

*AN INTRODUCTION TO THE
HEALTH OF TWO-SPIRIT PEOPLE:
Historical, contemporary and emergent issues*


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List of Acronyms

CAAN	Canadian Aboriginal Aids Network
CCSDH.....	Commission on Social Determinants of Health
DTES.....	Downtown east side
FNHA.....	First Nations Health Authority
LGBTQ	Lesbian, gay, bisexual, transgender and queer
LGBTQ2S.....	Lesbian, gay, bisexual, transgender, queer and Two-Spirit
NAHO.....	National Aboriginal Health Organization
NWAC	Native Women's Association of Canada
PHAC.....	Public Health Agency of Canada
RCAP	Royal Commission on Aboriginal Peoples
UN.....	United Nations

BACKGROUND AND CONTEXT



In recent years, the rights of sexual and gender minorities¹ has become a key site of both international political discourse and social justice movements. In 2012, the United Nations (UN) Human Rights Council held its first panel discussion on violence and discrimination against individuals based on sexual orientation and gender identity, in order to facilitate dialogue on discriminatory laws, practices and targeted violence (Human Rights Council, 2012). Informed by a study by the High Commissioner for Human Rights, this discussion echoed longstanding grassroots movements in calling for the equal application of human rights standards to ensure that sexual and gender minorities enjoy the same freedoms as everyone else. The panel identified addressing homophobia, recognizing same-sex relationships, and recognizing transgender identities as integral to achieving rights for these groups (Ibid.).

In the context of Aboriginal communities in Canada, achieving equity for Two-Spirit people is an emergent field of health research, which intersects with broad movements for both Aboriginal rights and lesbian, gay, bisexual, transgender and queer (LGBTQ) rights nationally and internationally. Given that Two-Spirit people are largely overlooked in Aboriginal health literature, the purpose of this paper is to introduce the historical, contemporary and emergent issues related to Two-Spirit health. The discussion that follows is framed around the premise that Two-Spirit health must

be understood within the dual context of colonial oppression, which is rooted in heteropatriarchy, and the vibrant resurgence of Two-Spirit peoples' gender roles and sexual identities. The intended audience of this introductory paper is health practitioners, Indigenous community members and researchers working in areas of Indigenous health, gender and sexuality. Further, the well-being of Two-Spirit people should be of concern to anyone working to build the capacity of communities to achieve health equity for all, truly bringing meaning to the teaching "all my relations."

This paper is an introduction of available research on the health of Two-Spirit people and a discussion of emergent community considerations which shape how Two-Spirit health is understood. It begins by introducing the diversity of Two-Spirit roles and identities within Aboriginal cultures. It then turns to a discussion of the impacts of colonization on Aboriginal peoples' gender roles and sexuality, including the diminishment of previously revered spaces occupied by Two-Spirit peoples. This is followed by an overview of the social determinants of Aboriginal peoples' health, with a particular view to understanding the experiences of Aboriginal lesbian, gay, bisexual, trans, queer and Two-Spirit (LGBTQ2S) people. Available research on the health and well-being of Two-Spirit people is then presented. The health of Two-Spirit youth is then discussed, emphasizing a strengths-based approach. Finally,

the resiliency, resurgence and acknowledgement of Two-Spirit roles and identities are discussed as integral to improving the health and well-being of Two-Spirit people.

Methodology

The information presented herein was gathered through a review of available literature – including both peer- and non peer-reviewed sources – on Two-Spirit peoples' health. Additionally, literature on Aboriginal peoples' health more broadly was included where appropriate in order to provide the general context in which Two-Spirit peoples' health is situated. A review of current Two-Spirit activism, literature and arts-based expression was also analyzed for common themes in order to situate Two-Spirit health within emerging socio-political issues. Literature from both Canada and the United States has been utilized in this paper, in recognition of ongoing Two-Spirit community organizing which spans the Canada-U.S. border and because of the similar ways in which Two-Spirit peoples' health in both countries has been impacted by colonization.

¹ 'Sexual and gender minorities' are people who are, individually and collectively, marginalized because of societal norms, social structures, and public institutions which systematically reinforce sexual and gender norms rooted in heteropatriarchy.

A note about gender, sex and sexuality

Dominant categories of gender, sex and sexuality have been introduced through colonial processes and institutions, along with other categories such as race. The term ‘Two-Spirit’ is popularly used by Indigenous people to identify a range of roles and identities which may span, and even complicate, distinctions between gender, sex and sexuality. Indeed, for many Two-Spirit people who identify with a gender identity distinct to their own Indigenous culture, these western categories fail to capture the ontologies of gender and sexuality within their own Indigenous language and culture. Yet it is important here to distinguish between gender, sex and sexuality because of the way lesbian, gay and bisexual people are frequently linked with transgender, transsexual people in the LGBTQ2 acronym, and in broader queer and Indigenous communities.

