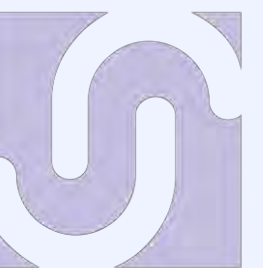
Difficulty
accessing
HIV care
30% (n=46)

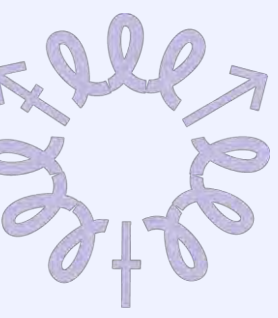
3.7 x more likely





Implications





Improve equitable access

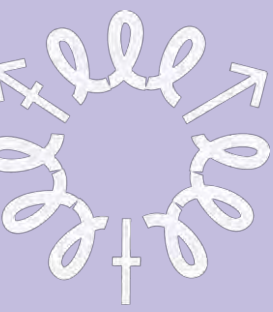
Part 1:

- Importance of physical spaces

Part 2:

- Identify social-structural barriers to HIV care
- The impact of violence on HIV care, within and outside of pandemic contexts
- Provide evidence to improve healthcare practices and policy implementation
- Advocate for equity-oriented care



**Principle Investigators:**

Kathleen Deering (PI Quantitative), Andrea Krüsi (PI Qualitative), Kate Shannon (Co-PI), Mary Kestler (Oak Tree site PI)

Co-Investigators and Knowledge Users:

Brittany Bingham, Sarah Chown, Sandra Chu, Janice Duddy, Putu Duff, Ruth Elwood, Silvia Guillemi, Terry Howard, Cécile Kazatchkine, Carmen Logie, Charlotte Loppie, Tara Lyons, Patience Magagula, Lisa Maher, Gina Ogilvie, Neora Pick, Sherri Pooyak, Flo Ranville, Jean Shoveller

Funding:

Canadian Institutes of Health Research, National Institutes of Mental Health, Michael Smith Foundation for Health Research, Vancouver Foundation

Research and Administrative Support:

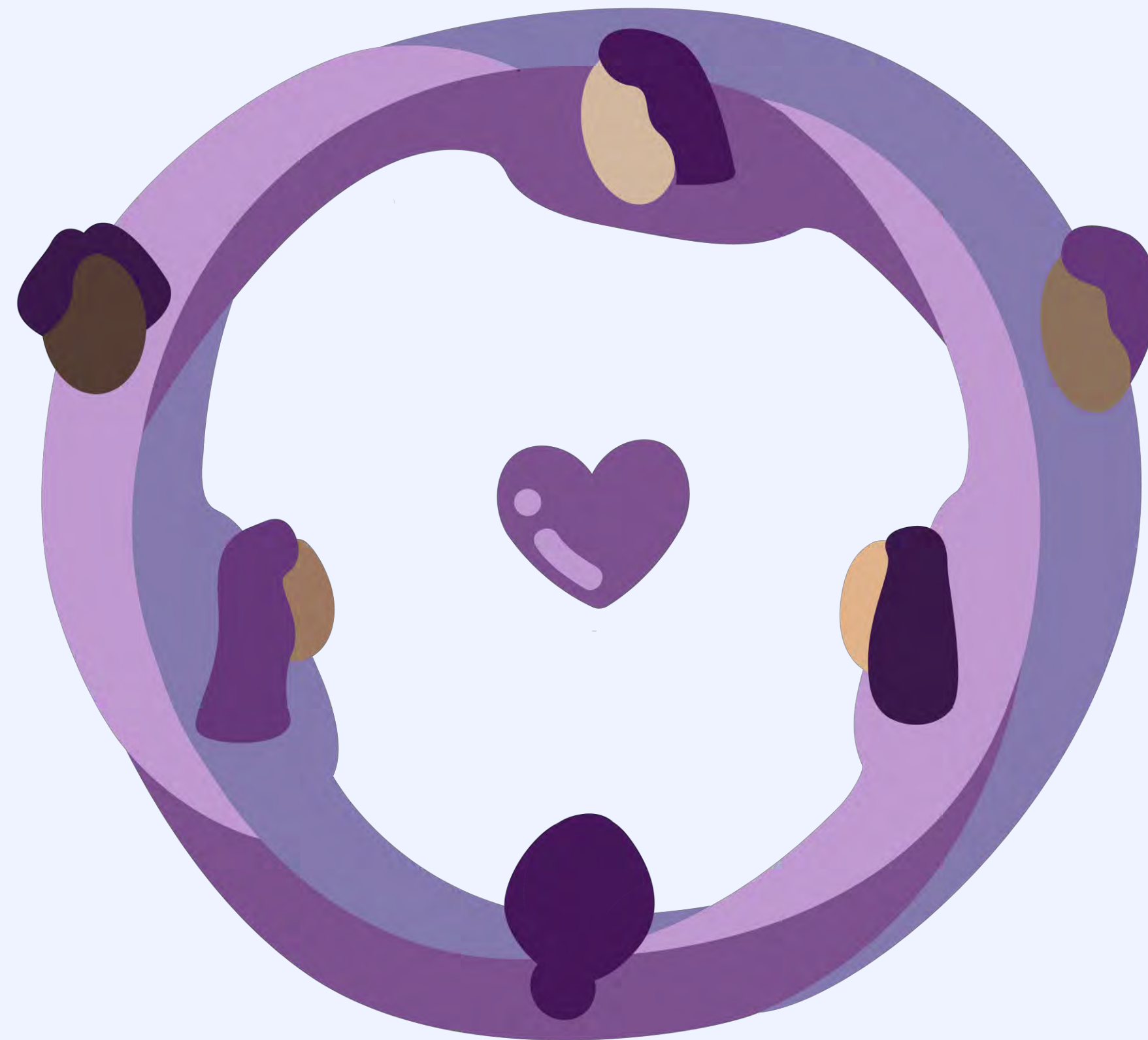
Tara Axl-Rose, Daniella Barreto, Meaghan Bobetsis, Barb Borden, Melissa Braschel, Shannon Bundock, Margaret Erickson, Lulu Gurney, Carol He, Arveen Kaur, Desire King, Rayka Kumru, Emma Kuntz, Lauren Martin McCraw, Jenn McDermid, Kate Milligan, Sarah Moreheart, Melanie Lee, Lois Luo, Mika Ohtsuka, Harper Perrin, Faaria Samnani, Ariel Sernick, Brittney Udall, Peter Vann, Akanée Yamaki, Yinong Zhao, Lisa Zhang

Community Advisory Board/Partners:

ACPNET, CAAN, YouthCO HIV & Hep C Society, Canadian HIV/AIDS Legal Network, Oak Tree Clinic, AIDS Vancouver, PAN, Positive Living BC, CCPHE, McLaren Housing, Options for Sexual Health, VCH, BCCFE, ATIRA, RainCity, Portland Hotel Society



Thank you!



CENTRE FOR
GENDER & SEXUAL
HEALTH EQUITY



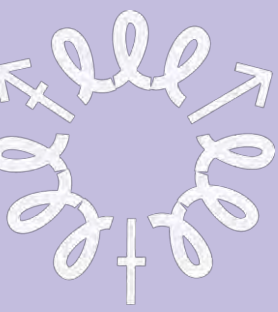
SHAWNA



THE UNIVERSITY
OF BRITISH COLUMBIA

We are extremely grateful to all SHAWNA participants, study staff, and community partners for their valuable and dedicated contributions to this project. This work was funded through the Canadian Institutes of Health Research and the MAC AIDS Foundation.

References



1. Ohtsuka, M. S., Shannon, K., Zucchet, A., Krüsi, A., Bingham, B., King, D., Axl-Rose, T., Braschel, M., & Deering, K. N. (2022). Prevalence and Social-Structural Correlates of Gender-Based Violence Against Women Living With HIV in Metro Vancouver, Canada. *Journal of Interpersonal Violence*, 088626052211186. <https://doi.org/10.1177/08862605221118611>
2. National Inquiry into Missing and murdered Indigenous Women and Girls. (2019). Colonization as Gendered Oppression. In Reclaiming power and place: Final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls.
3. Deering, K. N., Chong, L., Duff, P., Gurney, L., Magagula, P., Wiedmeyer, M., Chettiar, J., Braschel, M., Souza, K. D., & Shannon, K. (2021). *Social and Structural Barriers to Primary Care Access Among Women Living With HIV in Metro Vancouver, Canada: A Longitudinal Cohort Study*. 00(00), 1–13.
4. Bowleg, L. (2020). We're not all in this together: On COVID-19, intersectionality, and structural inequality. *American Journal of Public Health*, 110(7), 917–918. <https://doi.org/10.2105/AJPH.2020.305766>
5. Browne, A. J., Varcoe, C., Ford-Gilboe, M., & Wathen, C. N. (2015). EQUIP Healthcare: An overview of a multi-component intervention to enhance equity-oriented care in primary health care settings. *International Journal for Equity in Health*, 14(1), 1–11. <https://doi.org/10.1186/s12939-015-0271-y>



CGSHE SYMPOSIUM

Parisa Kabir

Discrimination, HIV stigma and interpersonal violence key barriers to mental health services access among women living with HIV in Metro Vancouver, Canada



THE UNIVERSITY
OF BRITISH COLUMBIA

Land Acknowledgement

We acknowledge that the land on which we work is the unceded and traditional territories of the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



Elder Blessing & Opening of CGSHE-UBC Office (2021)
With Elder Price & Elder Glida, Indigenous Design by Tiffany Creyke, Art
Installation by bubzee & Sage

