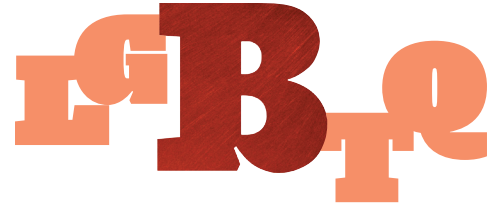


COMMUNITY REPORT: Experiences of Aboriginal People in the Risk and Resilience Study

Did you know?

1. Bisexual¹ people tend to have the **poorest mental health of all sexual minority groups** that have been studied. Research has shown that they are more likely to experience **anxiety, depression, self-harm, suicidal thoughts and suicide attempts** than are gay and lesbian people.
2. Bisexual people have often been left out of research, and when they are included in studies, they are often grouped with gay/lesbian people or with heterosexual people. Because of this, we are only now gaining a clearer picture of the **unique mental health challenges** and service barriers that bisexual people experience.



Background

The **Risk and Resilience: Bisexual Mental Health Study** is a community-based research project investigating mental health and mental health service experiences among bisexual people living in Ontario. The goals of this project are:

1. to **assess mental health**, risk factors and supportive factors for health among bisexuals
2. to **identify barriers** to mental health and to accessing mental health services
3. to identify people's **coping strategies** and other forms of resilience
4. to **make recommendations** to improve mental health services for bisexual people in Ontario.

Our approach

We **asked bisexual people from across Ontario** about their mental health and their experiences with mental health services. In total, 405 people participated in the online survey, and over 40 people met with researchers for in-person interviews. Out the 405 participants, 38 (about 9%) identified themselves as Aboriginal (First Nations, Métis or Inuit). Participants were asked questions about **seven key mental health issues: depression, anxiety, posttraumatic stress disorder (PTSD), alcohol use, illegal drug use, suicidality (thoughts of suicide and suicide attempts) and tobacco use.**

For this study, we **defined bisexual as meaning anyone who is attracted to more than one sex and/or gender.** All the people who participated agreed that this definition applied to them in some way. We also collected information on sex assigned at birth, gender identity, racial/ethnic/cultural identity and age.

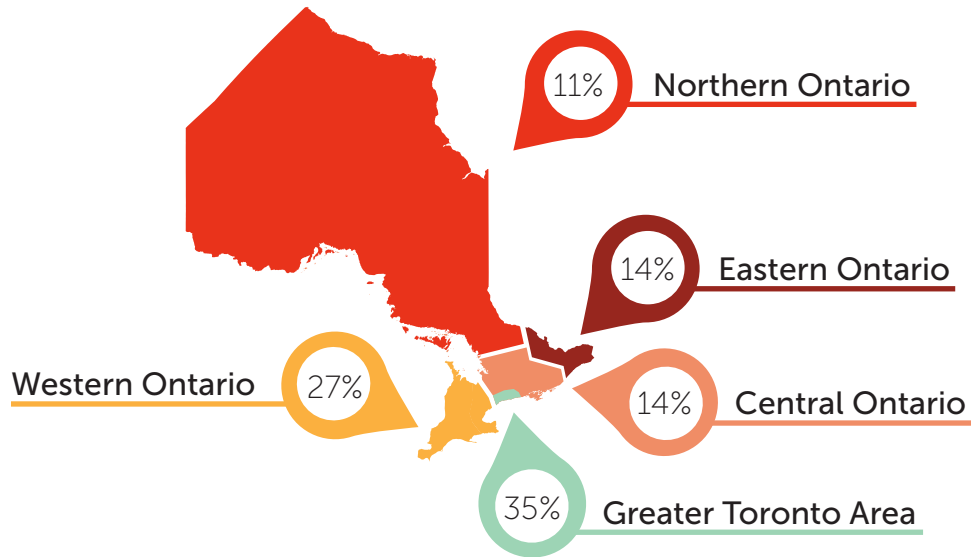
¹ This study uses "bisexual" as an umbrella term for anyone who experiences attraction to more than one sex and/or gender. It encompasses a broad spectrum of orientations, including queer, pansexual, omniseual, two-spirited, fluid and other identity labels.