Although we use LGBTQ2 in this paper to denote the range of gender and sexual minorities within Indigenous communities today who may identify with Two-Spirit as an umbrella term,

each letter in this acronym denotes a sexual and/or gender identity that has its own distinct meaning. Gender is the expression, behavior or identification of a person considered masculine, feminine, and androgynous or any mix thereof. Gender categories are culturally-specific and change over time. Terms for gender include man, woman, boy, girl, cisgender,² trans,³ genderqueer,⁴ among others. Sex refers to the physical characteristics, chromosomes and hormone balances which are used to medically determine whether a person is male, female, intersex or transsexual. Within cisnormative⁵ western culture, the sex a person is ascribed at birth is generally assumed to “match up” with an appropriate gender designation (ie. males are boys/men and females are girls/women). Broadly speaking, sexuality is the expression of an individual as a sexual being, including their sexual identity and sexual attractions. Terms for sexuality and sexual identity include bisexual, queer, lesbian, gay, heterosexual, straight, and so on. As discussed below, Two-Spirit is a term that spans these western categorizations of gender, sex and sexuality, holding diverse cultural and individual meanings.

² ‘Cisgender’ refers to individuals who understand their gender identity and physical sex as aligned and therefore do not identify as trans or gender non-conforming. The term ‘cis’ is used to identify someone who is not trans or gender non-conforming.

³ ‘Trans’ literally means ‘across;’ so trans or transgender means someone who presents, lives and/or identifies as a gender other than the one they were assigned at birth. Trans is often used as an umbrella term to include many non-cisgender identities.

⁴ ‘Genderqueer’ is a term used to describe a gender diverse person whose gender identity is neither male nor female, is between or beyond genders, or is some combination of genders.

⁵ ‘Cisnormativity’ is a term used to describe the ways in which institutions, norms and social practices reproduce assumptions of a societal gender binary, along with complete alignment of gender identity and physical sexes.





Two spirit people are a part of the fabric of this land, and we stand here today as a testament of our collective strength and fortitude.

(Two-Spirit activist Harlan Pruden, as quoted in Evans-Campbell, Walters, Pearson, & Campbell, 2012, p. 426)

1.0 INTRODUCING TWO-SPIRIT ROLES AND IDENTITIES

Two spirit people are a part of the fabric of this land, and we stand here today as a testament of our collective strength and fortitude (Two-Spirit activist Harlan Pruden, as quoted in Evans-Campbell, Walters, Pearson, & Campbell, 2012, p. 426).

Two-Spirit is a term that encompasses a broad range of sexual and gender identities of Aboriginal⁶ peoples across North America. While some use the term to refer specifically to the cultural roles of individuals who embody both female and male spirits, Two-Spirit is also used to describe Aboriginal people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). Importantly, Aboriginal LGBTQ people name their identities using diverse terminology, including terms in Indigenous languages as well as terms that are prevalent among LGBTQ communities. Two-thirds of the 200 Indigenous languages spoken in North America are said to have contained terms to describe individuals who were neither men nor women (Tafoya, 1997). Many of these are difficult to translate into English because they describe identities which are at once about one's role in a spiritual and cultural system, as well as expressive of gender identity and/or sexuality. Some Aboriginal

LGBTQ people prefer to use these identity terms rather than using Two-Spirit.⁷

The term Two-Spirit was chosen in 1994 at the Annual Native American Gay and Lesbian Gathering in Winnipeg, Manitoba as an Indigenously-defined pan-Native North American term that refers to the diversity of Aboriginal LGBTQ identities as well as culturally-specific non-binary gender identities (Morgensen, 2011). Two-Spirit is a term that reflects traditional Aboriginal gender diversity, including the fluid nature of gender and sexual identity and its interconnectedness with spirituality and traditional worldviews (Walters, Evans-Campbell, Simoni, Ronquillo, & Bhuyan, 2006). It was a move away from anthropological terms such as *berdache*,⁸ which until that point had been used by Western scholars to frame the lives of Two-Spirit people, often within pathologizing, romanticizing or othering discourses.

Prior to colonization, Indigenous categorizations of gender emerged within other cultural and social practices, and were as diverse as Indigenous cultures themselves (Driskill, Finley, Gilley & Morgensen, 2011; Hunt, 2015). Broadly speaking, Indigenous views on sexuality were

not rooted in heteronormativity, but rather they accounted for diverse sexual practices and identities. Thus, within many Indigenous teachings, having sexual relationships with someone of the same sex or gender was not viewed as deviant. Indigenous understandings of gender and sexuality placed an individual's role within their social structure, as well as within an individual's physical sex and sexual preference (Gilley, 2011). Gender roles and sexual identities were based on multiple societal factors and reflected Aboriginal cultural, political and spiritual worldviews, which differed cross-culturally (Ibid.).