Background

- Globally, the prevalence of mental health conditions have increased worldwide (GBD 2019 Mental Disorders Collaborators, 2022).
- Prevalence of mental health conditions is high amongst PLWH compared people who are not living with HIV and even higher among women living with HIV (WLWH), compared to men living with HIV (Gooden et al., 2022; Waldron et al., 2021).
- HIV-related healthcare outcomes, mental health and access to mental healthcare services need to be addressed



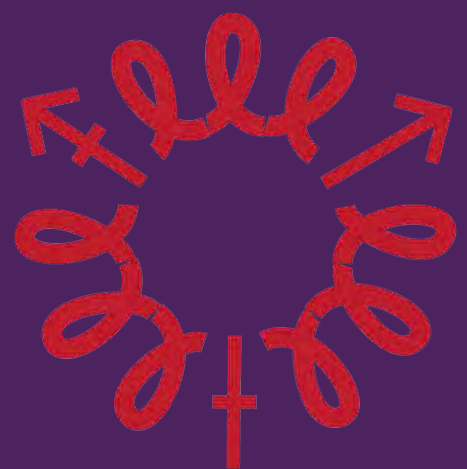
Objective

- Examine the social, systemic and structural factors associated with being unable to access mental healthcare services among women living with HIV (WLWH) in Metro Vancouver, Canada



Cohort

- Longitudinal community-based open cohort
- Cis and trans women living with HIV aged 14+
- Live or access healthcare in Metro Vancouver, Canada



SHAWNA



Variables

Primary Outcome Variable

- “Needed or wanted additional mental healthcare services and been unable to access it” in the last six months

Explanatory Variable

- Gender identity
- Sexual identity
- Race
- Gender-based violence
- HIV Stigma
- Unable to access primary healthcare
- Housing insecurity
- Food insecurity
- HIV disclosure without consent



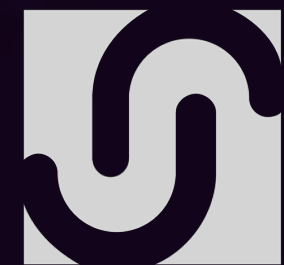
Statistical Analysis

- Descriptive statistics to examine sociodemographic variables
- longitudinal data, bivariate and multivariable generalized estimation equations (GEE) were used to examine associations with the outcome (being unable to access mental health) using a generalized logit link
- Odds ratio, adjusted odds ratio, and 95% confidence intervals were reported
- P-value < 0.10

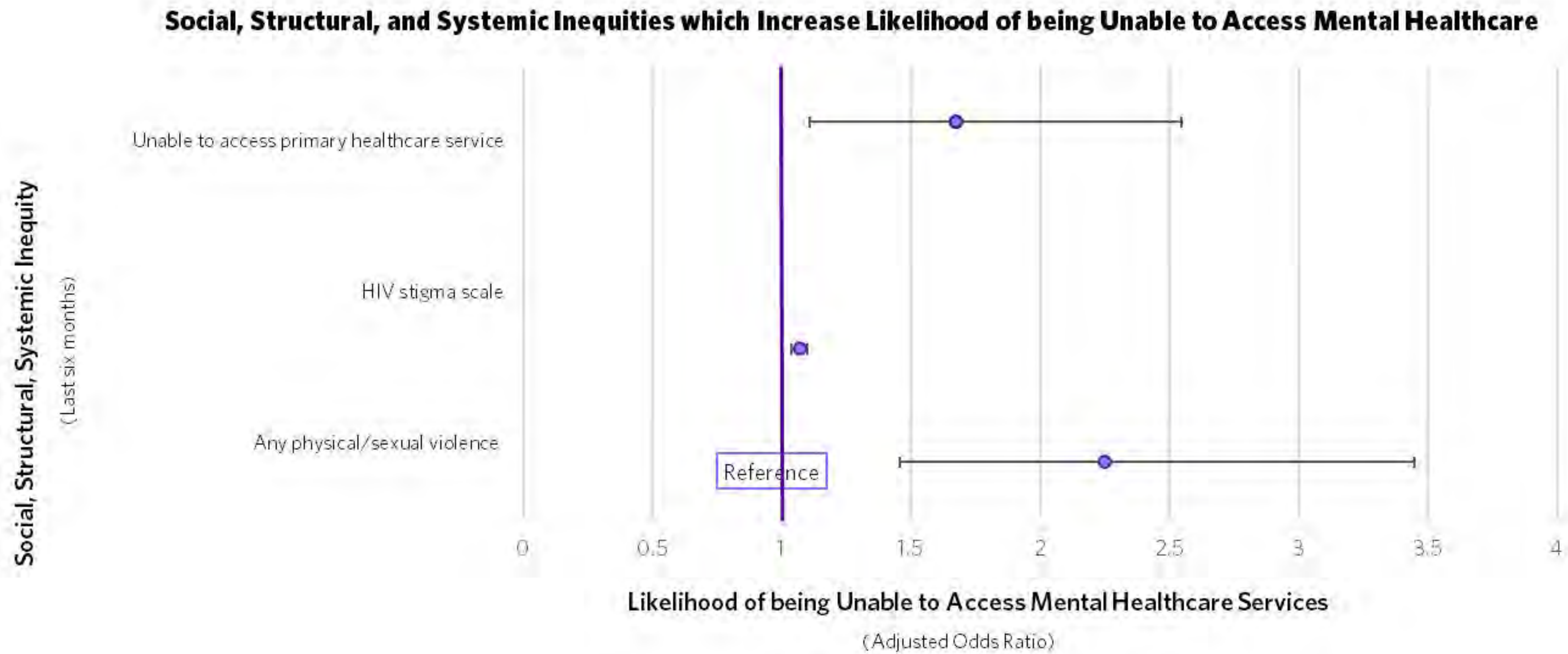


Sample Demographics

Sociodemographic Characteristic	N	Prevalence
Age	46 (39-52)	N/A
Cisgender Identity	267	95.0%
Transgender Identity	29	10.3%
Gender Diverse (genderqueer/non-binary)	8	2.9%
Two-spirit	21	13.2%
Indigenous	159	56.6%
People of Colour	25	8.9%
White	97	34.5%
Food insecure	195	69.4%
Unsheltered housing	34	12.1%
Unstable housing	128	45.6%
Unable to access primary healthcare services	45	16.0%
Unable to access mental healthcare services	55	19.6%



Results



Implications

- Recent gender-based violence, HIV-related stigma, and being unable to access primary healthcare are barriers to accessing mental healthcare services
- Trauma-informed care is key
- Include Anti-HIV stigma and discrimination training
- Better resources and capacity building for primary healthcare workers



Thank You!



CGSHE SYMPOSIUM

Lunch

CGSHE SYMPOSIUM

Milo Ira



TWO-SPIRIT EYED SEEING *FOR* AUTISTIC WELL-BEING



Milo Ira
March 28, 2023



TRAINEE RESEARCH
SYMPOSIUM



Land Acknowledgement

I am doing this work as an uninvited guest on the unceded traditional territory of the Musqueam, Tsleil-Waututh, and Kwikwitlem First Nations.

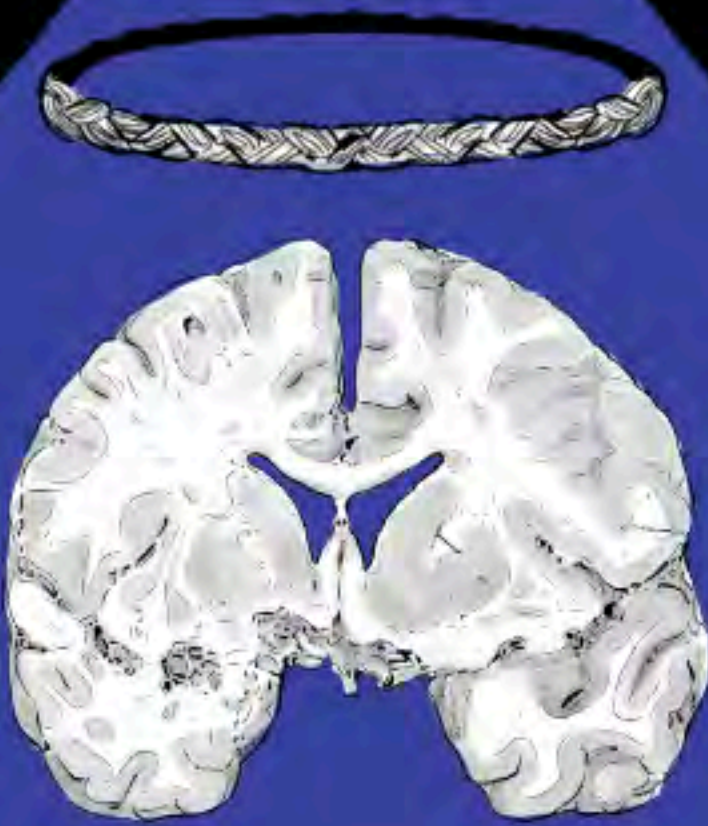
Background

Graphic novelist

10 years in the 2S/
LGBT+ community

Curiosity about
health and disease

Biomedical Illustrator



Turtle Island's first research group
that focuses exclusively on Two-Spirit
people, communities, and experiences.



BC Centre for Disease Control



No Conversion Canada



Researching Environments that
Affirm 2S/LGBTQ+ Identities,
Relationships & Mental Health.

REAFFIRM
COLLABORATIVE



WHAT IS TWO-SPIRIT?

