

Our Health: Canada-Wide 2SLGBTQQIA+ Community Study

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COVID-19 COMMUNITY REPORT:

Indigenous 2S/LGBTQQIA+ People

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Acknowledgements

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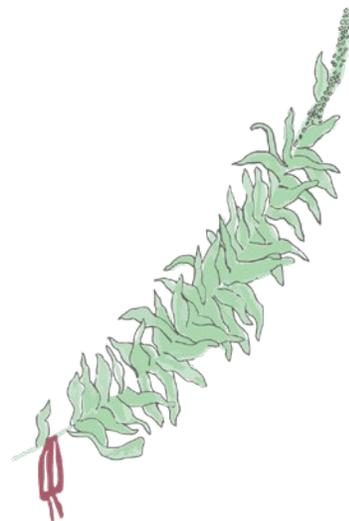
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Land Acknowledgement

Community-Based Research Centre (CBRC) acknowledges that as a national organization, our work spans across the unceded, ancestral, and traditional territories of Indigenous peoples on land that is currently occupied and known as Canada. This includes the unceded territories of the Musqueam, Squamish, and Tsleil-Waututh First Nations, currently known as Vancouver, where our head offices are located. We recognize and are grateful for living and working on all these lands that have been cared for by Indigenous peoples since time immemorial.

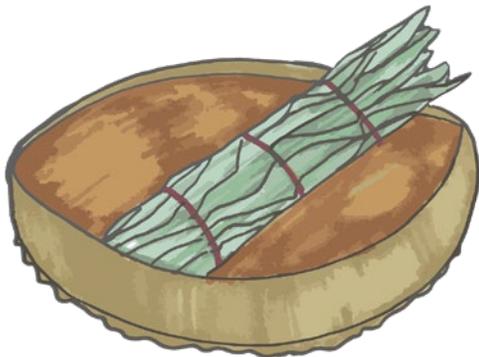
In 2016, CBRC endorsed the Truth and Reconciliation Commission of Canada: Calls to Action and the United Nations Declaration on the Rights of Indigenous Peoples. As an organization dedicated to the health and wellness of our communities, we recognize that true reconciliation requires more than an endorsement and have made a series of commitments in our work, including the full integration of Two-Spirit and Indigenous staff into the culture of the organization and delivery of our programs, and creating and centring an intentional space for Two-Spirit and Indigenous queer and trans people at CBRC's annual Summit conference.

As we continue on our path of Truth and Reconciliation, CBRC continues to learn from our Indigenous staff and partners, reflecting on the ways our actions and social policies impact the lives of Indigenous people, and actively participating in decolonization.



Key Highlights

- Overall, 92% of Indigenous 2S/LGBTQQIA+ participants reported being vaccinated against COVID-19, despite also reporting increased barriers in access to health care and high levels of distrust in the health care system.
- Indigenous participants reported very little trust in the police, the federal government, and provincial or territorial governments. In contrast, Indigenous participants reported high trust in 2S/LGBTQQIA+ organizations.
- Nearly three-quarters of Indigenous participants reported that they were aware of the HIV campaign **U=U (Undetectable equals Untransmittable)**.
- 41% of Indigenous 2S/LGBTQQIA+ participants reported having lost a community member due to the toxic drug supply during the COVID-19 pandemic.
- Indigenous 2S/LGBTQQIA+ participants found ways to connect with each other and their communities during the COVID-19 pandemic, with over 70% having spent over half of their time around other 2S/LGBTQQIA+ people.





Background

Due to ongoing colonization, health inequities among Indigenous populations in what is currently called Canada existed before the COVID-19 pandemic.¹⁻³ Barriers to accessing health care, particularly culturally-safe care, and experiences of discrimination in health care continued to be observed during the COVID-19 pandemic.¹⁻³ Of particular consequence for Indigenous communities, many cultural services and gatherings were disrupted during the COVID-19 pandemic, negatively impacting health.^{1,4} Additionally, Indigenous people experienced high rates of food and housing insecurity, and some were distrustful of or hesitant to access supports due to historical trauma caused by non-Indigenous institutions.¹ Among Indigenous 2S/LGBTQQIA+ people specifically, increases in mental health problems, domestic violence, and sexual violence during the COVID-19 pandemic have been documented.⁵

During this challenging time, members of Indigenous communities supported each other in creative ways, including distributing beading kits, tobacco seeds, and food; putting on virtual storytelling and check-in events; and increasing access to technology to facilitate connection over distance.^{1,6} The success of these kinds of strengths-based approaches demonstrated the importance of connection to community for Indigenous 2S/LGBTQQIA+ peoples, and the necessity of Indigenous-led, culturally specific health programming.^{1,4} It is critical to remember that while the COVID-19 pandemic posed specific challenges to the physical and mental health of these communities, Indigenous and Two-Spirit people continued to be resourceful in the face of this adversity.¹⁻⁶

There is a need for more research on how the COVID-19 pandemic impacted Indigenous 2S/LGBTQQIA+ people. This report examines the physical, emotional, and spiritual well-being of Indigenous 2S/LGBTQQIA+ people during the COVID-19 pandemic, and also explores their sexual and reproductive health, community health, use of health care services, substance use, economic circumstances and housing, trust in institutions, and experiences of caregiving.

Methods

The Survey

Our Our Health 2022 was led by the Community-Based Research Centre to explore the current state of health among Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual (2S/LGBTQQIA+) people across what is currently called Canada. The study consisted of a [community health survey](#) designed by academic, public health, and community partners, and included questions related to sociodemographic characteristics, COVID-19, chronic health, health service access, mental health, discrimination, community connection, sexual health, reproductive health, caregiving, economic security, substance use, and housing. Participants received \$10 for completing the survey.

Study recruitment occurred between April and September 2022 through multiple recruitment methods, including promotion through CBRC and community partner organizations, advertisements in 2S/LGBTQQIA+ and/or ethnoracial media, and on popular geosocial sexual networking apps and websites. All recruitment methods directed participants to the online survey where they were given additional information about the study and could agree to participate. To be eligible, participants had to: be living in what is currently called Canada; identify as 2S/LGBTQQIA+; be 15 years of age or older; be able to provide informed consent and complete a questionnaire in English, French, or Spanish; and not have already participated in the study.

Consultations with Indigenous scholars and community members were conducted to inform collection and analyses of Indigenous-specific data. You can [find out more about our study methods here](#).

Making this Report

This report focuses on key COVID-19-related findings for Indigenous 2S/LGBTQQIA+ communities. In this report, Indigenous refers to any person who selected ‘Yes’ to “Do you identify as Indigenous?”. In total, the responses of 315 participants who identified as Indigenous (7% of all participants in Our Health 2022) are described here.

In developing the report, we consulted with a group of eight Indigenous 2S/LGBTQQIA+ community advisors. These consultations included group meetings, emails, and open invitations to edit drafts of the report. The input of community advisors was essential in compiling this report: community advisors specifically chose the findings presented in this report, as well as the stratification of data in tables. Based on community advisor feedback and the focus on COVID-19, some topics covered in Our Health 2022 are not included in this report.