Our findings

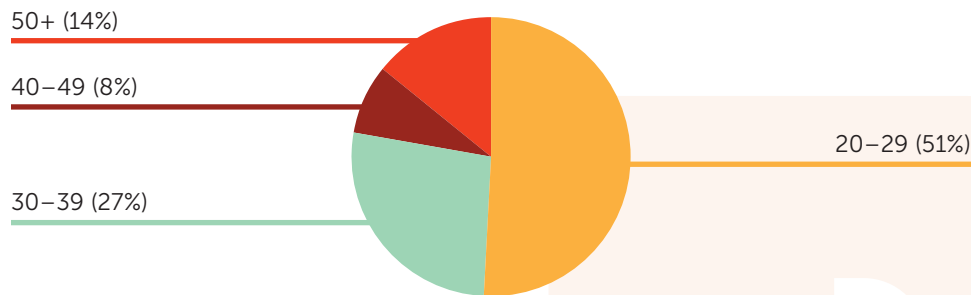
DEMOGRAPHICS

A large majority of our Aboriginal participants were located in southern Ontario, and were found to be relatively young, as is the case with both the Aboriginal population in Canada and bisexual populations overall.

Geographic location of participants



Age range of participants



SEXUAL AND GENDER IDENTITY

While everyone in the study was attracted to multiple genders, Aboriginal participants used many different labels for sexual and gender identity.

Sexual identity terms²

Queer (47%)
Bisexual (66%)
 Two-spirited (39%) Fluid (21%)
 Pansexual (39%)

Gender identity terms²

Genderqueer (24%)
Women (63%)
 Men (16%) Two-spirited (29%)

²Genderqueer: An identity used by people whose gender identity and/or role is not limited to the categories of man or woman.

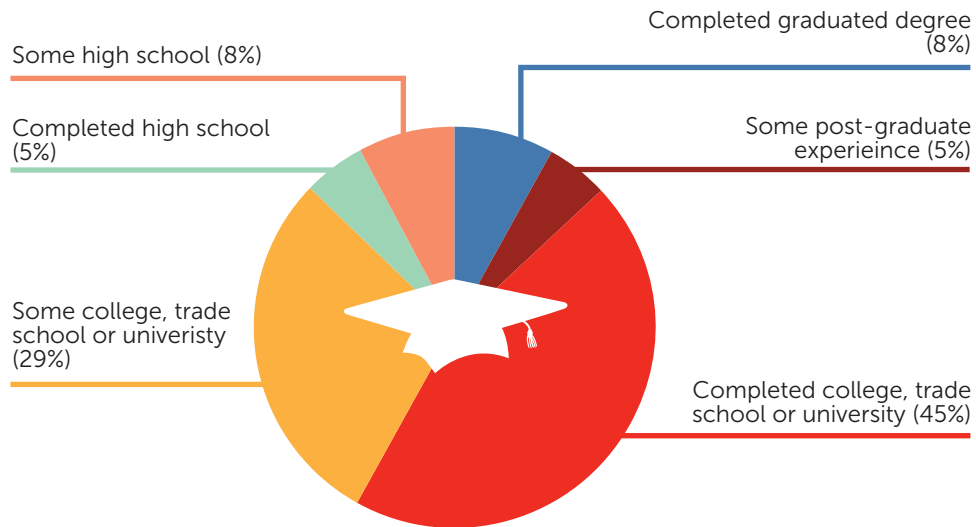
Intersex: A person who has both male and female genetic and/or physical sex characteristics.

Pansexual: Based on the Greek word "pan," meaning "all." An identity used to indicate attraction that is not limited by a partner's sex, gender, or gender identity.