	Sex	Gender	Sexual Orientation	Two-Spirit
What is it?	Biological attributes, including physical features, chromosomes, gene expression, hormones and anatomy	A composite of socially constructed roles, behaviours, activities and/or attributes that a given society considers appropriate for members of a given sex	Description of emotional, romantic or sexual attraction	Community organizing tool for Indigenous Peoples of Turtle Island who embody diverse sexualities, gender identities, roles and/or expressions
Who does the term apply to?	All people and animals	Non-Indigenous people and Indigenous people showing up in the Western world		Indigenous Peoples of Turtle Island with diverse sexualities and genders
Examples in Western terms	For people: male, female, intersex For animals: male, female, intersex, hermaphrodite	Man, woman, girl, boy, gender-diverse, non-binary, transgender, queer	Heterosexual, gay, lesbian, queer, bisexual, pansexual, asexual	Two-Spirit challenges Western terms of gender and sexual orientation. It allows Indigenous Peoples to reconnect with their traditional languages, ways and cultures within a pre-Colonial setting

Autism and ADHD are *neurobiological differences*:

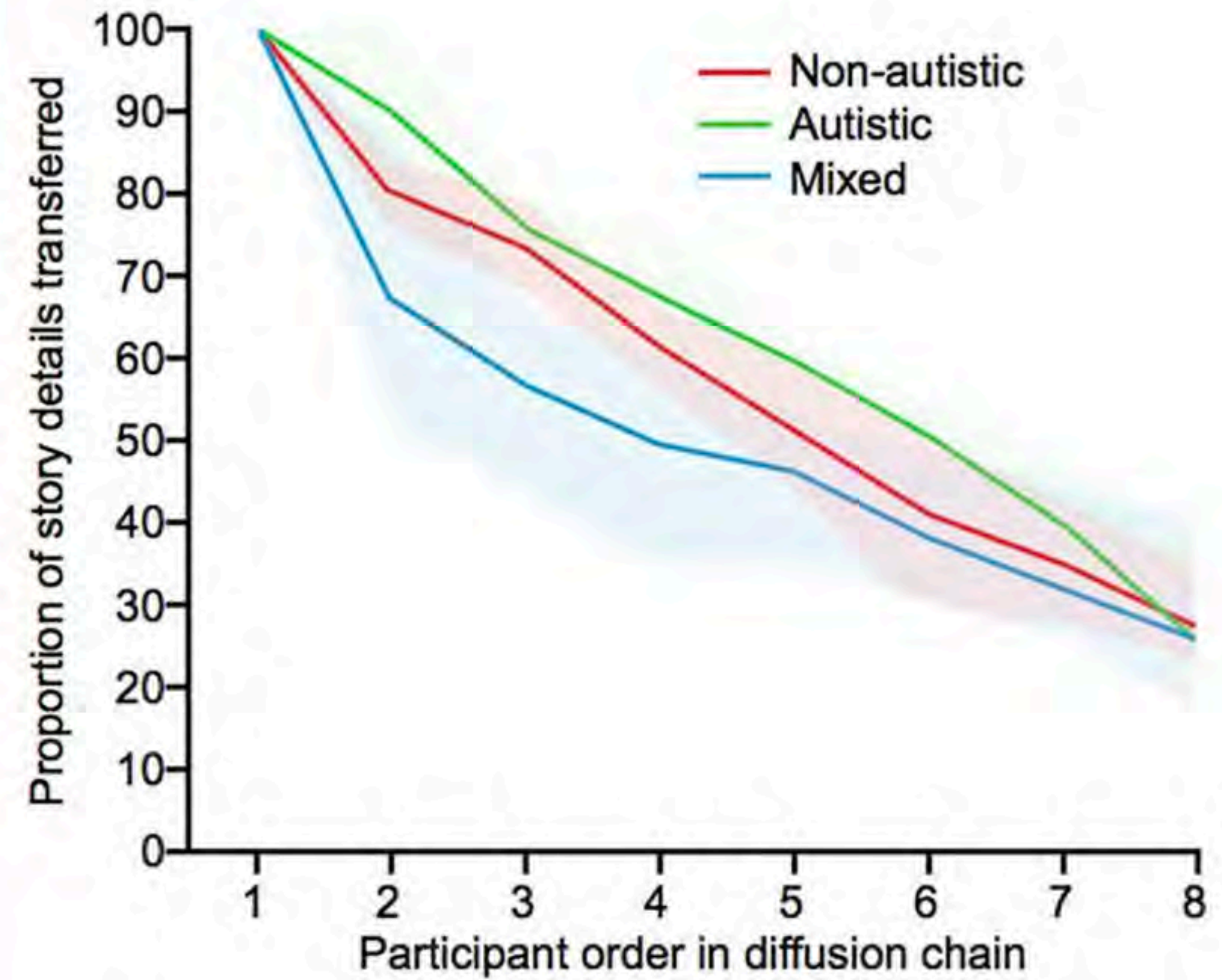


Neurobiological process dysregulation is often understood as a mental illness or behavioural deficit.

In Canada, the only federally funded intervention is Applied Behavioural Analysis (ABA), which was co-developed with conversion therapy and is associated with PTSD.

Pyne, 2020

The medical deficit model is being contested, and the ontology of autism as a disorder questioned by contemporary scholars...



Milton, 2012

Crompton, 2020

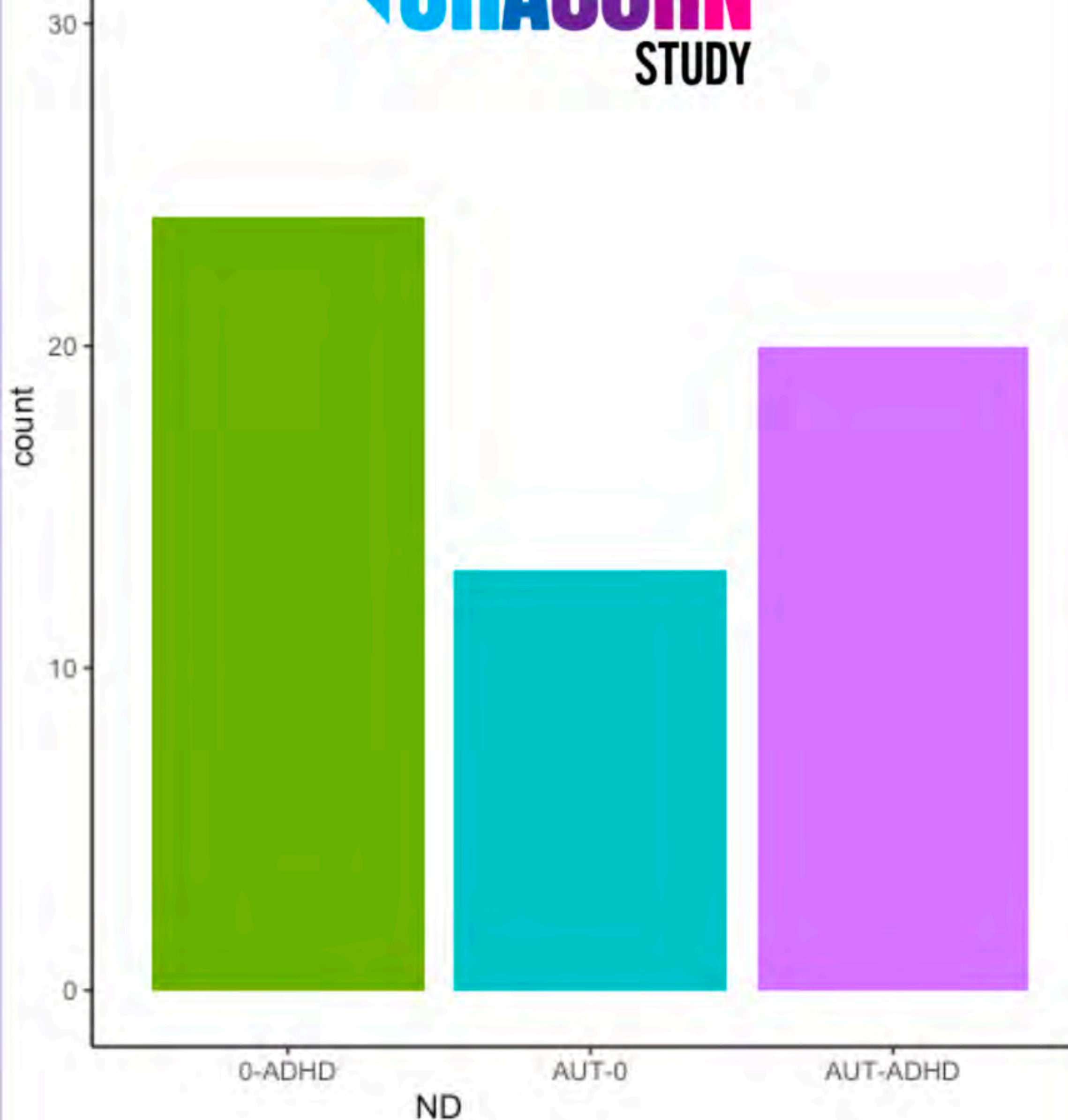


*Understanding Affirming
Communities, Relationships, &
Networks*

n=
>4000

881
Indigenous
respondents

159
Identify as
Two-Spirit



78%

of the Two-Spirit sample
self-identified as neurodiverse


60% of the total survey
self-identified as neurodiverse

28% report ADHD
(2.9% of Canadians self-report ADHD)

21% report autism
(1-2% of Canadian children* are autistic)

Hesson, 2018.

Canada P.H.A., 2018 *adult statistics not reported



TWO (SPIRIT)-EYED SEEING

The logo features a stylized unicorn head composed of several overlapping triangles in shades of pink, purple, and blue.

THE UnACORN STUDY

We'd like to hear about a time when your sexuality or gender identity or expression was celebrated, appreciated, or even acknowledged. Please tell us in your own words: what happened, and how did you feel?