How to Read this Report

This report describes the experiences of Indigenous 2S/LGBTQQIA+ people who participated in the Our Health 2022 study and not necessarily all Indigenous 2S/LGBTQQIA+ people in what is currently called Canada. While the findings are still valuable, without reaching all Indigenous 2S/LGBTQQIA+ people or a random sample of them, we cannot know how different the people who participated in the study are from those who did not.

In each table, the responses to a question are shown in several values:

- The “n” column: The number of people who selected that response option to describe their experience.
- The “(n=___)” header: The overall number of people who responded to that question. At times, this may be replaced with a fraction in the “n” column if the number of people who responded to a question varies.
- The “%” column: The percentage of people who selected that response option, or the number of people who used that response option divided by the number of people who responded to that question x 100.

Example Table

The “n” column: The number of people who chose that response option

The “%” column: The percentage of people who chose that response option

Variables	n	%
Age (n = 371)		
Under 18	87	23%
18-30	163	44%
31-40	64	17%
41+	57	15%
^aRace/ethnicity (n = 368)		
Indigenous	70	19%
Black	64	18%
East/Southeast Asian	91	25%
Latina, Latino, Latinx, Latine	78	22%
Middle Eastern	36	10%
South Asian	54	15%
White	200	56%
Two-Spirit (n = 70)		
<i>*Asked only of Indigenous participants</i>		
	52	74%
^aAble to access needed services during COVID-19 pandemic		
<i>*Only participants who needed the respective service</i>		
Dental care	195/210	93%
Primary care	159/178	89%

The “(n=___)” header: The overall number of people who responded to that question.

^aSelect all that apply question

Sometimes response options within a question were only shown to people based on their responses to a different question. A fraction in the “n” column is the “number of people who chose that response” / “number of people who saw that response option”

Looking at our example table, we can see that of the 178 participants who needed primary care, 89% (159 people) were able to access it. Sometimes, participants could use more than one option to respond to a question, shown using an “a” next to the question. This means that percentages for different response options will not always sum to equal 100%. Other times, questions were shown only to a subset of participants based on how they responded to another question, shown using an asterisk (*).

Use of an intersectional lens

We acknowledge the importance of using an intersectional lens to understand participants' experiences. Intersectionality theory, rooted in Black feminism and coined by Kimberlé Crenshaw,⁷ describes how systems of oppression (e.g., homophobia, transphobia, colonialism, racism) 'intersect' to create experiences of social difference that have to be seen as a whole to be understood. Some sections include an additional column(s) that describes how a smaller group of Indigenous 2S/LGBTQQIA+ participants responded to a question. For example, Table 3 shows the impact of COVID-19 on the health of Indigenous participants by the population size of the community where they live. In this report, we define urban population centres as being home to over 100,000 people, medium population centres as being home to 30,000–99,999 people, and rural areas and small population centres as being home to less than 29,999 people. We decided to include these smaller groups (stratifications) through conversations and lived experiences from research and community members included in this work.

Results

Sociodemographics

In total, 315 participants in Our Health 2022 self-identified as Indigenous. Of these, 173 (55%) identified as Two-Spirit. Most Indigenous participants lived in Ontario (31%) and British Columbia (20%; Table 1). More than half (63%) of all Indigenous participants were aged between 20-39.

The most common gender identities reported by Indigenous participants were nonbinary, man, and woman; these accounted for 28%, 28%, and 26% respectively of Indigenous participants. One-third of Indigenous participants identified as trans (35%). Among Indigenous participants, 28% identified as queer, 28% as gay, 21% as bisexual, and 20% as pansexual.

The majority (61%) of Indigenous participants identified as First Nations, with one-third (34%) identifying as Métis and 6% identifying as Inuk/Inuit. Two of five (42%) Indigenous participants reported having Registered/Treaty status, while 11% lived on First Nations reserves. Many participants reported an additional ethnicity, with the most common being white (reported by 38% of Indigenous participants); 37% of Indigenous participants reported that they were treated as racialized or a person of colour by others. Finally, 47% of Indigenous participants reported living with a disability.

Table 1: SOCIODEMOGRAPHIC CHARACTERISTICS OF INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS

Variables	n	%
^aIndigenous identity* (n = 291)		
First Nations	178	61%
Métis	98	34%
Inuk/Inuit	18	6%
Other	9	3%

Variables	n	%
Two-Spirit identity* (n = 315)		
I identify as Two-Spirit	173	55%
I do not identify as Two-Spirit	116	37%
I prefer not to answer this question	26	8%
Living on First Nations Reserve* (n = 292)		
No	259	89%
Yes	33	11%
Registered/Treaty "status"* (n = 288)		
Yes	120	42%
No	148	51%
I don't know	9	3%
Not applicable	11	4%
^aRace/ethnicity (other than Indigenous) (n = 292)		
Black	14	5%
East/Southeast Asian	4	1%
Latino/Latina/Latine/Latinx	8	3%
Middle Eastern	1	<1%
White	112	38%
Treated as a Person of Colour/racialized person (n = 293)		
Yes	108	37%
No	150	51%
Unsure	35	12%
Province or Territory (n = 315)		
Alberta	47	15%
British Columbia	55	18%
Manitoba	38	12%
New Brunswick	5	2%
Newfoundland & Labrador	16	5%
Northwest Territories	1	<1%
Nova Scotia	16	5%
Nunavut	1	<1%
Ontario	94	30%
Prince Edward Island	1	<1%
Quebec	19	6%
Saskatchewan	22	7%
Yukon	0	0%

Variables	n	%
Age in years (n = 315)		
19 and under	20	6%
20-29	117	37%
30-39	82	26%
40-49	56	18%
50-59	32	10%
60+	8	3%
^aGender identity (n = 312)		
Agender	7	2%
Genderfluid	29	9%
Genderqueer	33	11%
Man	89	28%
Nonbinary	88	28%
Woman	81	26%
Trans woman	15	5%
Trans man	20	6%
Other	29	9%
Trans Identity (n = 315)		
Yes	110	35%
No	205	65%
^aSexual Orientation (n = 309)		
Asexual	20	6%
Bisexual	66	21%
Gay	89	28%
Heteroflexible	3	1%
Homoflexible	8	3%
Lesbian	47	15%
Pansexual	64	20%
Queer	89	28%
Questioning	14	4%
Straight	5	2%
Other	11	4%
Disability (n = 293)		
Yes	137	47%
No	142	49%
Unsure	14	5%

Variables	n	%
Intersex (n = 315)		
Yes	14	4%
No	255	81%
Unsure	41	13%
I prefer not to answer	5	2%

**Asked of Indigenous participants only*

COVID-19

All Indigenous participants (n=315) answered questions in the COVID-19 section. However, in tables in which participants are stratified by population size of their location of residence, only those who answered the question about their current living environment (n=294) are represented.