While it is important not to romanticize Aboriginal peoples as being uniformly accepting of gender and sexual fluidity, research and oral histories reflect widespread respect and honour for Two-Spirit people. Within many Aboriginal cultures, the roles of Two-Spirit individuals carried unique responsibilities that were vital to the nations' collective well-being and survival, including as teachers, knowledge keepers, healers, herbalists, child minders, spiritual leaders, interpreters, mediators and artists (Driskell, 2011; Tafoya, 1997). Taking up important roles within their communities, Two-Spirit people contributed alongside heterosexual, cisgender men and women in the maintenance of Indigenous legal, cultural and spiritual systems. The diversity of traditional Indigenous systems stands in contrast to current western understandings of gender, sexuality, and the heterosexual man/woman binary.



⁶ The terms 'Aboriginal peoples' and 'Indigenous peoples' are used in this fact sheet to refer inclusively to First Nations, Inuit and Metis peoples. When possible, culturally specific names are used.

⁷ In this paper, 'Two-Spirit' is intended to include these diversely-identified groups of Aboriginal gay, lesbian, bisexual, transgender, transsexual, queer, questioning and Two-Spirit people. However, where existing literature focuses on one or more sub-groups of Two-Spirit people, specific terms or acronyms (LGBTQ2S) are used to reflect the focus of that research or scholarship.

⁸ *Berdache* is a term used to refer to religious and spiritual roles which are largely fulfilled by male-bodied people taking up women's dress and social roles that were said to be revered within Indigenous societies (Williams, 1986; Roscoe, 1998).



Residential schools racialized native children as “Indians” while enforcing strict divisions between girls and boys through European dress and hairstyles, as well as physically separating them in different dorms.

(Hunt, 2007)



2.0 IMPACT OF COLONIZATION ON ABORIGINAL GENDER AND SEXUALITY



Aboriginal systems of gender and sexuality have been deeply impacted by colonization. Colonial efforts to assimilate Indigenous peoples involved the imposition of racialized, gendered and sexualized categories which continue to be enforced today (Simpson, 2012; Hunt, 2015). Through the *Indian Act*, residential schools, Christian teachings and other assimilative policies and processes, Aboriginal people were forced to follow a heteropatriarchal model of marriage in order to gain rights and status (Barker, 2008). The implementation of gendered power relations among Aboriginal men and women were at the core of these efforts (Dickason, 1992). Residential schools racialized native children as “Indians” while enforcing strict divisions between girls and boys through European dress and hairstyles, as well as physically separating them in different dorms (Hunt, 2007). Additionally, the loss of Aboriginal languages has resulted in much of the knowledge about Two-Spirit roles being lost or marginalized in some communities, depending on the extent to which traditional knowledge has been retained.

Colonial processes, which continue today, imposed new social norms and legal rights which altered Aboriginal gender roles and understandings of sexuality. Aboriginal communities are still impacted by the imposition of colonial gender and sexual norms, as well as discrimination against gender-fluidity and homosexuality. Rather than being respected, many Two-Spirit

people face targeted violence in their communities. The legacy of sexual abuse experienced within residential schools and stereotypes which portrayed Aboriginal women as sexually available (Smith, 2005) also have a lingering impact on the sexualities and gender paradigms of Aboriginal communities (Hunt, 2015). Further, Two-Spirit people struggle to have their lives recognized within dominant policy frameworks both within Indigenous and non-Indigenous contexts, as their lives are not fully accounted for in either current LGBTQ literature or in Aboriginal gender based frameworks (Brotman, Ryan, Jalbert, & Rowe, 2002; Fieland, Walters, & Simoni, 2007; Hunt, 2015).

Yet despite widespread measures to enforce Western gender and sexual norms, Indigenous people have continued to live and embody non-binary expressions of gender and sexuality and to resist assimilative strategies. Some Indigenous communities have held on to culturally-specific knowledge about diverse gender roles and sexual identities which emerge within their broad cultural practices and worldviews. Further, movements for the human rights of LGBTQ communities have had a positive impact on Two-Spirit people. Indeed, as will be discussed in a later section, the reclamation of Two-Spirit roles and identities is evident within diverse cultural contexts across North America.