"When I went to my top surgeon! she was super chill and affirmed my identity. also when they called two-spirit people up for a round dance and I got to go up!"

"My parents finally accepted me and threw me a name change party when I was 15, it made me feel really happy and accepted."

"I felt nothing except one day in June. With friends we decided to celebrate (...) We were painting flags on our hands and we were dressed a little funky but well dressed. It's one of my fondest memories."

Autism is defined by 'persistent deficits in social communication' such as:

Lack of eye contact,

Difficulties adjusting behaviour to different social contexts

Fixated interests

Excessive aversion or interest to sensory stimuli

SOLUTION:
Change behaviours to enforce social norms.

CDC, 2022



Pîtoteyihtam — “they think differently” (Cree)

Differences are celebrated, not pathologized

Inclusion is not contingent on social performance.

The colonial solution is inappropriate.

The problem is stigma and lack of access to appropriate care.

Rutherford, 2022
Antony, 2022




NOCTURNAL POLLINATORS



Misrepresented
in media

We can thrive in
accommodating
environments



Our communication
styles are unique

We know that
this population is
underserved in
health care
spaces...

And we already
know what we
need!

Antony, 2022
Koffer Miller, 2022
Adams and Laing 2020

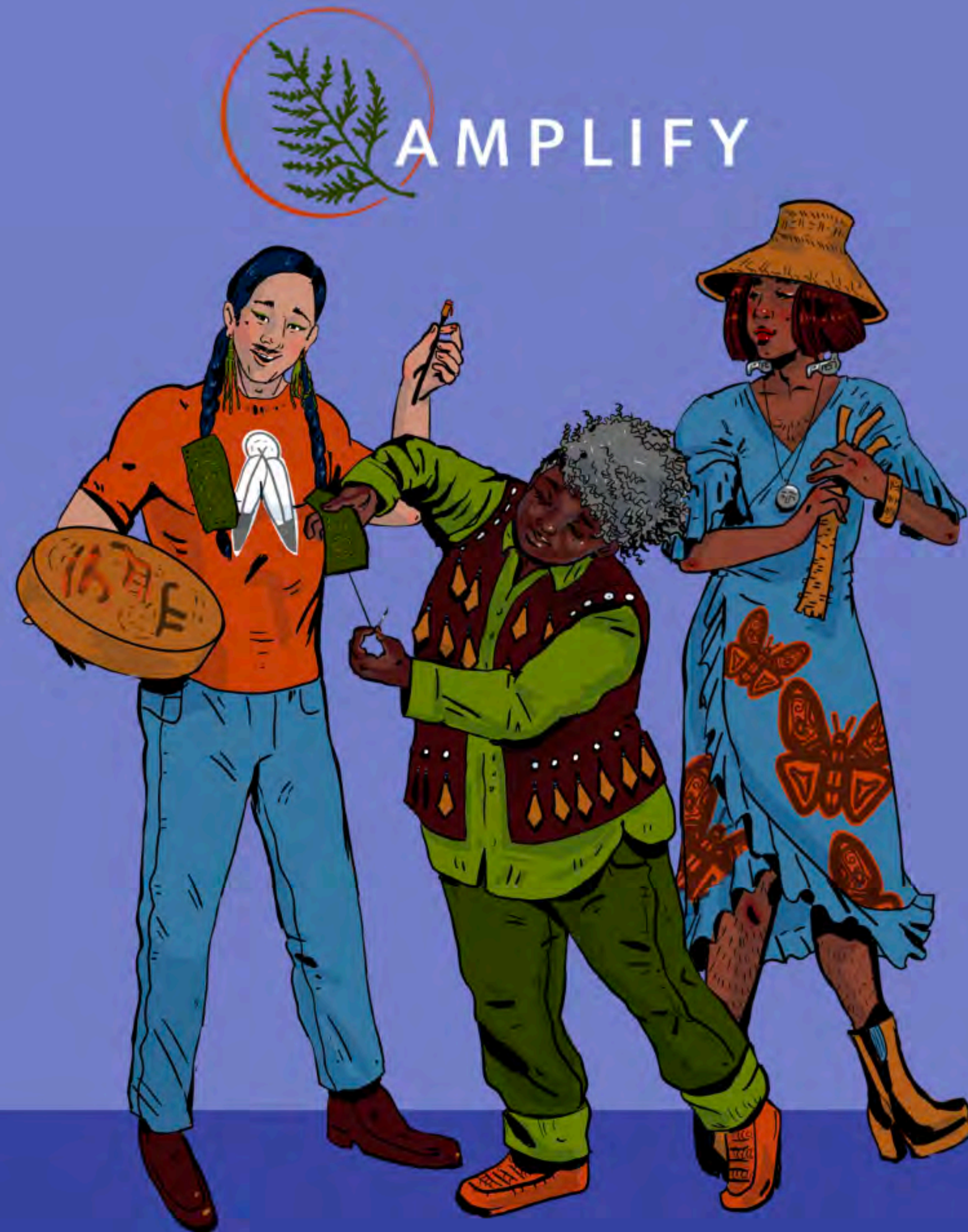


Table 1**Themes of Indigenous Methodology.**

Themes of Historical U.S. Indian Policy	Themes of Indigenous Methodology
To erase identity	To make visible
To silence	To give voice
To interrupt connection	To create and strengthen connections
To take away context	To re-contextualize and tell our whole story
To remove Indigenous performative practice	To create and continue performative practices
To subjugate Indigenous knowledge	To define Indigenous truth and reality
To nullify authority	To be the authority
To dehumanize	To humanize
To stop language	To continue and reacquisition Native language
To isolate	To build and strengthen community
To pit against each other	To develop trust and relationships
To disempower	To emancipate and empower with sovereignty
To take resources and land away	To resource with a space for creativity, imagination, and cultural reclamation

Next steps: art to create
safety and connection

Miigwetch ♦ Maarsii ♦ Thank you



Works Cited

- Adams, N., Liang, B. (2020). *Trans and autistic: Stories from life at the intersection*. Jessica Kingsley Publishers.
- Antony, C., Campbell, M., Côté, S., Bruno, G., Tinglin, C., Lai, J. (2022). Informing care pathways and policies for children and youth with Indigenous Perspectives to advance Canada's national autism strategy. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyt.2022.916256>
- Canada, P. H. A. of. (2018, April 19). Government of Canada. Canada.ca. Retrieved March 21, 2023, from <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html>
- Centers for Disease Control and Prevention. (2022, December 14). Autism spectrum disorder (ASD). Centers for Disease Control and Prevention. Retrieved March 21, 2023, from <https://www.cdc.gov/ncbddd/autism/index.html>
- Crompton, C. J., Ropar, D., Evans-Williams, C. V. M., Flynn, E. G., Fletcher-Watson, S. (2020). Autistic peer-to-peer information transfer is highly effective. *Autism*, 24(7), 1704–1712. <https://doi.org/10.1177/1362361320919286>
- Government of Canada, C. I. of H. R. (2020, October 29). Meet the methods series: "what and who is Two-spirit?" in Health Research issue 2 - October 2020. CIHR. Retrieved March 21, 2023, from <https://cihr-irsc.gc.ca/e/52214.html>
- Hesson, J., Fowler, K. (2018). Prevalence and correlates of self-reported add/ADHD in a large national sample of Canadian adults. *Journal of Attention Disorders*, 22(2), 191–200. <https://doi.org/10.1177/1087054715573992>
- Koffer Miller, K. H., Cooper, D. S., Song, W., Shea, L. L. (2022). Self-reported service needs and barriers reported by autistic adults: Differences by gender identity. *Research in Autism Spectrum Disorders*, 92, 101916. <https://doi.org/10.1016/j.rasd.2022.101916>
- McDonald, K., Ashwin, K., Pete, A., Forbes, E., Arledge, J., McGregor, R., Plamondon, M., R.L., A., Acosta, C., Roberts, I., Veregge, J. (2022). *The woman in the woods and other North American stories*. Iron Circus Comics.
- Milton, D. E. M. (2012). On the ontological status of autism: The 'double empathy problem.' *Disability Society*, 27(6), 883–887. <https://doi.org/10.1080/09687599.2012.710008>
- Napoli, M. (2019). Indigenous methodology: An Ethical Systems Approach to arts based work with native communities in the U.S. *The Arts in Psychotherapy*, 64, 77–83. <https://doi.org/10.1016/j.aip.2019.05.006>
- Pyne, J. (2020). "building a person": Legal and clinical personhood for autistic and trans children in Ontario. *Canadian Journal of Law and Society / Revue Canadienne Droit Et Société*, 35(2), 341–365. <https://doi.org/10.1017/cls.2020.8>
- Rutherford, G. (2022, October 26). Research, services lacking for autistic indigenous people, say researchers. *Folio*. Retrieved March 21, 2023, from <https://www.ualberta.ca/folio/2022/10/research-services-lacking-for-autistic-indigenous-people.html>

CGSHE SYMPOSIUM

Martha Gumprich

Non-binary youth experiences in organized team sports in Canada

For CGSHE Trainee Research Symposium – March 28th, 2023

Martha Gumprich (they/them) – martha_gumprich@sfu.ca

MSc in Health Sciences Candidate – SFU

Background

The Washington Post

OLYMPICS

Lia Thomas becomes first transgender woman to win an NCAA swimming championship

Young transgender athletes grappling with anti-trans sports legislation

Florida just became the latest state to sign anti-trans legislation into law.