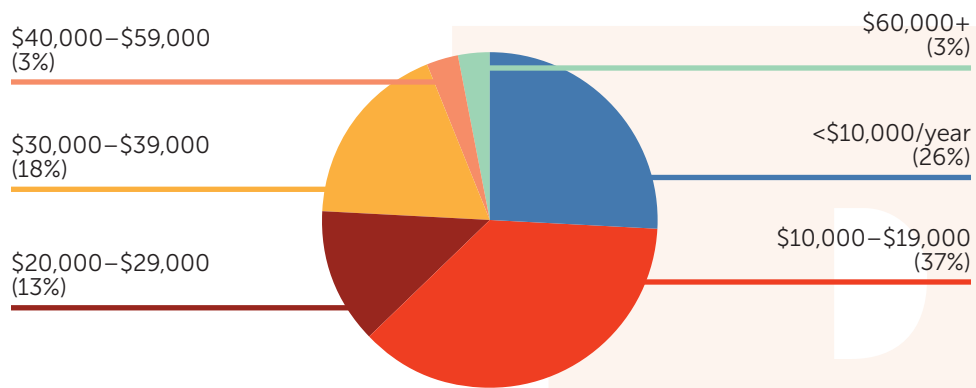
EDUCATION, EMPLOYMENT AND INCOME

Despite high levels of education, we found exceedingly high levels of unemployment or underemployment. Approximately 32% of Aboriginal participants reported a combined household income of less than \$20,000 annually, and about one quarter receive income from social support services.

Highest level of education



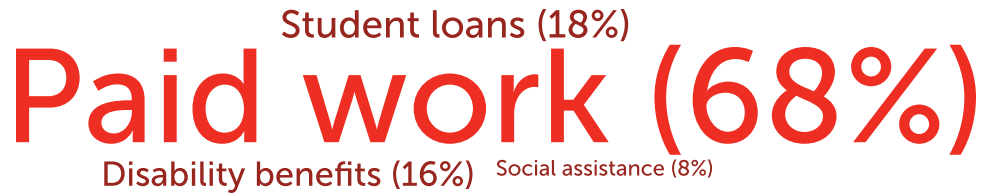
Annual income per person in the household



Part-time (26%)
Un(der)employed (42%)
 Self-employed (32%)
 Full-time (26%)

EMPLOYMENT

Sources of income

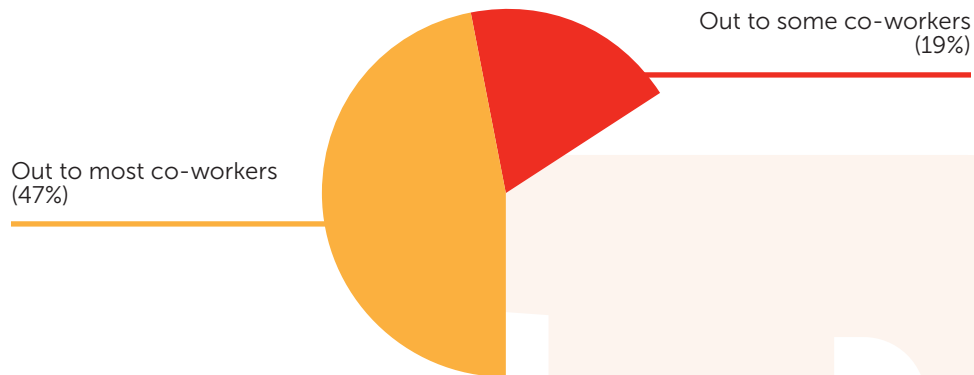


The majority of Aboriginal bisexual people in the sample (66%) felt they had a diverse chosen family, but coming out was met with mixed responses.

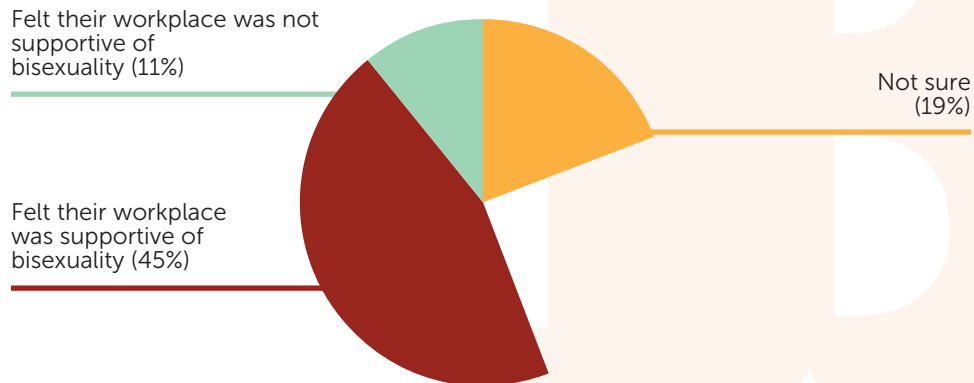
OUTNESS



Participants out at work



Workplace support



RELIGION

When asked about the religious or faith practices of their family of origin, many described being raised in a Christian or Aboriginal spirituality, with 60% describing their experiences as unfriendly towards LGBTQ people. When asked about their current religious or faith practice, 34% had none with the most common being Aboriginal spirituality (37%), paganism (32%) and Buddhism (13%).