3.0 SOCIAL DETERMINANTS OF HEALTH: UNDERSTANDING THE COLONIAL CONTEXT



Internationally, holistic approaches to health are being used to foster health equity for marginalized people by addressing social determinants within the context of widespread unequal distribution of power, income, goods, and services (Commission on Social Determinants of Health [CCSDH], 2008). Social determinants of health target the underlying social causes of illness and disease, such as poverty, inadequate housing, barriers to education, political instability, and lack of social justice and equity.

For Aboriginal people in North America, social determinants of health are rooted in colonialism which has disrupted Aboriginal cultures, languages, land rights and self-determination. Indeed, as the guiding force that shapes historic, political, social and economic life in Canada, colonialism itself is arguably a distal determinant of health for Indigenous peoples – one which is beyond the community’s control and is a *cause of causes* for unjust life situations (Czyzewski, 2011). Residential school and day school attendance are

considered social determinants of Aboriginal peoples’ health, as a locus of intergenerational trauma (Evans-Campbell et al., 2012; Czyzewski, 2011). Colonial legacies are an important determinant of health for Indigenous people, as they continue to experience disproportionately lower socioeconomic status, higher rates of substance use, and increased incidents of interaction with the criminal justice system (Greenwood & de Leeuw, 2012). The health of individual Aboriginal people is also shaped by the way these inequities differ across distinctions in age, gender identity and sexuality.

Gender inequity has been recognized as a key social determinant of health globally. (CCSDH, 2008). Gender relations shape both structural and legal power as well as inequities in access to and control over resources, education, and other health determinants (Ibid.). Indigenous women in Canada experience lower educational attainment, employment opportunities and socioeconomic status. Weaker community infrastructures and geographic isolation mean they

also lack access to quality housing and health services (Society of Obstetrics and Gynecologists of Canada, 2001; National Association of Friendship Centres, n.d.; National Aboriginal Health Organization [NAHO], 2005). It is likely that transsexual, transgender and other Two-Spirit people face similar and additional factors, such as challenges in accessing housing, health care, drop-in centres, sexual health care, counseling and other programs, due to outright discrimination against people who do not conform to gender norms, as well as the gendered nature of those services. Indeed, many sexual assault centres and emergency housing shelters in Canada have separate programs for men and women and do not have trans-inclusive policies. Yet despite these pressing issues, the social determinants of Two-Spirit peoples’ health have only received marginal attention in health literature due, in part, to the compounding of transphobia⁹ and homophobia with other forms of structural power inequities (Hunt, 2015).

⁹ ‘Transphobia’ is fear, discrimination or hatred of transsexual, transgender or genderqueer people based on the expression of their gender identity. These attitudes emerge within societal norms which uphold the man/woman gender binary and which view deviations from these norms as unacceptable.

Two-Spirit peoples' health must be understood within the context of intersecting forms of marginalization and the range of social determinants which impact Aboriginal health more broadly. An additional social determinant of Two-Spirit peoples' health is the resurgence of Two-Spirit identities, histories, and pride. Health researchers have called for the determinants of Two-Spirit peoples' health to be understood not as discrete circumstances, but as interrelated legacies of colonization (Fieland et al., 2007). This is outlined through the literature below, including the emerging issues of homophobia and heteronormativity,¹⁰ systemic invisibility, and urbanity and mobility.

3.1 Homophobia, transphobia, cisnormativity and heteronormativity

Structural oppression including homophobia, biphobia, heterosexism and racism play a central role in shaping the health and well-being of Two-Spirit people (Taylor & Ristock, 2011; Ristock, Zoccole, & Potskin, 2011; Canadian Rainbow Health Coalition, 2004). Indigenous communities are impacted by the colonial imposition and internalization of homophobia, transphobia, cisnormativity and heteronormativity, which contributes to health inequities among individuals whose gender and sexuality do not conform to dominant norms. While transsexual, transgender and other gender non-conforming people are generally understudied in literature on social determinants of Aboriginal health, their health status clearly reflects the social consequences of not adhering to binary models of gender.

Research has shown that Two-Spirit people experience much higher rates of poverty, with one study indicating that nearly half of Aboriginal trans people reported pre-tax incomes under \$10,000 (Taylor, 2009). A majority of Aboriginal participants (59%) in this research also indicated that their education had been interrupted because of their sex/gender identity, compared to 12.5% of non-Aboriginal participants (Ibid., 2009). This is supported by a demonstrated increase in violence and bullying of gender non-conforming students in Canadian schools (EGALE Canada Human Rights Trust, 2011).

The structure, design and delivery of health care are deeply impacted by homophobia, transphobia, cisnormativity and heterosexism, creating barriers for Two-Spirit people as they try to access health services (Canadian Rainbow Health Coalition, 2004). For Two-Spirit people, disrupting heteropatriarchal norms and restoring Indigenous understandings of gender and sexuality are integral to processes of healing from decolonization. Education and affirmation of Two-Spirit roles and identities is therefore inherent to improving the health of Two-Spirit people within an Indigenous social determinants framework.