When asked about the impacts of COVID-19 on their well-being, 56% of Indigenous participants reported feeling 'very' or 'extremely' concerned about their own physical health (Table 2). This was highest among those living in medium population centres (63%) and lowest in those in urban population centres (54%).

Concern about mental health was common, with 65% of Indigenous participants reporting feeling 'very' or 'extremely' concerned. When stratified by geography, those living in either urban or rural areas were most likely to report feeling very or extremely concerned about their mental health (reported by 66% of participants in those areas).

When asked about the impact of COVID-19 on their spiritual and/or religious lives, 26% of Indigenous participants reported feeling 'very' or 'extremely' concerned, with these concerns most common among those in medium population centres. Concerns about the COVID-19 pandemic's impact on their sex life were similar, with 29% of Indigenous participants reporting feeling 'very' or 'extremely' concerned.

A third of Indigenous participants reported ever testing positive for COVID-19. Among participants who reported ever having COVID-19, 27% of Indigenous participants reported having long COVID. The vast majority of Indigenous participants (92%) reported being vaccinated against COVID-19, with uptake highest among those in urban (94%) and rural (93%) population centres and lowest in medium population centres (82%).

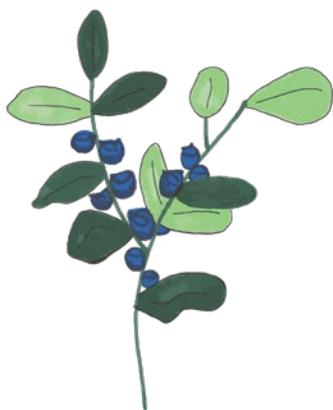


Table 2: IMPACT OF COVID-19 ON HEALTH OF INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
How concerned have you been about the following impacts of COVID-19?								
My own physical health or wellness	(n = 275)		(n = 156)		(n = 60)		(n = 59)	
Extremely	70	26%	40	26%	9	15%	21	36%
Very	85	31%	43	28%	29	48%	13	22%
Somewhat	95	35%	59	38%	17	28%	19	32%
Not at all	25	9%	14	9%	5	8%	6	10%
My own mental health or wellness	(n = 273)		(n = 155)		(n = 59)		(n = 59)	
Extremely	85	31%	53	34%	12	20%	20	34%
Very	92	34%	50	32%	23	39%	19	32%
Somewhat	66	24%	34	22%	17	29%	15	25%
Not at all	30	11%	18	12%	7	12%	5	9%
My spiritual or religious wellness	(n = 273)		(n = 154)		(n = 60)		(n = 59)	
Extremely	23	8%	14	9%	4	7%	5	9%
Very	50	18%	19	12%	19	32%	12	20%
Somewhat	84	31%	43	28%	22	37%	19	32%
Not at all	116	43%	78	51%	15	25%	23	39%
My sex life	(n = 271)		(n = 154)		(n = 59)		(n = 58)	
Extremely	31	11%	21	13%	3	5%	7	12%
Very	49	18%	27	18%	13	22%	9	16%
Somewhat	93	34%	49	32%	23	39%	21	36%
Not at all	98	36%	57	37%	20	34%	21	36%

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Tested positive for COVID-19	(n = 258)		(n = 143)		(n = 61)		(n = 53)	
Yes	83	32%	50	35%	17	28%	15	28%
No	171	66%	89	62%	44	72%	38	72%
Unsure	4	2%	4	3%	0	0%	0	0%
Long COVID	(n = 139)		(n = 91)		(n = 20)		(n = 27)	
Yes	37	27%	23	25%	5	25%	9	33%
No	71	51%	47	52%	11	55%	13	48%
Unsure	31	22%	21	23%	4	20%	5	19%
COVID-19 vaccination	(n = 284)		(n = 162)		(n = 62)		(n = 60)	
Yes	260	92%	153	94%	51	82%	56	93%
No	22	8%	7	4%	11	18%	4	7%
I prefer not to answer	2	1%	2	1%	0	0%	0	0%

Health Services

The most common challenges experienced in accessing health care among Indigenous participants were long wait times for appointments or difficulty getting appointments in the first place, reported by 65% and 62% of Indigenous participants respectively (Table 3). These challenges were experienced by a majority of Indigenous participants across all population sizes of current living environments, though were most common among participants living in rural or small population areas. Relatedly, 41% of Indigenous participants reported difficulty getting referrals. A third of Indigenous participants in rural areas also reported experiencing transportation challenges when accessing health care.

Nearly two-thirds (63%) of all Indigenous participants reported receiving primary care through a family doctor. However, this was much less common for those living in medium population centres (39%), with over a third of participants in these areas accessing health care through telephone health services (39%) and virtual health apps (34%).

Table 3: USE OF AND CHALLENGES ACCESSING HEALTH SERVICES REPORTED BY INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
^aChallenges accessing health care services	(n = 257)		(n = 145)		(n = 56)		(n = 56)	
Cost	85	33%	45	31%	14	25%	26	46%
Difficulty getting a referral	104	41%	61	42%	18	32%	25	45%
Difficulty getting an appointment	159	62%	84	58%	37	66%	38	68%
Difficulty getting information	89	35%	52	36%	14	25%	23	41%
Getting a gender-affirming health care provider	36	14%	17	12%	7	13%	12	21%
Getting a sexual orientation-affirming health care provider	31	12%	18	12%	7	13%	6	11%
Inaccessibility of health care locations	24	9%	14	10%	0	0%	10	18%
Language challenges	8	3%	5	3%	1	2%	2	4%

Variables	All Indigenous participants		By Population Size of Current Living Environment							
			Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)			
			n	%	n	%	n	%	n	%
Long wait times for an appointment	167	65%	89	61%	38	68%	40	71%		
Service was not available at time required	91	35%	55	38%	17	30%	19	34%		
Symptoms of COVID-19	19	7%	11	8%	2	4%	6	11%		
Transportation challenges	68	27%	33	23%	16	29%	19	34%		
Other types of challenges	21	8%	10	7%	2	4%	9	16%		
How do you receive primary health care?	(n = 256)		(n = 145)		(n = 56)		(n = 55)			
Family doctor	162	63%	104	72%	22	39%	36	66%		
Naturopath or holistic care provider	20	8%	11	8%	3	5%	6	11%		
Nurse practitioner	38	15%	17	12%	12	21%	9	16%		
Telephone health service	49	19%	20	14%	22	39%	7	13%		
Virtual health apps	39	15%	12	8%	19	34%	8	15%		
Walk-in clinic	70	27%	40	28%	11	20%	19	35%		
I don't receive primary health care anywhere	16	6%	9	6%	3	5%	4	7%		

Mental Health

The response to questions related to depression, anxiety, and/or loneliness ranged from 79% (n=249) to 81% (n=254) of Indigenous participants. Table 4 shows mental health data for Indigenous participants, overall and stratified by population size of current living environment.

Overall, nearly half (45%) of Indigenous participants reported feeling a decline in their mental health (i.e., reporting 'somewhat worse now' or 'much worse now') when compared with before the COVID-19 pandemic; this was particularly the case for Indigenous participants living in rural areas (55%).