By [Kiara Alfonseca](#)

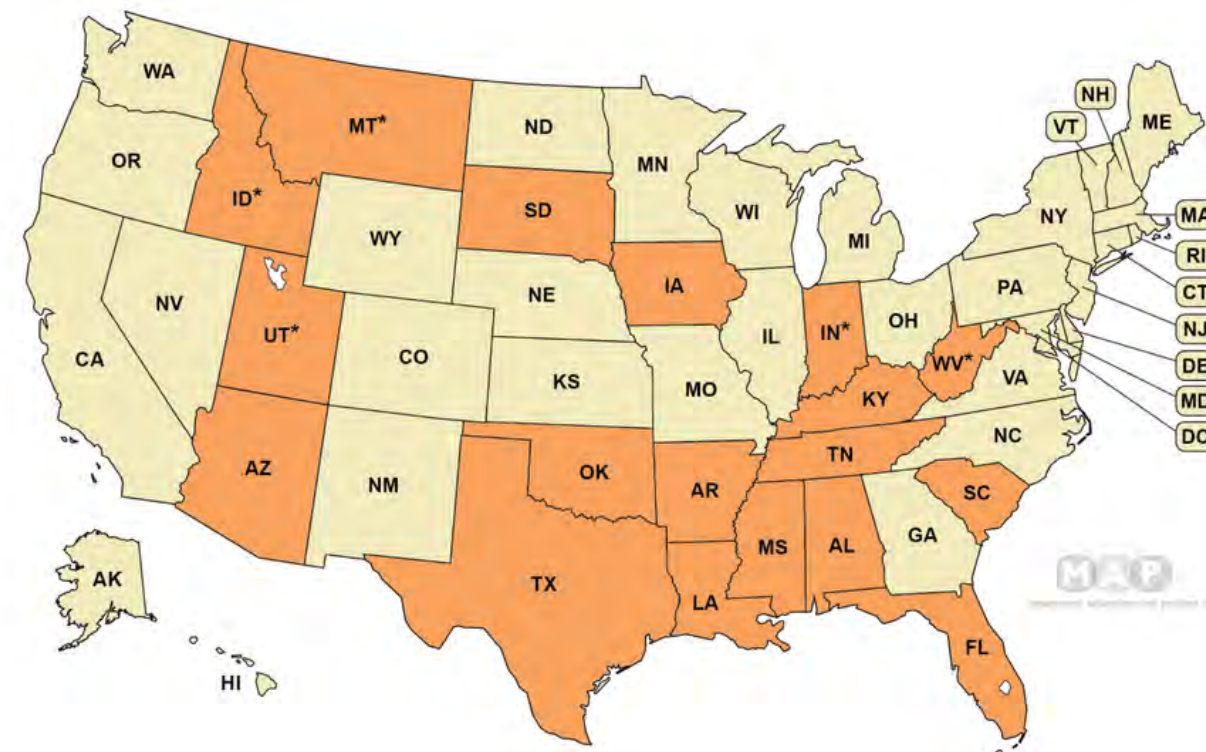
June 4, 2021, 3:00 AM



Gender and Sport Policy in Canada: Protection of Fair Play for Female Athletes

ETHICS , GENDER , POLICY

Canadian Gender Report — January 7, 2020 4 Comments



Young transgender athletes caught in middle of states' debates

(Alfonseca, 2021; Barnes, 2021; Canadian Gender Report, 2020; Carpenter, 2022; Movement Advancement Project, 2023; Spencer, 2020)

Results – Demographics

Total – 9,000+ people ages 15–29 across Canada & US

Demographics of sample that answered participation in sports questions and live in Canada					
		Cisgender	%	Non-binary	%
Gender		1929	43.4	2513	56.6
Age	15–19	1007	<u>55.7</u>	1444	<u>62.1</u>
	20–24	415	23.0	545	23.4
	25–29	385	21.3	338	14.5
	Count	1807		2327	



Results – Demographics

Geography

Urban

- 89% (N=1987)
- 90% (N= 1560)

Rural

- 11% (N= 243)
- 10% (N= 180)

Race

White

- 84% (N= 2108)
- 80% (N= 1549)

POC

- 13% (N= 342)
- 18% (N= 353)

Indigenous

- 8% (N= 208)
- 5% (N= 93)

British Columbia

- 14% (N= 289)
- 14% (N= 260)

Alberta

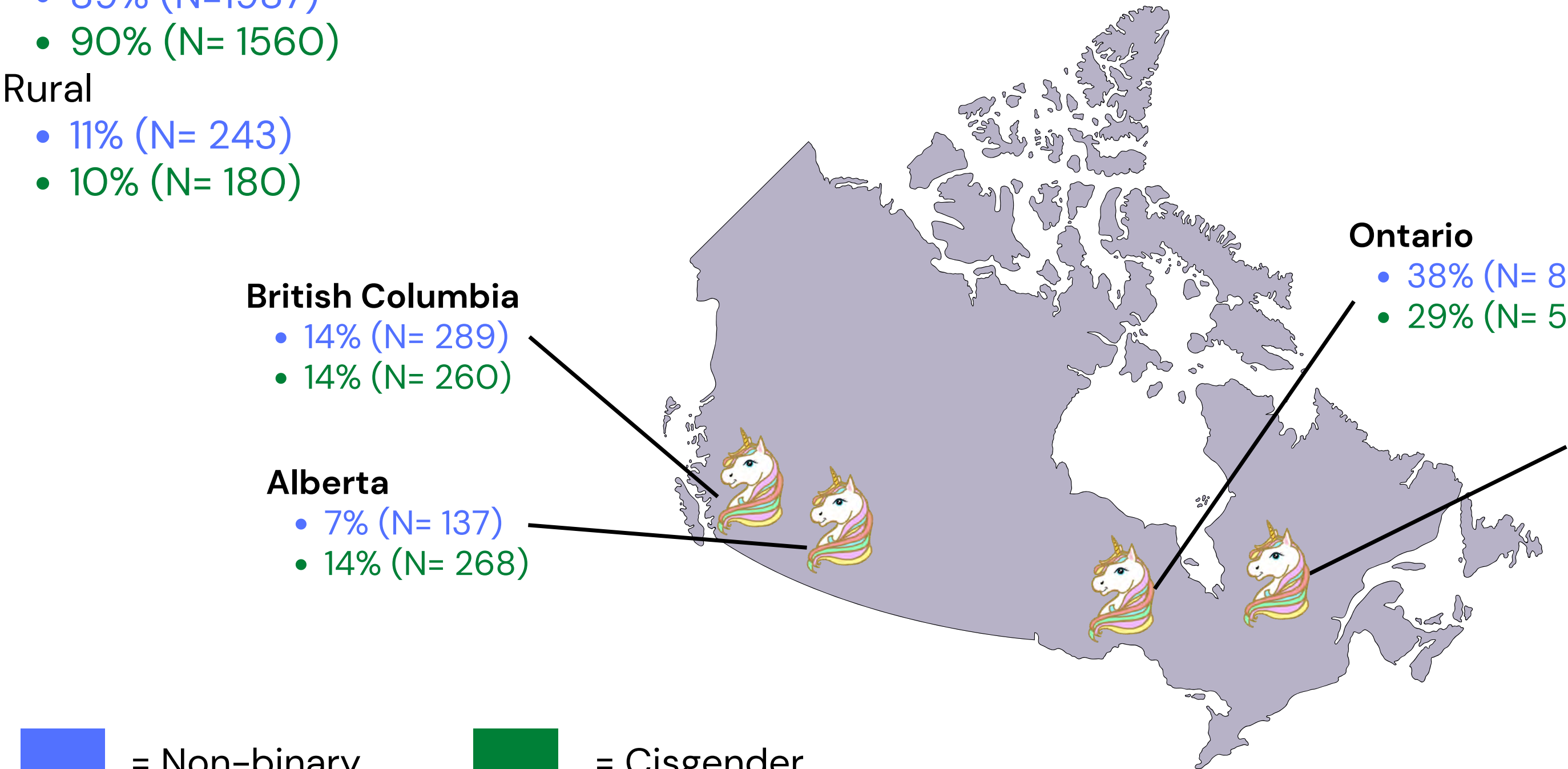
- 7% (N= 137)
- 14% (N= 268)

Ontario

- 38% (N= 800)
- 29% (N= 539)

Quebec

- 22% (N= 453)
- 27% (N = 510)