3.2 Systemic Invisibility

The systemic marginalization of sexual and gender minorities and the rupturing of traditional Two-Spirit roles within Aboriginal cultures have resulted in Two-Spirit peoples' lives being made invisible within much Aboriginal health literature. This invisibility is further entrenched through a lack of statistical information being gathered on Two-Spirit peoples' lives due to the

categorical omission of transgender, transsexual and other gender non-conforming Two-Spirit people. Indeed, legal rights which are delineated through male and female categories force Two-Spirit people to choose between these gender categories and to fit their lives within straight-gay dichotomies used in law, public policy and health research. This forced adherence to colonial categories of gender and sexuality is itself a structurally entrenched method through which Two-Spirit peoples' lives are erased from public discourse (Hunt, 2015).

Within intersecting forms of marginalization based on their sexual and/or gender identity as well as their Indigeneity, Two-Spirit people are largely unaccounted for within both LGBTQ and Aboriginal health paradigms. Broadly speaking, academic research on Canadian health and health care access excludes LGBTQ people, while the growing body of research on LGBTQ health has little reference to Two-Spirit people (Brotman et al., 2002; Fieland et al., 2007). Further, Two-Spirit, transgender and genderqueer people remain invisible within the gender-based analyses utilized by the national and provincial organizations that represent Aboriginal peoples across Canada (Hunt, 2015). For example, although a 2003 strategic planning document of the BC First Nations Health Authority identifies the need to “develop and strengthen services and supports to promote mental wellness and prevent problematic substance abuse among two-spirited youth and adults” (First Nations Health Authority [FNHA], 2013, p. 27), it is important to note that this is the only mention of Two-Spirit people in FNHA's planning documents, website or other

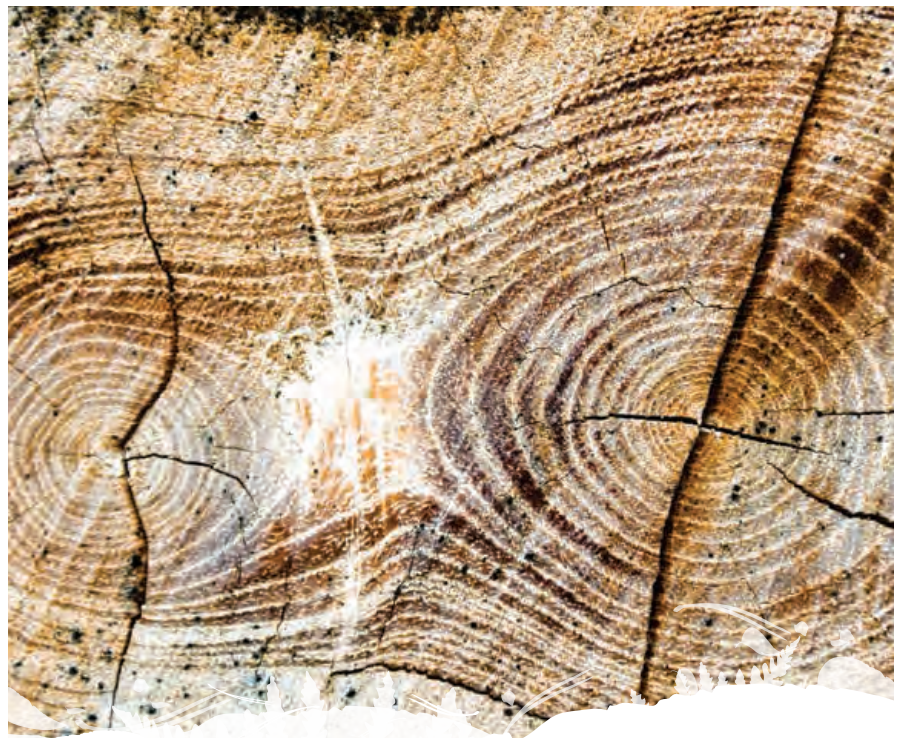
¹⁰ ‘Heteronormativity’ is the belief that people fall into distinct and complementary genders (men and women) and that heterosexuality is the norm. This belief system is culturally biased in favor of opposite-sex relationships. Discourses of heteronormativity have been embedded in social institutions, such as the family, the state and education, resulting in the marginalization of LGBTQ and Two-Spirit lives. Examples of heteronormativity include the lack of representation of same-sex couples in media and laws that discriminate against same-sex relationships.