Based on three short screening measures, nearly half of Indigenous participants had scores suggestive of depression (47%), more than half had scores suggestive of anxiety (53%), and more than two-thirds had scores indicating loneliness (71%). In general, Indigenous participants living in medium population centres were most likely to report negative mental health impacts.

Table 4: MENTAL HEALTH INDICATORS OF INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
How is your mental health now compared with before the COVID-19 pandemic?	(n = 256)		(n = 145)		(n = 56)		(n = 55)	
Much better now	22	9%	17	12%	2	4%	3	6%
Somewhat better now	43	17%	23	16%	10	18%	10	18%
About the same	75	29%	35	24%	28	50%	12	22%
Somewhat worse now	71	28%	46	32%	9	16%	16	29%
Much worse now	45	18%	24	17%	7	13%	14	26%
Depression scale score⁸	(n = 249)		(n = 143)		(n = 53)		(n = 53)	
0-2	24	9%	14	10%	0	0%	10	18%
3-6	8	3%	5	3%	1	2%	2	4%

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Anxiety scale score⁹	(n = 250)		(n = 143)		(n = 54)		(n = 53)	
0-2	118	47%	70	49%	23	43%	25	47%
3-6	132	53%	73	51%	31	58%	28	53%
Loneliness scale score¹⁰	(n = 254)		(n = 144)		(n = 55)		(n = 55)	
3-5	74	29%	45	31%	12	22%	17	31%
6-9	180	71%	99	69%	43	78%	38	69%
^aWhat were you able to get help for?*	(n = 249)		(n = 143)		(n = 53)		(n = 53)	
Anxiety	94/171	55%	54/96	56%	23/42	55%	17/33	52%
Body image	29/104	28%	12/59	20%	9/19	47%	8/26	31%
Burnout	21/104	20%	16/66	24%	3/15	20%	2/23	9%
Depression	81/143	57%	50/89	56%	18/26	69%	13/28	46%
Eating disorders	25/68	37%	9/34	27%	8/16	50%	8/18	44%
Gender dysphoria	20/58	35%	11/30	37%	6/12	50%	3/16	19%
Grief or loss	32/91	35%	17/54	32%	11/18	61%	4/19	21%
Navigating sexual orientation and identity	7/39	18%	5/27	19%	2/6	33%	0/6	0%
Psychosis, hallucinations, delusions, or paranoia	4/18	22%	2/10	20%	1/3	33%	1/5	20%
Relationship problems	23/81	28%	14/47	30%	5/12	42%	4/22	18%
Self-harm	7/35	20%	4/22	18%	1/6	17%	2/7	29%
Substance use	18/48	38%	13/35	37%	2/2	100%	3/11	27%
Suicidal thoughts	27/68	40%	15/41	37%	4/11	36%	8/16	50%
Trauma	46/106	43%	27/65	42%	8/17	47%	11/24	46%

**Each option was only asked of those who sought out help for that specific issue*

Trust in Institutions and Experiences of Institutional Violence

Questions on experiences of discrimination, violence (including experiences of institutional violence), and trust in institutions were shown only to participants aged 18 years or older, stratified by population size of current living environment, and the results are shown in Table 5. For additional safety, at the start of this section of the survey, participants were given the option of skipping this set of questions if they preferred.

Three-quarters (75%) of Indigenous participants reported no to little trust (scores of 1 or 2) in the police (see Figure 1). Levels of trust in government were also low, with a majority of Indigenous participants reporting no to little trust in both the federal government (64%) and provincial or territorial governments (73%).

Levels of distrust towards the health care system and Canadian media were also high (51% and 49% respectively); 58% of Indigenous people living in rural areas and small population centres reported distrust in Canadian media. In contrast, feelings of trust towards 2S/LGBTQQIA+ organizations were high, with only 11% of Indigenous participants reporting low levels of trust and 62% expressing high levels of trust (scores of 4 or 5) in these organizations.

One in twenty (5%) of Indigenous participants reported that they themselves had attended a residential school and half (53%) reported that a member of their family had.