Faith of family of origin



SUBSTANCE USE

Over half (55%) of Aboriginal participants reported using recreational substances within the past year, with cannabis and hallucinogens being the most common.

ALCOHOL	
Consumed no alcohol	11%
Reported experiences that suggest problem drinking	36%
CIGARETTES	
Occasional smokers	5%
Daily smokers	19%
CANNABIS	
Once a month or less	33%
2-4 times per month	13%
2-3 times per week	5%
Four times per week or more	5%
HALLUCINOGENS	
Used in the past year	29%
Use once per month	5%
Use less than once a month	24%

STIMULANTS (PAST YEAR)	
Amphetamine	18%
Methamphetamine	5%
Cocaine	16%
Crack cocaine	5%
BARBITURATES	
Used in the past year	11%
Once a month	3%
Four times a week or more	5%
MISCELLANEOUS (PAST YEAR)	
Club drugs (i.e. ketamine, ecstasy)	13%
Huffed substances	8%
Opiates	8%
PCP	3%
Used recreational drugs in the past year	55%

MENTAL AND PHYSICAL HEALTH

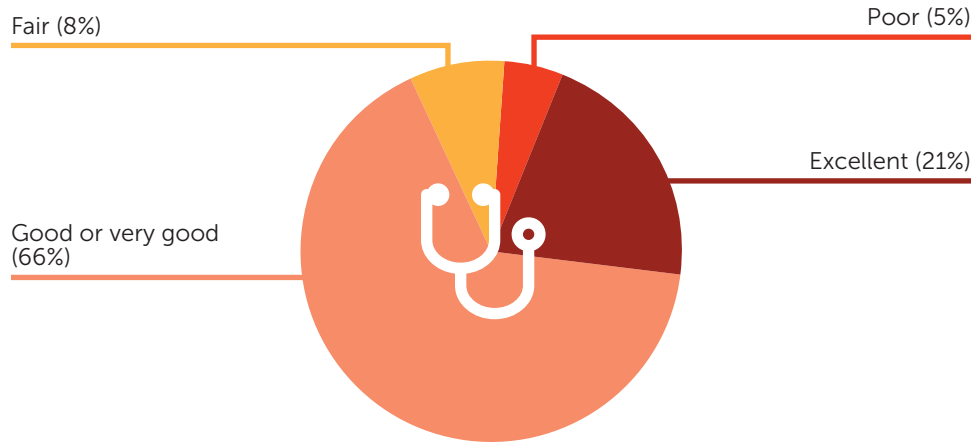
There were high reports of excellent or good health, despite a number of people reporting a significant health issue: 36% had limited physical ability or chronic illness and 27% had another issue, such as a recent injury.

The most common reasons given for having an unmet health need in the past year were the inability to afford treatment (37%), preferring to manage the health issue by themselves (32%), being afraid of what others might

Risk and Resilience: Bisexual Mental Health Study

think (32%), feeling the wait times were too long (29%), not thinking they could be helped by treatment (24%), not knowing where to get help (24%) and mistrusting the medical system (24%).

Health overall



Mental health

39% had moderate to severe depression.



65% had experienced an unmet mental health need this year.



71% had seriously considered suicide in their lifetime.



24% thought they could not be helped by treatment.

When asked if they had used mental health services in the past 12 months 36% of the Aboriginal participants said yes, with 67% of those used such services being satisfied with the treatment they received. When asked to describe the provider they had talked to most often in the past year, 60% of those who had received services had seen a counsellor or psychotherapist, 13% had seen a general practitioner, 13% had seen a psychiatrist and 7% had seen a social worker. Although elders and religious or spiritual advisors were included among the options, no one reported using those services the most often.

Sixty-seven percent reported being open about their sexuality with their service provider. Of those who had not disclosed their sexuality, 8% felt uncomfortable raising the subject, 10% felt their sexuality was irrelevant or that their provider did not need to know, 8% had no opportunity to come out, 3% were concerned about compromising the care they received, and 3% did not want their sexuality to be entered on their medical record.