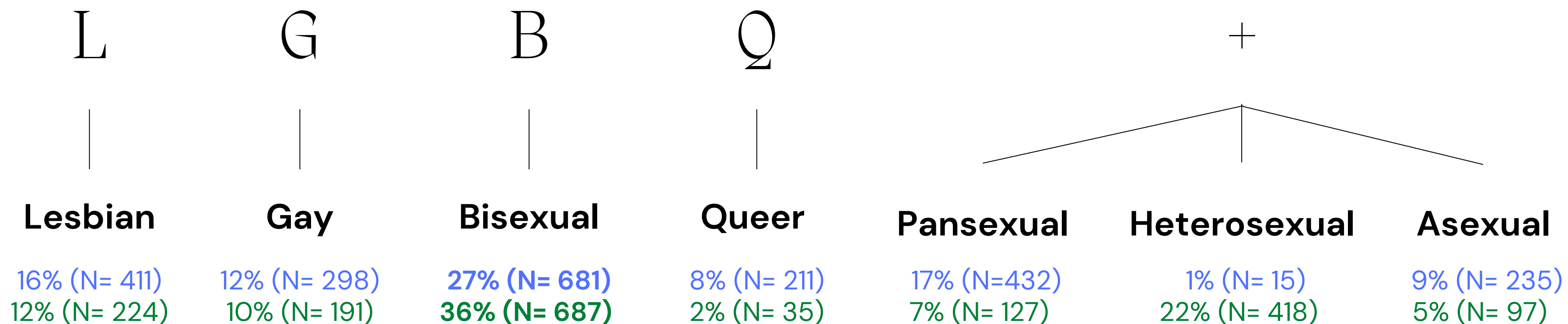
= Non-binary




= Cisgender



Results – Sexuality



 = Non-binary  = Cisgender

(Gumprich et al., forthcoming.)
martha_gumprich@sfu.ca

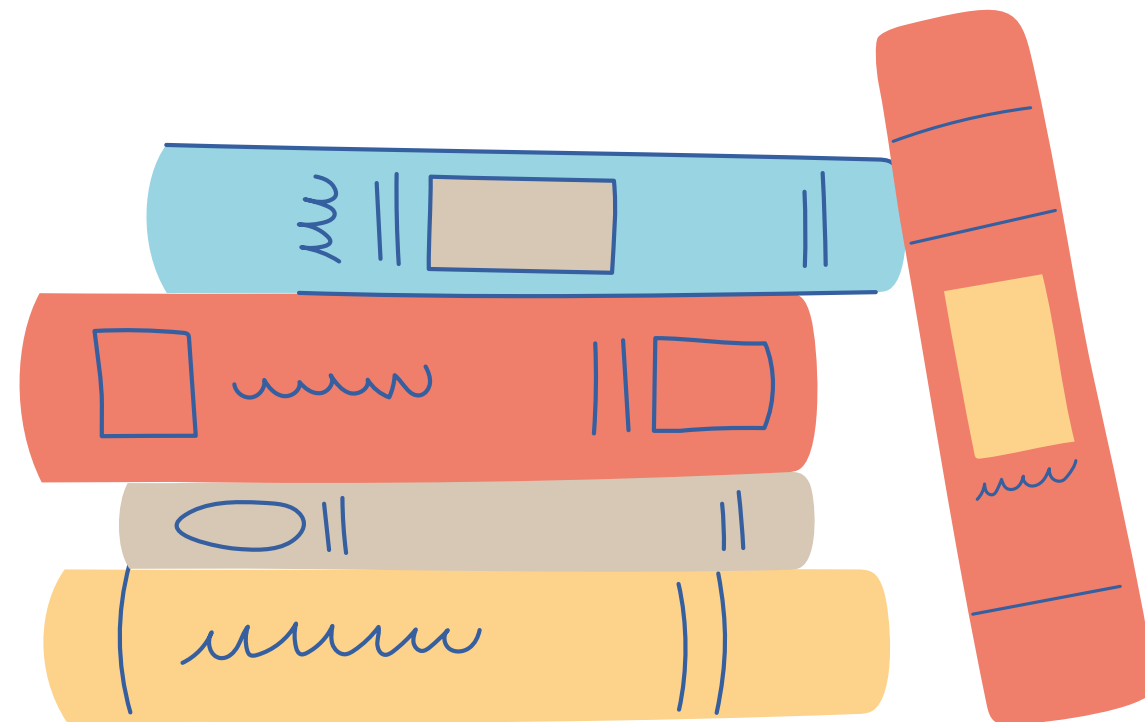
Results – Student Status



Currently in high school

47% (N= 842)

41% (N= 572)

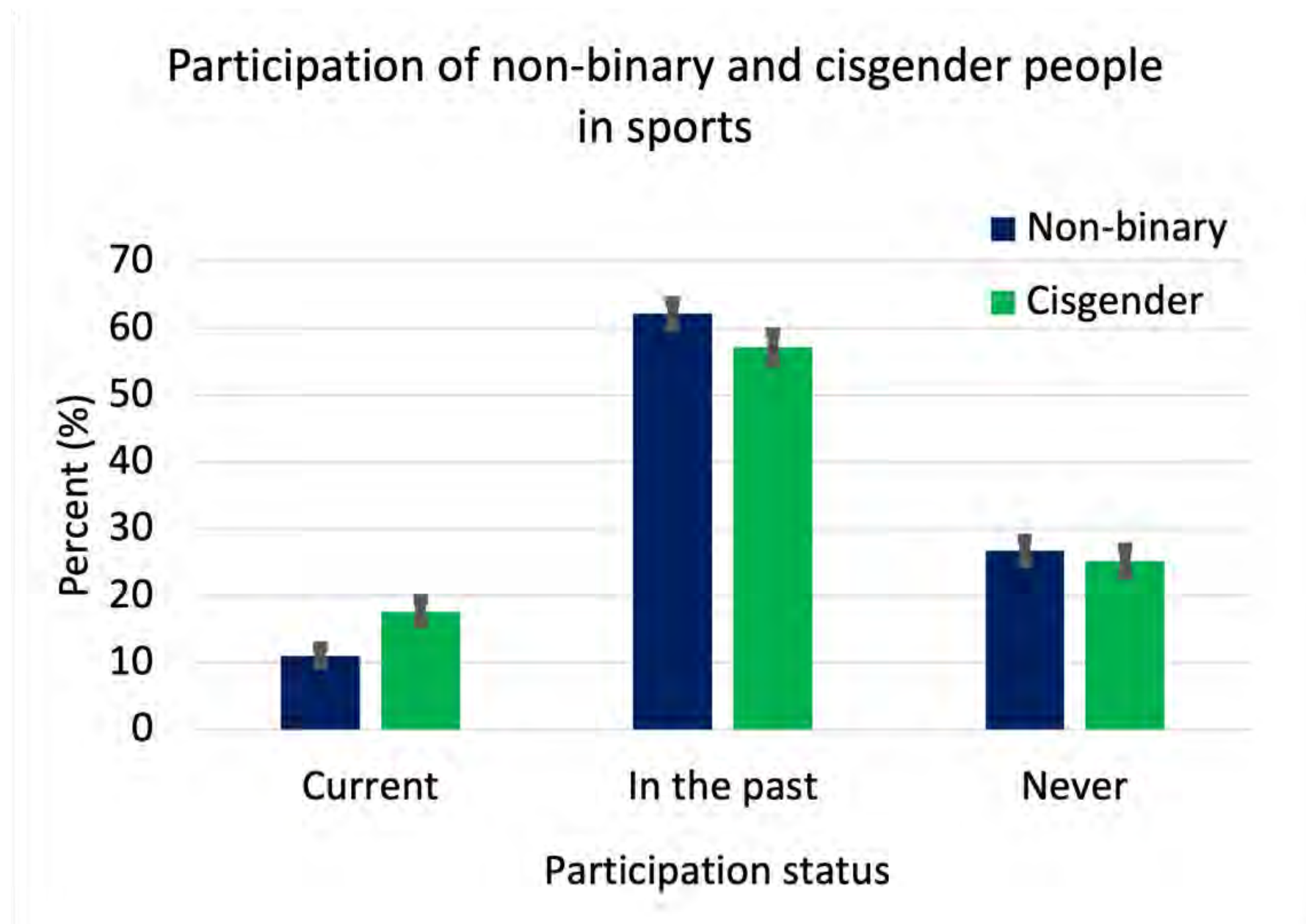


Currently in university
(bachelor program)

13% (N= 234)

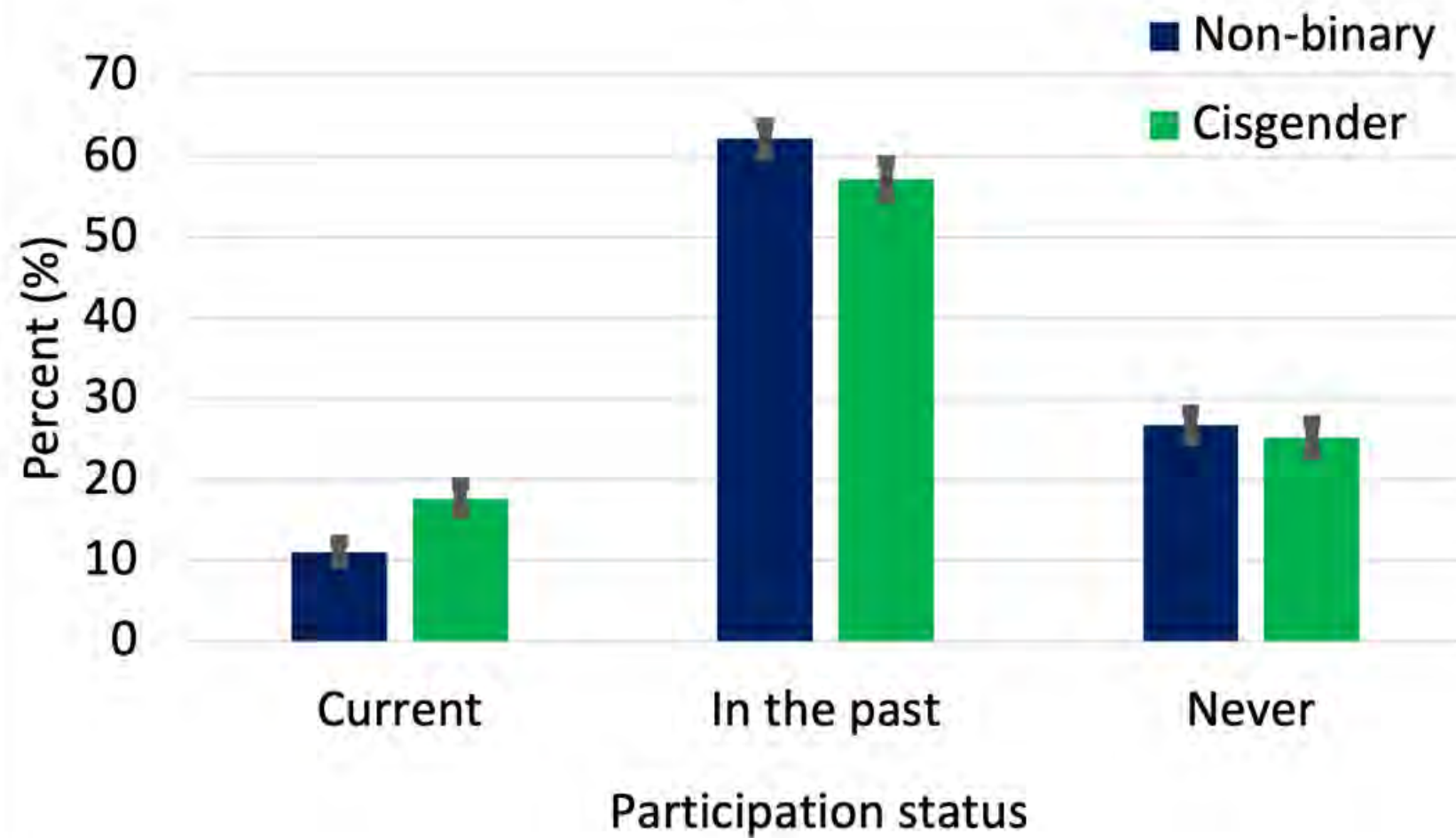
17% (N= 238)