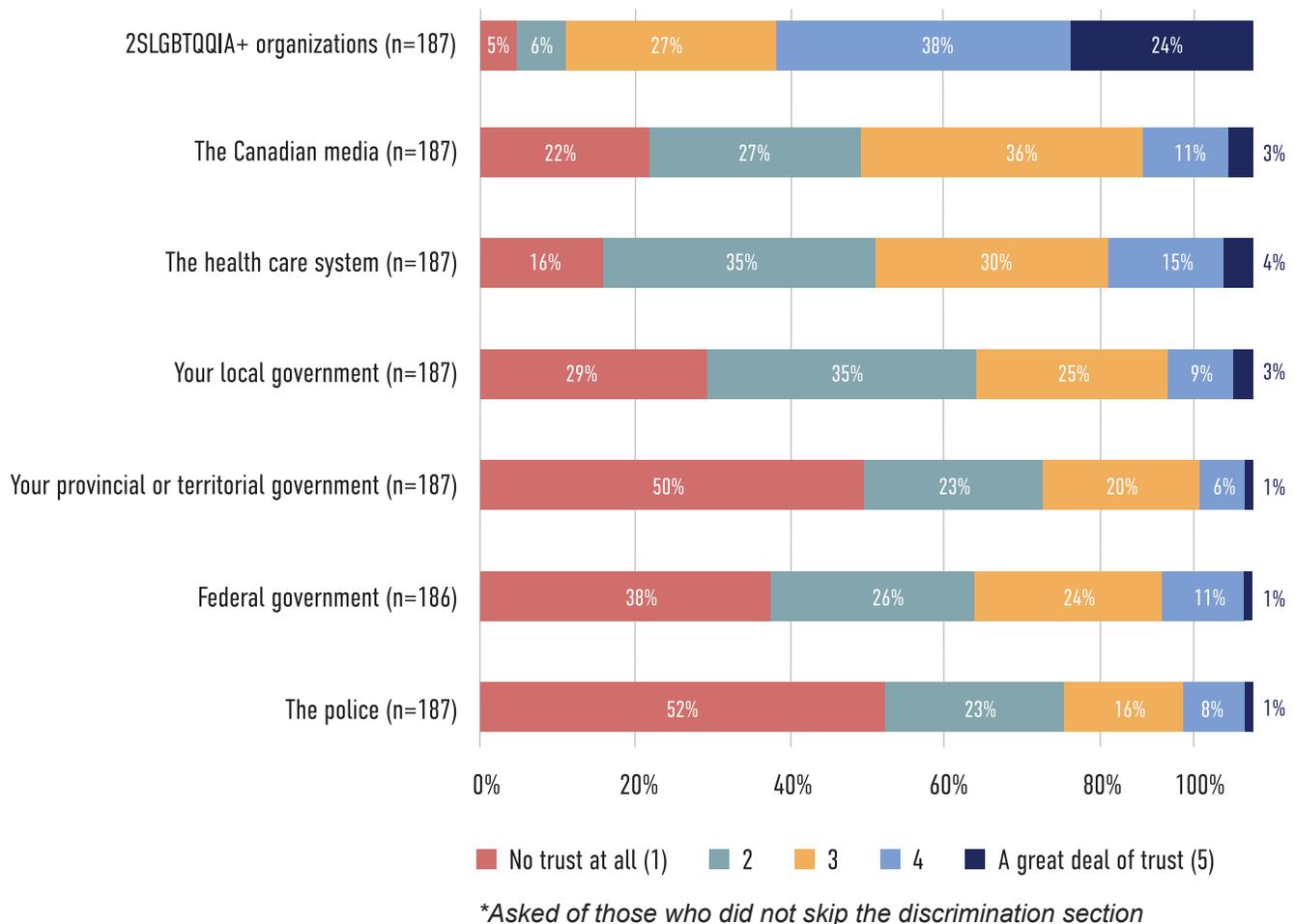


Figure 1: Trust in institutions among Indigenous 2S/LGBTQQIA+ participants

Table 5: EXPERIENCES OF INSTITUTIONAL VIOLENCE AND TRUST IN INSTITUTIONS AMONG INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Attended residential school	(n = 187)		(n = 116)		(n = 26)		(n = 45)	
Yes, I did	13	7%	9	8%	2	8%	2	4%
Yes, at least one of my family members did	99	53%	66	57%	13	50%	20	44%
No, neither any family member nor myself	35	19%	18	16%	6	23%	11	24%
Unsure	47	25%	28	24%	5	19%	14	31%
Experience of the 60s scoop	(n = 185)		(n = 114)		(n = 27)		(n = 44)	
I was part of the 60s scoop	9	5%	7	6%	2	7%	0	0%
At least one of my family members was a part of the 60s scoop	40	22%	25	22%	5	19%	10	23%
Neither any family member nor myself were a part of the 60s scoop	68	37%	41	36%	8	30%	19	43%
Unsure	69	37%	42	37%	12	44%	15	34%
Trust in institutions: The police	(n = 187)		(n = 116)		(n = 26)		(n = 45)	
No trust at all (1)	98	52%	60	52%	13	50%	25	56%
2	43	23%	29	25%	4	15%	10	22%
3	29	16%	15	13%	5	19%	9	20%
4	15	8%	11	10%	3	12%	1	2%
A great deal of trust (5)	2	1%	1	1%	1	4%	0	0%

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Trust in institutions: Federal government	(n = 186)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	70	38%	41	35%	8	31%	21	48%
2	49	26%	35	30%	6	23%	8	18%
3	45	24%	24	21%	9	35%	12	27%
4	21	11%	16	14%	3	12%	2	5%
A great deal of trust (5)	1	1%	0	0%	0	0%	1	2%
Trust in institutions: Your provincial or territorial government	(n = 187)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	93	50%	57	49%	13	50%	23	51%
2	43	23%	25	22%	7	27%	11	24%
3	38	20%	25	22%	4	15%	9	20%
4	11	6%	8	7%	2	8%	1	2%
A great deal of trust (5)	2	1%	1	1%	0	0%	1	2%
Trust in institutions: Your local government	(n = 187)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	55	29%	32	28%	10	39%	13	29%
2	65	35%	37	32%	11	42%	17	38%
3	46	25%	30	26%	3	12%	13	29%
4	16	9%	13	11%	2	8%	1	2%
A great deal of trust (5)	5	3%	4	3%	0	0%	1	2%

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Trust in institutions: The health care system	(n = 187)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	30	16%	18	16%	3	12%	9	20%
2	66	35%	41	35%	9	35%	16	36%
3	56	30%	31	27%	8	31%	17	38%
4	28	15%	20	17%	5	19%	3	7%
A great deal of trust (5)	7	4%	6	5%	1	4%	0	0%
Trust in institutions: The Canadian media	(n = 187)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	41	22%	23	20%	5	19%	13	29%
2	51	27%	31	27%	7	27%	13	29%
3	68	36%	43	37%	10	39%	15	33%
4	21	11%	15	13%	4	15%	2	4%
A great deal of trust (5)	6	3%	4	3%	0	0%	2	4%
Trust in institutions: 2S/LGBTQQIA+ organizations	(n = 187)		(n = 116)		(n = 26)		(n = 44)	
No trust at all (1)	9	5%	6	5%	1	4%	2	4%
2	12	6%	8	7%	3	12%	1	2%
3	51	27%	30	26%	10	39%	11	24%
4	71	38%	50	43%	6	23%	15	33%
A great deal of trust (5)	44	24%	22	19%	6	23%	16	36%

*Asked of those who did not skip the discrimination section

Community Connection

Table 6 presents data on how, and to what degree, Indigenous 2S/LGBTQQIA+ participants stayed connected to their communities during the COVID-19 pandemic, overall and stratified by population size of current living environment.

Regarding 2S/LGBTQQIA+ community connection, 83% of Indigenous participants reported feeling either 'somewhat' or 'very' connected to their communities, with more Indigenous persons living in medium population centres reporting being connected (87%).

In addition, most Indigenous participants (71%) reported spending at least half their time around other 2S/LGBTQQIA+ people. This varied by population size, ranging from 67% among those in rural areas and small population centres to 76% among those in medium population centres.

Table 6: CONNECTION TO 2S/LGBTQQIA+ COMMUNITY OF INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	All Indigenous participants		By Population Size of Current Living Environment							
			Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)			
			n	%	n	%	n	%	n	%
Connection to 2S/LGBTQQIA+ communities	(n = 241)		(n = 135)		(n = 52)		(n = 54)			
Not at all connected	42	17%	24	18%	7	14%	11	20%		
Somewhat connected	129	54%	67	50%	33	64%	29	54%		
Very connected	70	29%	44	33%	12	23%	14	26%		
Social time with 2S/LGBTQQIA+ people	(n = 244)		(n = 135)		(n = 54)		(n = 54)			
Little	36	15%	19	14%	8	15%	9	17%		
25%	35	14%	20	15%	5	9%	9	17%		
50%	69	28%	28	21%	26	48%	15	28%		
75%	34	14%	24	18%	5	9%	5	9%		
Most	70	29%	44	33%	10	19%	16	30%		

Sexual Health

Participants were asked questions related to their sexual behaviour and sexual health, as well as questions about their knowledge of HIV prevention, treatment, and transmission.

When asked how their sex life at the time of survey was compared with before the COVID-19 pandemic, one-third of Indigenous participants who answered this question reported that their sex life was either 'somewhat worse now' or 'much worse now' (33%; see Figure 2).

Participants were also asked about their awareness of **U=U (Undetectable = Untransmittable)**, whereby a person living with HIV but with an undetectable viral load cannot pass HIV to their sexual partner. Nearly three-quarters (72%) of Indigenous participants reported that they were aware of U=U (Table 7). Most Indigenous people living in rural areas and small population centres reported being aware of U=U (77%).