RELATIONSHIPS

Eighteen percent of Aboriginal participants were parenting a child and 60% reported having a primary partner. We asked people about their partners' gender: 47% were partnered with a man; 8% were partnered with a woman; 8% were partnered with a two-spirit person; and 5% were partnered with a trans man. No one in our sample reported having a trans woman or intersex person as a partner.

We also asked about the sexual orientation of people's partners: 37% of participants reported that their partner was straight; 16% had a queer partner; 11% had a bisexual partner; 8% had a two-spirit partner; an omnisexual or pansexual partner was reported by 5% of participants; and a partner who was biaffectionate, gay, ambisexual or

questioning was reported by 3% of participants. No one in our sample reported having a partner who identified as lesbian or as fluid.

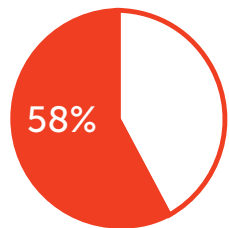
When asked about the nature of their relationships, over half (53%) of participants reported being in a polyamorous relationship; this included being partnered and having additional casual relationships (43%), and having multiple committed relationships (10%). Twenty-six percent were legally married, 29% were single (with 8% wishing to remain single) and 13% were divorced or separated. None of our participants reported being widowed.

INTERPERSONAL AND SYSTEMIC VIOLENCE

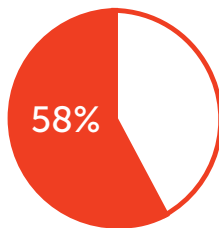
Rates of violence were high, both in adolescence and adulthood, with 50% of Aboriginal participants having experienced sexual force or coercion, 39% having been in a physically abusive relationship and 71% having been in a mentally or emotionally abusive relationship. Participants indicated that the violence or harassment they had experienced was related to their sex (26%), age (24%), sexuality (16%), appearance (16%) or gender identity (13%).

Abuse and violence

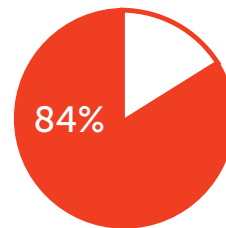
Before age 16



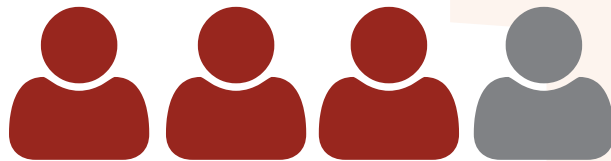
reported sexual force or coercion



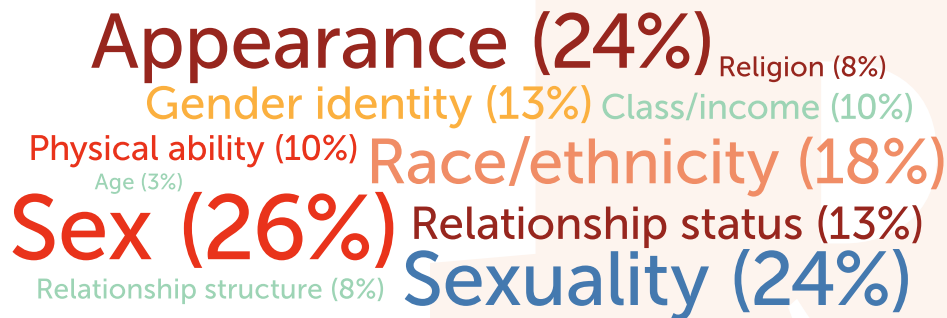
reported physical abuse



reported emotional abuse



Reasons for violence or harassment



Intergenerational systemic violence was common, with many Aboriginal participants having parents or caregivers who had attended residential schools, had been forcibly treated in a mental health facility, or had been forced to leave home due to violence. These experiences were uncommon among the participants themselves, perhaps due to the young age of the people in the sample. The most common instances were being forced to leave their home because of violence (8%) and being forcibly adopted into a new family (5%).