Results – Sports Participation



Results – Sports Participation


Participation of non-binary and cisgender people in sports



Potential and current threats to safety of non-binary youth (N= 768) who have avoided organized sports

- Transphobic comments - 91% selected
- Homophobic comments - 88%
- Sexist comments - 84%
- Changerooms and locker room layouts - 82%
- Dress codes - 80%
- Choosing a gender when joining an organization - 72%
- Participating on a binary gendered team - 66%
- Teammates - 54%
- Coaches - 54%
- Not being able to go between gendered teams - 28%

Gender Inclusion



30%

of non-binary youth have avoided joining a sport because they worry about reactions to their gender

3% for cis respondents

Gender Inclusion

30%

of non-binary youth have avoided joining a sport because they worry about reactions to their gender

3% for cis respondents

45%

of non-binary participants who currently or have played sports, have felt the need to change their gender expression to fit in with teams

13% for cis respondents

(Gumprich et al., forthcoming.)
martha_gumprich@sfu.ca

Where youth changed their GE

45%

High school teams

56% (N= 401)

Team Canada

2% (N= 15)

Recreational teams

47% (N=339)

**Elementary
school teams**

44% (N=314)

**Middle school
teams**

40% (N= 285)

**Junior/Amateur
leagues**

14% (N= 99)

(Gumprich et al., forthcoming.)

martha_gumprich@sfu.ca

Leaving Sport

Left sport because of reactions to:

Gender expression

- Non-binary
 - Yes = 12%
 - **No, but I might = 25%**

Gender identity

- Non-binary
 - Yes= 13%
 - **No, but I might = 28%**

Sexuality

- Non-binary
 - Yes = 7%
 - **No, but I might = 32%**
- Cis
 - Yes = 4%
 - **No, but I might = 16%**

Witnessing and Experiencing Abuse

Witnessed

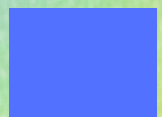
Physical harassment b/c of someone's gender

- 17% (N= 290)
- 8% (N= 102)

Experienced

Physical harassment b/c of their gender

- 6% (N= 97)
- 3% (N= 34)



= Non-binary



= Cisgender

Witnessing and Experiencing Abuse

Witnessed

Sexist comments

- 67% (N= 1126)
- 61% (N= 810)

Homophobic comments

- 62% (N= 1039)
- 54% (N= 719)

Transphobic comments

- 53% (N= 880)
- 32% (N= 431)

Experienced

Sexist comments

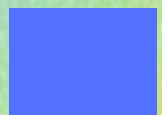
- 38% (N= 630)
- 28% (N= 366)

Homophobic comments

- 28% (N= 457)
- 14% (N= 181)

Transphobic comments

- 17% (N= 285)
- 1% (N= 6)



= Non-binary



= Cisgender

(Gumprich et al., forthcoming.)

martha_gumprich@sfu.ca

Community KT Project

- Guest speaker facilitating discussions at Trans Connect youth group sessions
 - Collaborative feedback



(Spencer, 2020)

Sports

Non-binary athletes navigating Canadian sport with little policy help



Some sports organizations feature transgender guidelines, but leave grey area

[Donna Spencer](#) · The Canadian Press · Posted: May 26, 2020 12:48 PM PDT | Last Updated: June 2, 2020

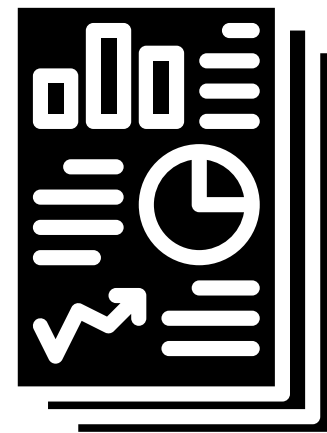


Two Products

Product #1 – Two-page report

For schools and sports organizations to help make their teams and physical education classes a safer place for all genders

- Will include a short description of:
 - What we did
 - UnACoRN stats
 - What the youth have asked for
- Will provide suggestions that are specific to schools, sports organizations, and suggestions that are applicable to both



Product #2 – Infographics

"What is the situation?"
"What are some solutions?"



- Set of infographics for a social media campaign
- The report and infographics will be housed on REAFFIRM and Trans Connect's websites

Thank you

Research Team:

- Dr. Travis Salway (Supervisor)
- Sarah Watt
- Stéphanie Black
- Thiyaana Jeyabalan
- Andrés Delgado-Ron

Funding



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada



OFFICE OF
COMMUNITY ENGAGEMENT

Community Partner:

- Nicola Hare – Trans Connect Coordinator

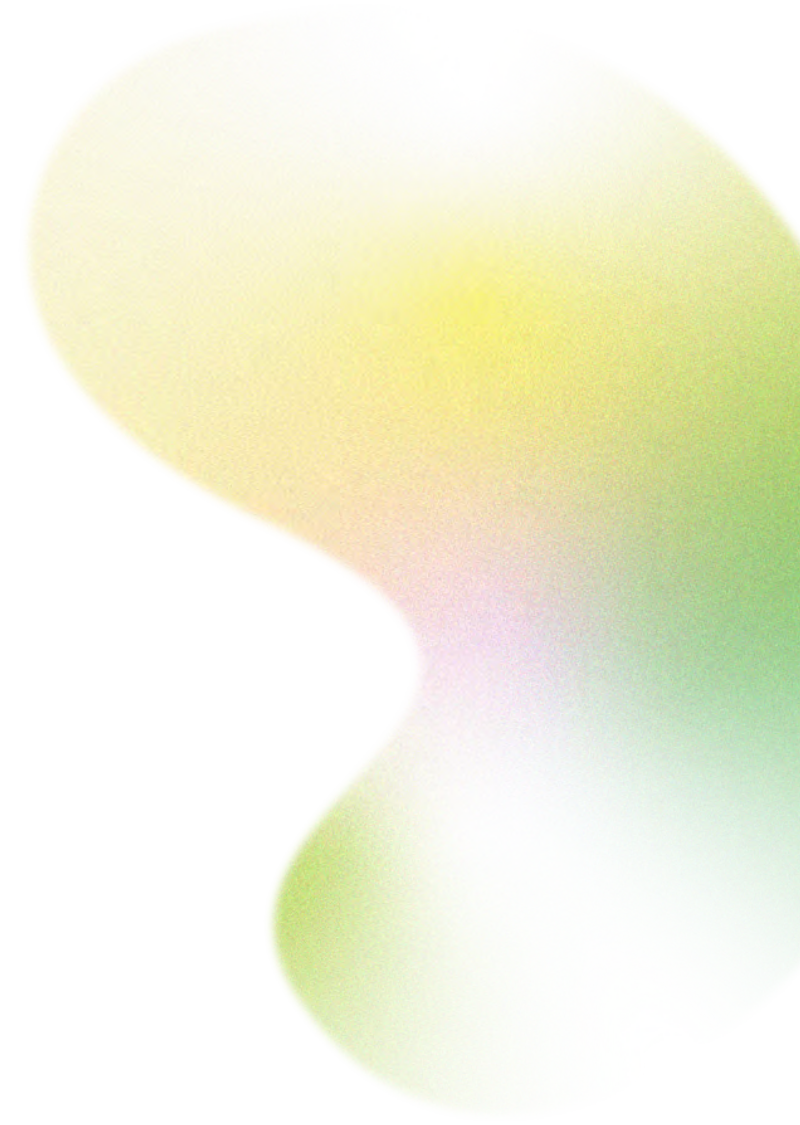


Canada 



Thank you!

Questions?



CGSHE SYMPOSIUM

Christian Barborini

Exploring Cannabis Use Amongst Transgender, Non-Binary and Gender Non-Conforming Youth

"Cannabis is an accessibility tool; I can't be myself without it"

Christian Barborini (they/them), B.Sc.
CGSHE Trainee Symposium, March 2023



CIHR IRSC



BRITISH COLUMBIA
CENTRE ON
SUBSTANCE USE

Networking researchers, educators & care providers

Age	16	5	Gender	Two-Spirit	0
	17	0		Transgender man	3
	18	1		Transgender woman	0
	19	2		Non-binary	12
	20	0		Genderfluid	2
	21	3		Genderqueer	3
	22	2		Bigender	1
	23	9		Demigirl	1
	24	5		Gender-questioning	1
Sexuality	Two-Spirit	0	Ethno-Racial Identity	No Label/Unsure	1
	Gay	2		Other	3
	Lesbian	4		Indigenous	1
	Bisexual	7		Black	1
	Pansexual	7		East Asian	4
	Queer	3		Latin American	1
	Omnisexual	1		White	18
	Asexual	0		Other	2
	Heterosexual	1			
	No Label/Unsure	1			
	Other	1			

A **photovoice** project featuring the experiences of 27 transgender, non-binary, & gender non-conforming youth, aged 15-24.