Two-Spirit peoples' health must be understood within the context of intersecting forms of marginalization and the range of social determinants which impact Aboriginal health more broadly.

resources. Limiting Two-Spirit health to discussions of mental health and substance abuse can make it appear as though these are the only health concerns of this population, while leaving Two-Spirit people invisible within broad health interventions around such issues as nutrition, reproductive health, and access to clean water. This erasure has an impact on the types of policies that are created, funding priorities, and the design and delivery of Aboriginal health programs. There is a need for research and policy which includes Two-Spirit peoples' perspectives on issues of gender-based violence, access to housing, education, health care and many other social determinants of health.

3.3 Urbanity and mobility

Safe and stable housing and connection to family and community are significant health determinants for Aboriginal people, and inequities in these areas contribute to health disparities among Two-Spirit people. Research with Two-Spirit people in Canadian cities has found that many feel they cannot fully be themselves and cannot access




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adequate health services in smaller communities (Ristock et al., 2011; Brotman et al., 2002). Thus, they frequently move from rural areas or reserves to larger city centers to flee from homophobia and to find a more accepting queer community (Ristock, Zoccole, & Passante, 2010; Ristock et al., 2011) which strengthens the affirmation of their gender and sexual identity.

While undertaking these efforts to find a more supportive community, Two-Spirit people often face a different set of social barriers in urban centers. These challenges include finding housing and employment, dealing with racism and exploitation, and experiencing barriers in accessing services (Ristock et al., 2011; Zoccole, Ristock, Barlow, & Seto, 2005). These barriers contribute to housing instability and the need to move frequently, both within urban centers and between rural and urban areas in efforts to find greater access to support and resources (Zoccole et al., 2005).

These findings suggest the need for ongoing anti-homophobia and anti-transphobia education in rural and reserve communities, both to decrease discrimination toward the diversity of gay, lesbian, bisexual, transgender, queer (GLBTQ) and Two-Spirit-identified residents, and to ensure sexual and gender minorities are not stigmatized if they return home after moving to an urban area. Ongoing education and policy development is also needed within all service provision contexts in order to address homophobia and racism, and to build understanding of the diverse needs and realities of Two-Spirit people.

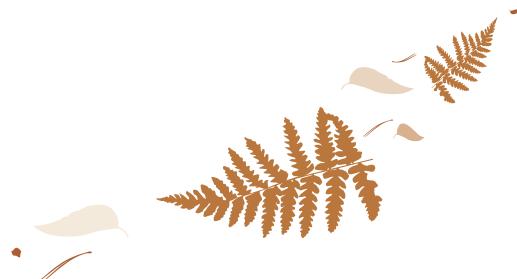


An underwater photograph showing a rocky seabed. The water is clear and blue, with ripples on the surface creating a distorted, wavy pattern. The rocks are dark and smooth, scattered across the bottom. A semi-transparent white box is overlaid on the lower part of the image, containing text.

Even though attitudes towards lesbian, gays and two-spirit people have changed over the years, homophobia remains as a societal and health issue.

(Zoccolle et al., 2005, p. 31)

4.0 HEALTH STATUS OF TWO-SPIRIT PEOPLE: OVERVIEW OF AVAILABLE LITERATURE



This section will present the available evidence about Two-Spirit peoples' health including: violence, mental health, suicide, HIV/AIDS, violence toward youth in schools, and marginalization of street-involved youth.

4.1 Violence

Rates of violence among Two-Spirit people are difficult to gauge because of a lack of statistical data. While national data is collected on violence against Aboriginal women, the same is not captured for transgender people or for LGBTQ people. While Canadian hate crime statistics indicate that half of police-reported hate crimes are motivated by race or ethnicity, 13% are motivated by sexual orientation (Allen, 2012). An intersectional analysis of violence reveals that Two-Spirit people may experience targeted violence because of a combination of racism, homophobia, transphobia and sexism, depending on their individual gender and sexual identity. Further, it is widely known that Aboriginal people often have mistrust of the justice system and of police (Chartrand & McKay, 2006); this has the potential to lead to Two-Spirit peoples' underreporting of violence against them. Despite this lack of statistical data, recent research reveals disturbing trends in experiences of violence.