Intergenerational trauma

INTERGENERATIONAL TRAUMA	Had parents or caregivers who....	Percentage
	...had attended residential schools	24%
	...had been forcibly treated in a mental health facility	16%
	...had been forced to leave home due to violence	13%
	...had been forcibly adopted into a new family	10%
	...had been incarcerated	10%
	...had their children forcibly removed or placed in care	5%
	...had been forcibly treated in a substance use treatment facility	5%
	...had been forced to marry	3%

DISCRIMINATION

Eighteen percent of Aboriginal participants reported having been unfairly stopped, searched, questioned, physically threatened or abused by the police. Asked about the reasons for this harassment, participants cited their income or class (10%), age (8%), appearance (8%) and race or ethnicity (5%). In addition, 20% reported that a teacher or advisor had unfairly discouraged them from continuing their education, and 14% reported being treated unfairly by a landlord.

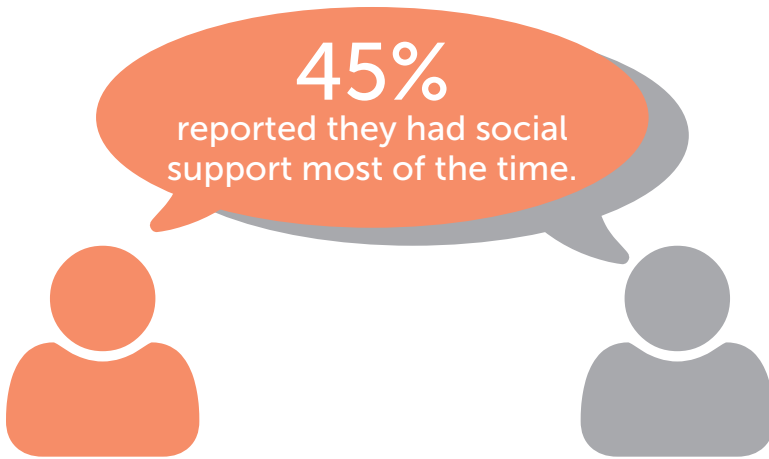
Forty percent had been unfairly fired or denied promotion. Reasons of age, gender identity and physical appearance were each reported by 13% of people; bisexuality was reported by 10%, physical ability and income or class were each reported by 8%, and 3% attributed the discrimination to their race or ethnicity. Similarly, 34% reported not being hired for reasons that were unfair, most commonly because of physical appearance (21%), class or income (13%), age (10%), gender identity (10%), or ethnicity (8%).

Participants reported a number of negative experiences in daily interactions: 17% reported being treated with less courtesy than other people; 15% reported being treated with less respect than others; 17% reported receiving poorer service in restaurants or stores; 14% reported people acting as if they were better than them; 8% reported that people were afraid of them; 6% reported people treating them as if they were not smart; and 3% reported people treating them as if they were dishonest.

Over half of the Aboriginal people in the sample (51%) reported that their experiences of biphobia sometimes overlapped with other experiences of prejudice or discrimination. They voiced their frustration at how many people are "happy to be close minded" by minimizing or ignoring participants' identities. When asked about these other prejudices, 47% indicated that biphobia overlapped with sexism, 45% named bias based on physical appearance, 29% named bias based on gender identity, 26% named classism, 26% named bias based on relationship status, 26% named bias based on relationship structure, 24% named religious bias, 21% named ableism, 21% named ageism, and 16% named racism.

SOCIAL LIFE

Social support was defined broadly, and included having companionship, assistance when ill and romantic relationships. A little under half (45%) of Aboriginal participants reported having consistent support and 50% reported attending social events several times per month. People reported volunteering for organizations in the arts and in Aboriginal and LGBTQ communities, as well as being involved in efforts at harm reduction, fighting poverty and providing support after sexual assault.



Forty percent reported not participating in social events because they felt unwelcome due to their bisexuality (24%), appearance (16%), gender (13%), or race or ethnicity (13%). When asked about self-care, 92% each reported exercising, listening to music, relaxing, talking with a friend or volunteering. Other common activities were meditating (84%), creating art (79%), keeping a journal (66%), yoga (55%), getting a massage (47%), attending a support or discussion group (39%) or playing an instrument (32%).