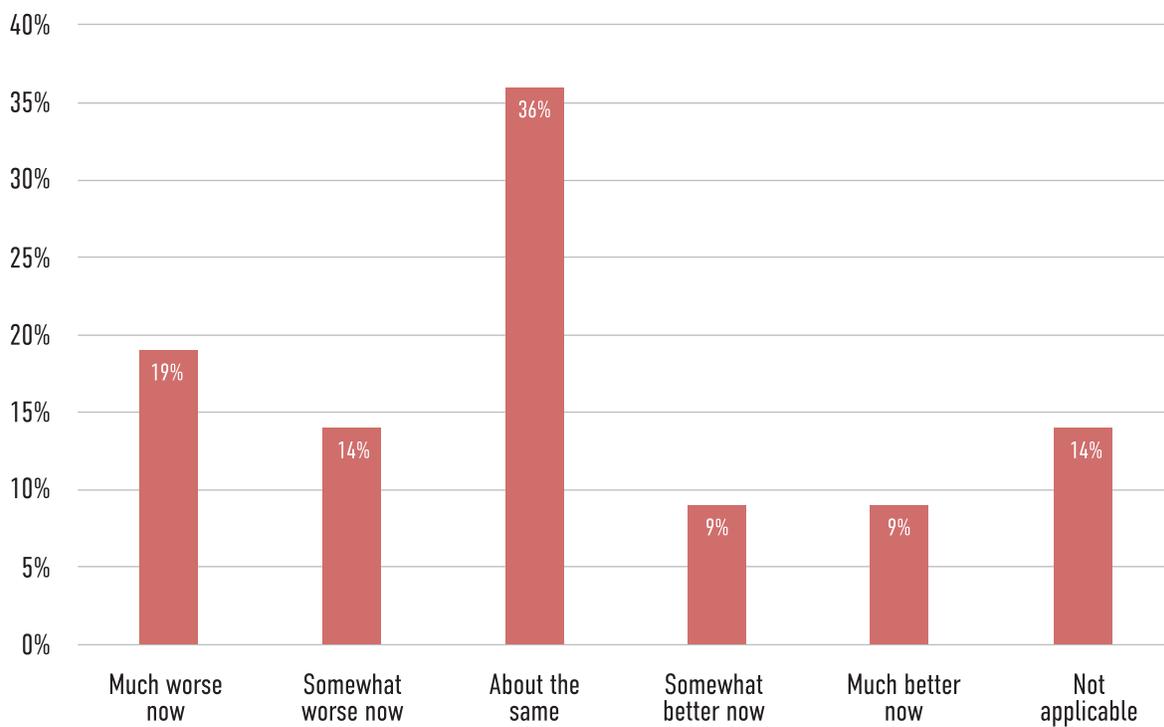


Figure 2: Impact of the COVID-19 pandemic on the sex life of Indigenous 2S/LGBTQQIA+ participants

Table 7: KNOWLEDGE OF U=U AMONG INDIGENOUS 2S/LGBTQIA+ PARTICIPANTS BY POPULATION SIZE OF CURRENT LIVING ENVIRONMENT

Variables	By Population Size of Current Living Environment							
	All Indigenous participants		Urban population centres (100,000+ people)		Medium population centres (30,000-99,999 people)		Rural areas and small population centres (<29,999 people)	
	n	%	n	%	n	%	n	%
Knowledge of “U=U” (“Undetectable = Untransmittable”)	(n = 234)		(n = 132)		(n = 50)		(n = 52)	
No, I did not know this already	66	28%	36	27%	18	36%	12	23%
Yes, I knew this already	168	72%	96	73%	32	64%	40	77%

Reproductive Health

Participants also responded to questions related to reproductive health. All participants were asked about family planning decisions made since the start of the COVID-19 pandemic. In addition, participants who reported they intended to have children in the future (or were unsure) were also asked about barriers they had experienced to having children, and participants who previously reported experiencing menstruation or menstruation-related symptoms were asked about how their access to menstrual products had changed in the last six months.

Since the start of the COVID-19 pandemic, 12% of Indigenous participants reported deciding not to have children (Table 8). Among participants who reported an intent to have children in the future or were unsure, the most common barrier to having children was cost, as reported by 60% of participants. Other commonly experienced barriers included social, political, or environmental concerns (39%), gender dysphoria (20%), and difficulties getting approval for adoption (19%).

Table 8: FAMILY PLANNING AND ACCESS TO MENSTRUAL PRODUCTS OF INDIGENOUS 2S/LGBTQIA+ PARTICIPANTS

Variables	n	%
*Family planning decisions made since the start of the COVID-19 pandemic (n = 226)		
Adopted a new child	3	1%
Became pregnant	7	3%
Decided not to have children at all	26	12%
Decided not to have more children	4	2%
Decided to adopt a child/children	7	3%
Decided to delay getting pregnant	6	3%
Decided to get pregnant sooner	2	1%
Decided to have more children	2	1%
Had a new child	2	1%

^aBarriers to having children* (n = 92)		
Cost	56	61%
Disagreements with partner(s) concerning family planning	14	15%
Finding a coparent(s)	12	13%
Finding a gestational surrogate	6	7%
Finding a sperm donor	16	17%
Finding a traditional surrogate	4	4%
Finding an egg donor	5	5%
Gender dysphoria	19	20%
Getting approval for adoption	18	19%
Infertility	9	10%
Matching with a child for adoption	11	12%
Social, political, or environmental concerns	36	39%
Other	7	8%
Access to menstrual products in the last six months** (n = 96)		
Increased	3	3%
Remained the same	72	75%
Decreased	10	10%
I don't use menstrual products	11	12%

**Asked of participants who reported an intent to have children in the future or were unsure*

***Asked of participants who reported menstruation or menstrual-related symptoms*

Economic Security

Our Health 2022 asked a number of questions regarding participants' economic security and the impact of the COVID-19 pandemic on their financial situation.¹¹ Data for select variables are shown in Table 9.

Just over a third of Indigenous participants reported being an essential worker during the COVID-19 pandemic. Among participants who responded to a question about changes in their work situation during the COVID-19 pandemic, 34% reported a decrease in working hours (with another 22% reporting their working hours had increased), 28% reported a decrease in pay, and 22% reported difficulty finding a job.

In terms of the negative financial impacts of the COVID-19 pandemic, 58% of Indigenous participants reported that the COVID-19 pandemic had had a 'major' or 'moderate' impact on their ability to buy food and groceries. Other ways that participants' financial security was impacted included paying off debt (with 55% of Indigenous participants reporting a major or moderate impact) and transportation costs (51%).