Homophobic, transphobic and racist violence are key health concerns for Two-Spirit people: "Even though attitudes towards lesbian, gays and two-spirit people have changed over the years, homophobia remains as a societal and health issue" (Zoccole et al., 2005, p. 31). Targeted violence experienced by Two-Spirit people includes verbal and emotional abuse, slander, and harassment, as well as robbings, physical assaults and sexual violence (Ibid.). Transgender and gender non-conforming people face heightened levels of violence, including everyday violence encountered while accessing public washrooms and transportation, which is compounded by the lack of sex reassignment, gender affirming and other health services (Taylor, 2009). Additionally, Two-Spirit women are more likely to be sexually and physically assaulted than heterosexual Aboriginal women and white lesbian women (Lehavot, Walters, & Simoni, 2009). Women are the victims of targeted violence, including domestic violence, physical and sexual assault, and child abuse. Aboriginal women face the addition of racialized violence. For Two-Spirit women, homophobic and transphobic violence places them in what might be understood as "triple jeopardy" (Lehavot et al., 2009; Jacobs, Thomas, & Lang, 1997). Two-Spirit people face both interpersonal and systemic violence, including

discriminatory treatment by individuals in positions of power. Of particular concern is homophobic violence within agencies to which Two-Spirit people turn for support, including verbal abuse, gossip (lateral violence), slander and sexual assault (Zoccole et al., 2005), which compound the kinds of violence that happen on the street and in communities.

Intimate partner violence is a concern for Two-Spirit people, as domestic violence has been found to be prevalent within some communities (Ristock et al., 2011; Ristock et al., 2010). Vulnerability due to isolation or being distanced from family and community may contribute to Two-Spirit people staying in abusive relationships.

These research findings indicate the need for a deeper integration of Two-Spirit peoples' lived experiences in local and national strategies to address violence. For example, violence against transgender and transsexual women is generally not named within literature on violence against Aboriginal women; nor are programs for Aboriginal women necessarily available to trans women. The violence that Aboriginal trans women experience is often invisible in anti-violence campaigns, such as the case of Kellie Little, who was one of the 60 women who were identified in 2000 by Vancouver police as murdered

or missing from the city's downtown east side (DTES) (Hunt, 2015). The experiences of Kellie and other trans women in the DTES are rarely, if ever, mentioned in discussions about women who went missing from this neighborhood. Although a number of other Aboriginal trans women have been murdered in cities across Canada; their deaths remain out of view of broad discussions about missing and murdered Indigenous women. In the national *Sisters in Spirit* research report (Native Women's Association of Canada [NWAC], 2010), the scope of the research is said to include transgender women, yet aside from this note in the methodology, the specific realities and health and safety needs of trans women are not mentioned, nor is it clear if any of the women discussed in the report were trans or Two-Spirit-identified. Two-Spirit peoples' ability to seek support after a violent incident is further impacted by the lack of culturally-relevant and gender-inclusive services which do not always meet their specific needs. Violence and discrimination have a direct impact on rates of self-harm, suicidality, mental illness and substance abuse among Two-Spirit people (NAHO, 2012).

4.2 Mental Health and Substance Use

Research in both Canada and the U.S. has found that Two-Spirit people are more likely to experience mental health issues such as depression and anxiety, as well as using substances such as drugs and alcohol as coping mechanisms. Depression and anxiety among Two-Spirit people are related both to intersections of racism, homophobia, transphobia and heteronormativity, as well as the intergenerational trauma which is common in many Aboriginal communities. Studies with Two-Spirit people reflect this reality, as mental health and substance abuse have been found to be common concerns in

studies on their health needs (Frazer & Pruden, 2010; FNHA, 2013).

Attendance at boarding school or residential school has been found to impact mental health and substance use among Two-Spirit people. Research among urban Two-Spirit people in the U.S. found that former boarding school attendees reported higher rates of drug and alcohol abuse, and greater likelihood of having attempted or contemplated suicide than non-attendees (Evans-Campbell et al., 2012). Additionally, Two-Spirit people who were raised by boarding school attendees were more likely to have general anxiety disorder, experience post-traumatic stress symptoms, and have suicidal thoughts in their lifetime (Ibid.).

A lack of access to culturally-appropriate services for Two-Spirit people may further impact their mental health status. Two-Spirit people often face barriers to accessing mental health, addiction and harm reduction services (Zoccole

et al., 2005; Ristock et al., 2010; Ristock et al., 2011) such as discrimination and violence from health practitioners and other front-line workers. Further, they may feel the lingering stigma of pathologizing homosexuality and transsexuality as mental disorders. Although changes in mental health diagnosis have shifted to be more accepting of the range of LGBTQ identities, there are few mental health, harm reduction and substance use treatment facilities which fully account for Two-Spirit peoples' cultural, gender and sexual identities.

4.3 Suicide

Suicide rates among Aboriginal people are known to be much higher than the overall Canadian and U.S. populations (Fieland et al., 2007; Ristock et al., 2010). In 2000, the suicide rate for First Nations was two times the rate of other Canadians (Kirmayer et al., 2007). Suicide rates amongst Inuit have been shown to be 10 times the national rate (Ibid.). In the United States, the



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Indian Health Service estimates the rate of death by suicide for the American Indian population as 1.5 times the rate for the general population, comprising the second leading cause of death among youth ages 10-24 (Suicide Prevention Resource Center, 2013).