IDENTITY AND THE LGBTQ COMMUNITY

Feelings of belonging within an LGBTQ community were mixed. Most Aboriginal participants agreed or strongly agreed that being bisexual was important to their sense of who they are (74%) and made them feel part of a community (35%). Over half the sample (54%) felt connected to an LGBTQ community and 34% felt supported by it. However, 29% reported not feeling connected and 26% reported not feeling supported by an LGBTQ community. Only 35% of people felt visible as bisexual within an LGBTQ community.

71% of participants felt people always or frequently saw them as straight



17% felt that people always or frequently perceived them as gay or lesbian

This is my community

“Being androgynous and native as well as bisexual and identifying as two-spirited is sometimes frustrating to communication, as so many mainstream (i.e., non-native) people tend to parse two-spirited to mean gay, and completely ignore the gender implications”

“The term bisexual does not do justice to the ways I understand my gender, sex, sexuality, and the roles and responsibilities related to being two-spirit. All of the ways in which I am oppressed stem from the same source of violence: colonization”

“I feel like I’m not restrained by arbitrary rules about who I can be attracted to. I like being able to discuss my attraction to other women and have it taken seriously by my friends and my partner. It’s part of who I am and how I’ve always been”

When asked what they liked about being bisexual, Aboriginal participants highlighted the benefits of appreciating different types of partners and different types of relationships. Some enjoyed the interpersonal, cultural or community aspects that being bisexual provided, including the connectedness to two-spirit ancestors and being able to relate to people of different sexual backgrounds and intersecting identities. They also found that bisexual identity had opened them to new ways of looking at the world and themselves. Many reported feeling more open-minded and compassionate.

A vision for change

When asked what results people would like to see from the research, many emphasized the need for more awareness about the diversity of sexuality and gender. This included creating bisexual- and poly-accessible material for the sexual health curriculum, or for use in conversations about sexual identity labels.

Participants also identified changes they would like made to the health care system, particularly in relation to how bisexuality is viewed by providers. Many felt that there should be improvement in sexual and mental health services so that health care providers can meet the unique needs of bisexuals while reducing biphobia and assumptions made about bisexuals.

Finally, people identified social, community-based and legislative changes that would improve bisexual lives, including legalizing multiple marriages and challenging policies that perpetuate biphobia. There was also a considerable push to see bisexuality viewed as a significant part of the LGBTQ spectrum, and for gay and lesbian communities to be more accepting of bisexuality and to recognize how queerness intersects with other identities.

Conclusion

Aboriginal bisexuals have diverse experiences. Participants reported that being bisexual was connected to other types of marginalization, such as that based on their gender, class or ability. These overlapping oppressions could be linked to barriers in accessing mental health care. In particular, the high unemployment and the low household and per capita income may explain why the most common reason given for not meeting a mental health need in the past year was the inability to pay for services. The relatively young age of our participants could also explain the high rates of unemployment and low per capita income. However, the systemic nature of colonization and racism was also cited as contributing to experiences of oppression among two-spirit and bisexual Aboriginal respondents.

This is my community

“Everyone should just be free to love whoever they want – and it should be able to change at any time without fear of being judged or called a ‘liar’”

“Anti-stigma work with service providers around the assumptions that queer poly people are automatically at high risk for STIs and HIV”

“Bisexuality is not just a part of a list. We have our own concerns and needs and voice.”

“It would be amazing if I did not have to find all my support based on my queerness, especially because my other identities are not based in my queerness”

Acknowledgments

This fact sheet could not have been possible without the Aboriginal participants of the Risk & Resilience Study of Bisexual Mental Health; our elder, Blu Waters; community reviewers Jessica Demeria and Marie Laing; the Risk & Resilience research team and Advisory Committee; and the Re:searching for LGBTQ Health Team.

This research was supported by an operating grant from the Institute of Gender and Health of the Canadian Institutes for Health Research (<http://www.cihr-irsc.gc.ca/e/193.html>), Funding Reference Number MOP 106609.

Chi Miigwetch!

Suggested citation: Robinson, M., Plante, I., MacLeod, M., Cruz L. & Bhanji, N. on behalf of Re:searching for LGBTQ Health (2016). *Experiences of Aboriginal People in the Risk and Resilience Study* [Fact sheet]. Toronto: Centre for Addiction and Mental Health. Retrieved from www.bisexualhealth.com.