Table 9: ECONOMIC AND FINANCIAL SECURITY OF INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS

Variables	n	%
Essential worker (n = 227)		
Yes	79	35%
No	137	60%
Unsure	11	5%
^aChange of work situation during COVID-19 (n = 225)		
A decrease in work hours	77	34%
An increase in work hours	49	22%
A decrease in pay or self-employment earnings	62	28%
An increase in pay or self-employment earnings	29	13%
A temporary layoff or business closure	17	8%
A work absence for voluntary or personal reasons related to COVID-19	25	11%
A job loss or permanent closure of your business	26	12%
A new job or opening of your new business	45	20%
Difficulty finding work	50	22%
Other changes in work status	30	13%
Negative financial impacts of COVID-19		
Rent or mortgage payments (n = 217)		
Major impact	55	25%
Moderate impact	29	13%
Minor impact	33	15%
No impact	83	38%
Not applicable	17	8%
Basic utilities (n = 217)		
Major impact	37	17%
Moderate impact	41	19%
Minor impact	39	18%
No impact	82	38%
Not applicable	18	8%
Ability to pay off debt (n = 217)		
Major impact	74	34%
Moderate impact	45	21%
Minor impact	25	12%
No impact	53	24%
Not applicable	21	10%

Food and groceries (n = 219)		
Major impact	63	29%
Moderate impact	63	29%
Minor impact	42	19%
No impact	44	20%
Not applicable	7	3%
Transportation (n = 219)		
Major impact	52	24%
Moderate impact	60	27%
Minor impact	41	19%
No impact	56	26%
Not applicable	10	5%
Tuition or school fees (n = 216)		
Major impact	22	10%
Moderate impact	26	12%
Minor impact	22	10%
No impact	75	35%
Not applicable	71	33%



Housing

Half (48%, n=150) of Indigenous participants responded to a question related to the percentage of their income spent on housing. As shown in Figure 3, a majority of Indigenous 2S/LGBTQQIA+ people (57%) reported spending more than 30% of their income on housing.

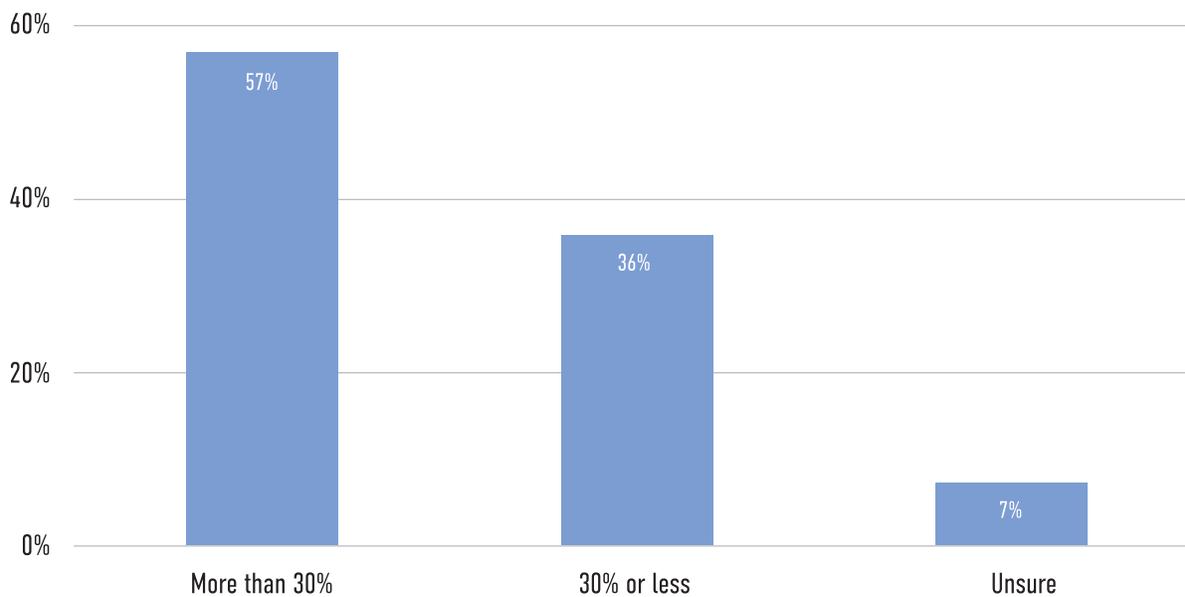


Figure 3: Percentage of income spent on housing by Indigenous 2S/LGBTQQIA+ participants

Caregiving Responsibilities

Participants were asked about changes in their caregiving responsibilities since the start of the COVID-19 pandemic. Of 227 Indigenous participants with caregiving responsibilities who responded to the question, 46% reported that their caregiving responsibilities had increased (“much more” or “somewhat more”) since the start of the COVID-19 pandemic (see Figure 4).

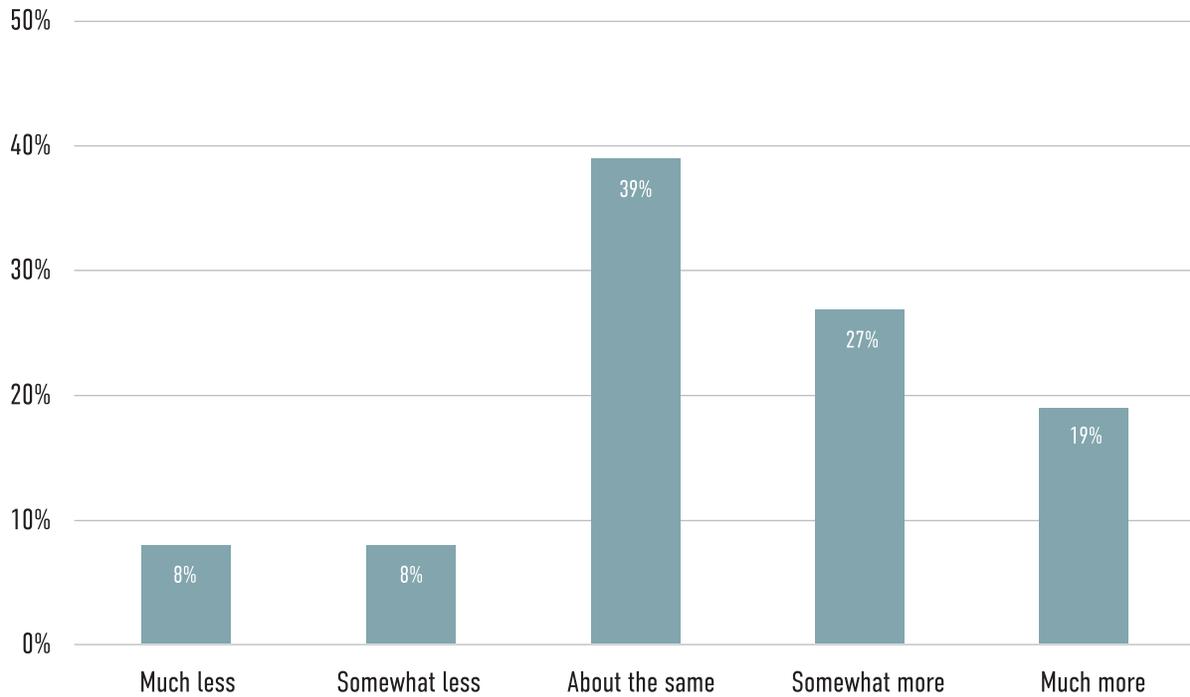


Figure 4: Changes in caregiving responsibilities compared with before the COVID-19 pandemic among Indigenous 2S/LGBTQQIA+ participants with caregiving responsibilities

Impacts of Substance Use and Toxic Drug Supply

Participants were asked about their use of various substances, as well as the impact of substance use and the toxic drug supply on their lives and communities.

