TRAINEE RESEARCH SYMPOSIUM
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 səl̓ilwətaɁɬ (Tsleil-Waututh), kʷikʷəƛ̓əm (Kwikwetlem), Sḵwx̱wú7mesh Úxwumixw (Squamish) and xʷməθkʷəy̓əm (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.
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.
TRAINEE RESEARCH SYMPOSIUM

TUE. MARCH 28 | 12:30-2:30 pm PT
Via Zoom or @ SFU FHS Student Commons
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**
Mika Ohstuka
Gender-based violence and healthcare services access among women living with HIV: Implications for equity-oriented HIV care
Land Acknowledgement

• We acknowledge that the land on which we work is the unceded and traditional territories of the xʷməθkwəy̓əm (Musqueam), Sḵwx̱wú7mesh (Squamish), and Səílílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.
Resources

**WAVAW**: 604-255-6344

**BWSS**: 604-687-1867
Outline

- Who am I?
- Background
- Objectives
- Results
- Implications
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, incarceration\(^1\)
- Settler colonialism and GBV\(^2\)
- Most of the women (95%) in SHAWNA have experienced violence\(^1\)
- Violence is associated with difficulty accessing healthcare\(^3\)
- Limited research from the pandemic

\(^1\) [Source](https://www.who.int/reproductivehealth/publications/violence/VAW_infographics/en/)
\(^2\) [Source](https://www.who.int/reproductivehealth/publications/violence/VAW_infographics/en/)
\(^3\) [Source](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 pandemic\(^4\)

• **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 approaches\(^5\)
Results
Part 1: Who was more likely to complete a follow-up interview during COVID?

More likely:
- Social support for ART
- Be on ART
- Regular ART use

Less likely:
- 2SLGBQA
- Racialized
- Injection drug use
- Non-injection drug use
- GBV

Pre-Pandemic
1 September 2018

15 March 2020

Pandemic
31 August 2021
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
SHAWNA

**Principle Investigators:**
Kathleen Deering (PI Quantitative), Andrea Krusi (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 Mc Dermid, Kate Milligan, Sarah Moreheart, Melanie Lee, Lois Luo, Mika Ohtsuka, Harper Perrin, Faeria 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!

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


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

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

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

Social, Structural, and Systemic Inequities which Increase Likelihood of being Unable to Access Mental Healthcare

Unable to access primary healthcare service
HIV stigma scale
Any physical/sexual violence

Likelihood of being Unable to Access Mental Healthcare Services
(Ajusted Odds Ratio)
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!
Lunch
Milo Ira
TWO-SPIRIT EYED SEEING FOR AUTISTIC WELL-BEING

Milo Ira
March 28, 2023

CENTRE FOR GENDER & SEXUAL HEALTH EQUITY

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.

Researching Environments that Affirm 2S/LGBTQ+ Identities, Relationships & Mental Health.
### WHAT IS TWO-SPIRIT?

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

Pruden and Salway, 2020
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.

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

Milton, 2012
Crompton, 2020
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
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.

Pītoteyihtam — “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.

CDC, 2022

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

Next steps: art to create safety and connection

Napoli, 2019
Miigwetch ✿ Maarsii ✿ Thank you


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

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

(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      | 55.7 | 1444        | 62.1 |
| 20–24                          | 415       | 23.0 | 545         | 23.4 |
| 25–29                          | 385       | 21.3 | 338         | 14.5 |
| Count                          | 1807      |     | 2327        |     |

(Gumprich et al., forthcoming.)

martha_gumprich@sfu.ca
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)

(map of Canada with geographic statistics)
## Results - Sexuality

<table>
<thead>
<tr>
<th></th>
<th>Lesbian</th>
<th>Gay</th>
<th>Bisexual</th>
<th>Queer</th>
<th>Pansexual</th>
<th>Heterosexual</th>
<th>Asexual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16% (N= 411)</td>
<td>12% (N= 298)</td>
<td>27% (N= 681)</td>
<td>8% (N= 211)</td>
<td>17% (N=432)</td>
<td>1% (N= 15)</td>
<td>9% (N= 235)</td>
</tr>
<tr>
<td></td>
<td>12% (N= 224)</td>
<td>10% (N= 191)</td>
<td>36% (N= 687)</td>
<td>2% (N= 35)</td>
<td>7% (N= 127)</td>
<td>22% (N= 418)</td>
<td>5% (N= 97)</td>
</tr>
</tbody>
</table>

=G = Non-binary, C = 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)

(Gumprich et al., forthcoming.)
martha_gumprich@sfu.ca
Results – Sports Participation

Participation of non-binary and cisgender people in sports

- Current
- In the past
- Never

Non-binary
Cisgender

Percent (%)

(Gumprich et al., forthcoming.)
martha_gumprich@sfu.ca
Results – Sports Participation

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%

(Gumprich et al., forthcoming.)

martha_gumprich@sfu.ca
30% of non-binary youth have avoided joining a sport because they worry about reactions to their gender

3% for cis respondents

(Gumprich et al., forthcoming.)

martha_gumprich@sfu.ca
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)

Recreational teams
47% (N=339)

Elementary school teams
44% (N=314)

Middle school teams
40% (N= 285)

Junior/Amateur leagues
14% (N= 99)

Team Canada
2% (N= 15)

(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%

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

=Gumprich et al., forthcoming.

martha_gumprich@sfu.ca
<table>
<thead>
<tr>
<th>Witnessing and Experiencing Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Witnessed</strong></td>
</tr>
<tr>
<td>Sextist comments</td>
</tr>
<tr>
<td>• 67% (N= 1126)</td>
</tr>
<tr>
<td>• 61% (N= 810)</td>
</tr>
<tr>
<td>Homophobic comments</td>
</tr>
<tr>
<td>• 62% (N= 1039)</td>
</tr>
<tr>
<td>• 54% (N= 719)</td>
</tr>
<tr>
<td>Transphobic comments</td>
</tr>
<tr>
<td>• 53% (N= 880)</td>
</tr>
<tr>
<td>• 32% (N= 431)</td>
</tr>
<tr>
<td><strong>Experienced</strong></td>
</tr>
<tr>
<td>Sextist comments</td>
</tr>
<tr>
<td>• 38% (N= 630)</td>
</tr>
<tr>
<td>• 28% (N= 366)</td>
</tr>
<tr>
<td>Homophobic comments</td>
</tr>
<tr>
<td>• 28% (N= 457)</td>
</tr>
<tr>
<td>• 14% (N= 181)</td>
</tr>
<tr>
<td>Transphobic comments</td>
</tr>
<tr>
<td>• 17% (N= 285)</td>
</tr>
<tr>
<td>• 1% (N= 6)</td>
</tr>
</tbody>
</table>

=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)
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

martha_gumprich@sfu.ca
Thank you

Research Team:
- Dr. Travis Salway (Supervisor)
- Sarah Watt
- Stéphanie Black
- Thiyaana Jeyabalas
- Andrés Delgado-Ron

Community Partner:
- Nicola Hare – Trans Connect Coordinator

Funding

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

SFU Office of Community Engagement
Thank you!

Questions?
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
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
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