Substance Use Beyond the Binary: *YAC for transgender, non-binary, & gender non-conforming youth who use substances*

- Members of this YAC serve as co-researchers who are consulted on all aspects of the research process regarding the SGM Youth Cannabis Study in BC.
- YAC members consist of youth aged 15-24 years who identify as being trans, non-binary, or a person who experiences marginalization on the basis of their gender identity and/or expression (i.e., Two-Spirit, gender non-conforming, genderfluid, etc.).





Understanding how Cannabis Use Features in the Gender Experiences of Transgender, Non-Binary and Gender Non-Conforming Youth



Cannabis as a “technology of the self”

Cannabis is purposefully and strategically used by TGNC youth to overcome barriers to authentic self-expression & embodiment.

Cannabis as a “technology of the self”: *Cannabis is purposefully and strategically used by TGNC youth to overcome barriers to authentic self-expression & embodiment*



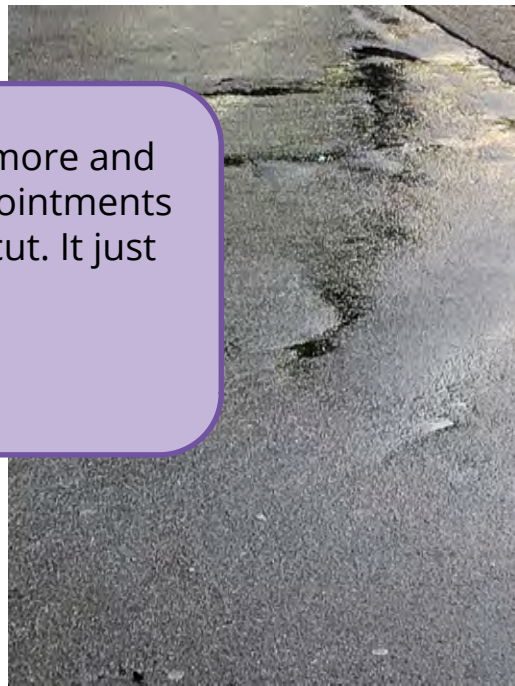
“When I smoke cannabis, I find I have less anxiety about going out wearing the clothes that I’m comfortable wearing,...”

-Plokis, 24-year-old non-binary participant

Cannabis as a “technology of the self”: *Cannabis is purposefully and strategically used by TGNC youth to overcome barriers to authentic self-expression & embodiment*

“When I am at that baseline of anxiety, I feel like I can explore my gender more and also do things that make me feel affirmed in my gender, such as make appointments with the trans specialty team, purchase a binder, or get a really short haircut. It just makes me feel like doing those things are not as scary.”

-Lauren, 24-year-old non-binary participant



Cannabis as a social disruptor: *Cannabis is used as a tool to challenge dominant gender norms and standards in society*

"Shame is used as a tool to control people, and following [gender norms] guidelines is a way of avoiding that shame. **But when you're already being shamed for things you cannot control, what's stopping you from doing shameful things in the first place?**"

"...cannabis use comes with an acceptance that you are doing something you're not supposed to be doing, and so with that comes a little bit of an easier time dressing comfortably or trying out some new, out-there makeup."

-Ace Garyson, 16-year-old genderfluid participant





Cannabis as a “catalyst”

Cannabis supports introspective thought and reflection which facilitated the identity discovery & development of TGNC youth.

Cannabis as a “catalyst”: *Cannabis supports introspective thought and reflection which facilitated the identity discovery & development of TGNC youth*

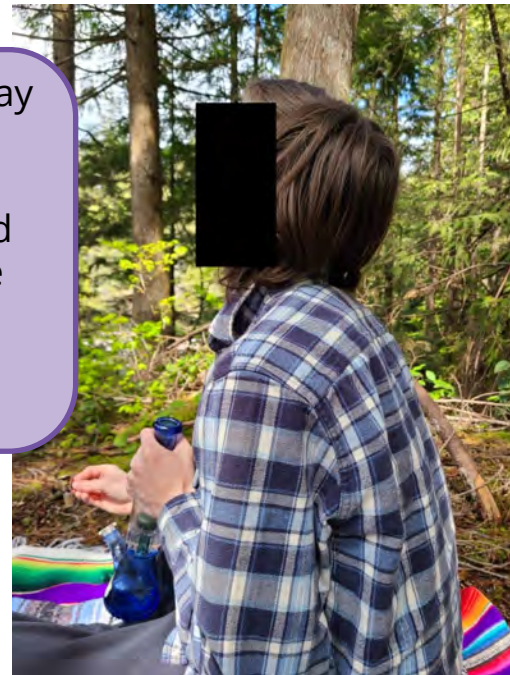
“...for me, it really allows me to think deeply and question things, so it was definitely a catalyst in questioning my gender and sexuality...weed helped me to heal, helped me to awaken spiritually, and then that helped me to pinpoint what my gender expression is.”

-Carrot, 23-year-old non-binary/fluid participant

Cannabis as a “catalyst”: *Cannabis supports introspective thought and reflection which facilitated the identity discovery & development of TGNC youth*

“...it was a way to connect within things that had been silenced and a way to learn to quiet the noise a little bit, then make some sense of it, because all the noise that goes on in my head, all of it is useful information, it is just that it [comes] all at once, so it is white noise, and my initial impression of cannabis was ‘wow now I can hear all of these individual things’.”

-Toby, 21-year-old bigender participant

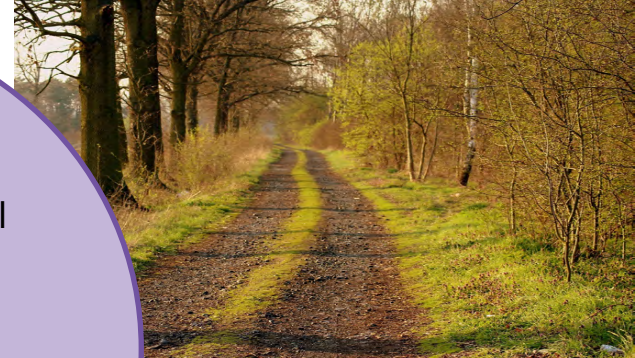
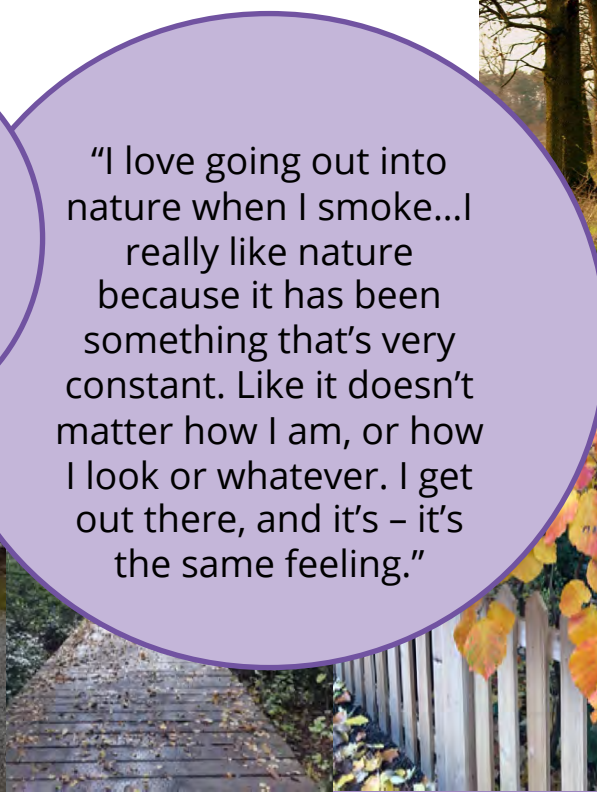


“Take a Deep Breath” -Toby

Nature featured as a key transformative space where TGNC youth preferred to use cannabis

Panda, 24-year-old non-binary participant

"I love going out into nature when I smoke...I really like nature because it has been something that's very constant. Like it doesn't matter how I am, or how I look or whatever. I get out there, and it's – it's the same feeling."





“To smoke feels gender”

Cannabis offers a vehicle through which TGNC youth can access moments of gender euphoria and affirmation.

Acknowledgements

1.) Committee Members:

- Dr. Rod Knight – *Primary Supervisor*
- Dr. Mark Gilbert – *Co-Supervisor*
- Dr. Hannah Kia – *External Committee Member*

2.) Study Participants and Youth Advisory Committee Members

- Thank you to the wonderful community of trans, non-binary, and gender non-conforming youth involved in this work, from study participants, to YAC members who I have had the great privilege of working with.

3.) Funding Grant: CIHR- PJT-175082, funder of the SGM Youth Cannabis & Mental Health Study

4.) Members of the Knight Research Team including: Trevor Goodyear, Caroline Mniszak, and Anna Carson

Thank you! Questions?

Christian Barborini (they/them)

Feel free to email me with questions as well!

Email: christian.barborini@bccsu.ubc.ca



CGSHE SYMPOSIUM

Q&A

SYMPOSIUM FEEDBACK

bit.ly/trs-feedback

THANK YOU

@CGSHEquity

#CGSHETraineeSymposium

cgshe.ca

Sign-up to stay connected:

bit.ly/CGSHEnews