The toxic drug supply impacted many Indigenous participants, with 19% reporting losing someone close to them and 41% reporting losing someone from their community since the start of the COVID-19 pandemic (Table 10). Participants were also asked about increases in substance use-related behaviours since the start of the COVID-19 pandemic, with 37% of Indigenous participants reporting an increase in using substances alone. The most commonly used substance was alcohol, with 72% reporting drinking alcohol in the previous six months, including 39% who reported having five or more drinks in one occasion in the previous six months, and 5% who reported drinking daily. One in five (19%) Indigenous participants reported daily tobacco use in the previous six months, while 20% reported daily use of cannabis or similar substances. Fewer (13%) Indigenous participants reported occasionally using poppers, and almost one-fifth (19%) reported occasional use of psychedelics such as LSD, mescaline, acid, and mushrooms. Use of other substances was limited, with no more than 5%-10% of participants reporting their use.

Table 10: IMPACTS OF SUBSTANCE USE AND TOXIC DRUG SUPPLY ON INDIGENOUS 2S/LGBTQQIA+ PARTICIPANTS

Variables	n	%
^aI experienced greater difficulty accessing: (n = 219)		
The substances I usually use	40	18%
Counselling for alcohol or substance use	22	10%
Needle/syringe exchange	4	2%
Harm reduction supplies (e.g. free pipes, straws)	7	3%
Drug checking services	4	2%
Supervised injection/consumption sites	1	1%
Naloxone/NARCAN kit	4	2%
Safe supply of substances	17	8%
Referrals for social supports (e.g., housing, income, food)	30	14%
^aLost someone due to unsafe/toxic drug supply or to an overdose (n = 237)		
I have lost someone close to me	45	19%
My community has lost someone	96	41%
No	96	41%
^aIncrease in substance use related behaviours since the beginning of the COVID-19 pandemic (n = 219)		
Using alone	80	37%
Using with others	26	12%
Worry about toxic supply	15	7%
Triggers for using	42	19%
Withdrawal symptoms	18	8%

Variables	n	%
Frequency of Substance Use Within the Past 6 Months		
Alcohol (less than 5 drinks in one occasion) (n = 214)		
Never	60	28%
Once in a while, or weekly	143	67%
Daily	11	5%
Alcohol (5+ drinks in one occasion) (n = 213)		
Never	130	61%
Once in a while, or weekly	80	38%
Daily	3	1%
Tobacco (e.g., cigarettes or cigars) (n = 216)		
Never	128	59%
Once in a while, or weekly	47	22%
Daily	41	19%
Nicotine (e.g., vaping or e-cigarettes) (n = 211)		
Never	162	77%
Once in a while, or weekly	23	11%
Daily	26	12%
Cannabis/marijuana (includes edibles, gummies, etc.) (n = 219)		
Never	99	45%
Once in a while, or weekly	77	35%
Daily	43	20%
Cocaine (n = 212)		
Never	194	92%
Once in a while, or weekly	18	9%
Daily	0	0%
Ecstasy/MDMA (n = 211)		
Never	202	96%
Once in a while, or weekly	9	4%
Daily	0	0%
GHB/GBL (n = 211)		
Never	203	96%
Once in a while, or weekly	8	4%
Daily	0	0%
Crystal meth/Tina (n = 213)		
Never	198	93%
Once in a while, or weekly	13	6%
Daily	2	1%

Variables	n	%
Ketamine/Special K (n = 210)		
Never	201	96%
Once in a while, or weekly	9	4%
Daily	0	0%
Crack/Freebase (n = 210)		
Never	205	98%
Once in a while, or weekly	4	2%
Daily	1	1%
Tranquilizers or benzos (e.g., Valium, Xanax) (n = 211)		
Never	196	93%
Once in a while, or weekly	13	6%
Daily	2	1%
Amphetamines (e.g., speed, mephedrone) (n = 211)		
Never	202	96%
Once in a while, or weekly	7	3%
Daily	2	1%
Poppers (n = 211)		
Never	183	87%
Once in a while, or weekly	27	13%
Daily	1	1%
Psychedelics (e.g., LSD, mescaline, acid, mushrooms) (n = 210)		
Never	170	81%
Once in a while, or weekly	40	19%
Daily	0	0%
Opioids (e.g., heroin, fentanyl, Percocet, Dilaudid, down) (n = 211)		
Never	197	93%
Once in a while, or weekly	6	3%
Daily	8	4%
Nonmedical steroids (e.g., anabolic steroids) (n = 208)		
Never	203	98%
Once in a while, or weekly	3	1%
Daily	2	1%



Conclusion

This report highlights some impacts of the COVID-19 pandemic on Indigenous 2S/LGBTQQIA+ communities in what is currently called Canada. Participants reported increased mental health concerns and barriers in accessing health care services. Indigenous participants also reported low trust in many institutions, such as health care, policing, and various levels of government, reflecting the ongoing impacts of colonial trauma as well as historical and systemic violence.¹ More than half of Indigenous participants reported financial impacts related to the COVID-19 pandemic, such as difficulties paying debt and affording groceries. Many participants also reported losing someone within their community due to toxic drug supply during the COVID-19 pandemic. These findings complement previous research that showed the COVID-19 pandemic had major impacts on mental health, finances, and access to health care for Indigenous communities.^{1-4,6}

Despite these challenges, Indigenous 2S/LGBTQQIA+ people found ways to connect with each other and their communities. Over 70% of Indigenous participants reported spending over half their time around other 2S/LGBTQQIA+ people. Community belonging has been shown to be a protective factor for mental health and well-being for 2S/LGBTQQIA+ communities.⁴ Reconnecting with cultural practices can be an important support for Indigenous 2S/LGBTQQIA+ folks, and other research has shown that some Indigenous people reconnected to land-based cultural practices in response to the physical isolation necessitated by the COVID-19 pandemic.⁴⁻⁶

Despite low trust in health care institutions, most Indigenous participants reported being vaccinated against COVID-19. There were some differences by population size, with slightly lower vaccination among participants living in medium population centres, but overall vaccination was very high. This can likely be explained by Indigenous-led efforts to increase vaccine uptake by providing peer navigation and culturally-safe care.¹ Additional Indigenous-led and culturally competent supports are needed to meet the holistic health and well-being needs of Indigenous 2S/LGBTQQIA+ communities, including tackling toxic drug supply and reducing financial inequities experienced by Indigenous and Two-Spirit communities. Further, this study did not reach very many Indigenous 2S/LGBTQQIA+ people living in rural areas, Inuit 2S/LGBTQQIA+ people, or Indigenous 2S/LGBTQQIA+ people living in Northern communities; outreach to these communities should be prioritized in future research.

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