Suicide rates among LGBTQ youth and adults are approximately 2.5-3 times higher than the general Canadian population (Fieland et al., 2007). Some researchers have cautioned that we must be wary of comparing studies of LGBTQ suicide among the general population to realities among Aboriginal communities, due to both the impact of colonization on Indigenous sexuality as well as the cultural specificity of respect for the traditional roles of Two-Spirit people (Kirmayer et al., 2007). Clearly more research is needed on the specific risk of suicidality facing Two-Spirit people, as the relationship between sexual orientation, gender identity and suicide in Aboriginal communities has only received limited attention (Ibid.).

Combined, research indicates that the suicide risk for Two-Spirit people is greater than among the heterosexual Aboriginal population. Research has found that homophobia, isolation, and rejection increase the risk of suicide for Two-Spirit people (NAHO, 2012). For example, Aboriginal transgender people in one study indicated that their distress was caused by the experience of being transgender in a transphobic society rather than by being transgender itself (Taylor, 2009).

Youth suicide rates among Aboriginal communities in Canada have been found to be much lower in areas where cultural connectedness, historical continuity and identity are strong (Kirmayer et al., 2007; Chandler & Lalonde, 1998). This may also be true for Two-Spirit peoples. One study, for example, stated that the risk of suicidality can be decreased if Two-Spirit individuals are connected to their

culture and traditions, and are able to recognize the impacts of colonization (NAHO, 2012).

4.4 HIV/AIDS

Aboriginal people represent 3.8% of the Canadian population but account for 8% of people living with HIV and 12.5% of all new HIV infections since 2008 (Public Health Agency of Canada [PHAC], 2010). Their HIV infection rate is 3.5 times higher than that of non-Aboriginal people (PHAC, 2011). Indigenous youth remain the most highly impacted segment of the community, with Aboriginal youth representing 46.5% of HIV positive youth in 2009, while in 2011 the percentage was 34.3 (PHAC, 2014).

Due to the lack of acknowledgement of gender and sexual diversity in national health statistics, no data is currently available on rates of HIV/AIDS for Two-Spirit people. Yet research and community initiatives indicate that HIV/AIDS has been a key health concern among Two-Spirit people (Bauer, Travers, Scanlon, & Coleman, 2012; Monette et al. 2011; Taylor, 2009; Zoccole et al., 2005), especially among individuals who are biologically male (Morgensen, 2011), as is evident through their activism and leadership in addressing this health issue.

In the 1980s, HIV/AIDS emerged as an important catalyst for Two-Spirit community organizing. Indeed, responding to HIV/AIDS in Native communities was central to the emergence of Two-Spirit identity in North America. As Morgensen (2011) notes, “[a]ddressing Two-Spirit people in Native AIDS organizing then marked Native peoples’ experiences of colonial governance over sexuality, gender and health, and framed acceptance of Two-Spirit people as a decolonial mode of traditional healing in Native communities” (p. 195). Two-Spirit people took up leadership roles within

HIV/AIDS activism, and began to define their individual and community health, wellness and identities within this context.

Two-Spirit people continue to lead the way in creating culturally relevant and age appropriate programming to be delivered in ways that resonate on a personal level for Aboriginal youth in general, and Two-Spirit youth in particular (Reid et al., 2014; Orchard et al., 2010). Through the Canadian Aboriginal AIDS Network (CAAN), Aboriginal youth have developed culturally relevant resources for HIV prevention, based on youth leadership models, which have had a positive impact on young peoples’ health. Rather than focusing exclusively on Two-Spirit youth, these models position Two-Spirit people within the context of their broader community, taking into account the unique needs of young men, women and Two-Spirit people in HIV/AIDS education (CAAN, 2011a, 2011b). In these models, the health of Two-Spirit youth is integrated into decolonial models of gender for designing Aboriginal health programs.

Targeted programs and education on HIV/AIDS among Aboriginal LGBTQ and Two-Spirit communities have already seen positive outcomes. In addition to having a positive impact on the growth of Two-Spirit identities and communities, research suggests that HIV awareness campaigns which explicitly target or recognize Two-Spirit people have resulted in much higher rates of HIV testing among Two-Spirit people than among non-Aboriginal LGBTQ people (Bauer et al., 2012).





5.0 TWO-SPIRIT YOUTH HEALTH

YOUTH PERSPECTIVES INDIVIDUAL EXPERIENCES IDENTITY SUPPORTS RESEARCH

The health of Two-Spirit youth is shaped through their specific experiences as young people, and, too often, their marginalization within political systems, government policies, and health programs. Indeed, little research has been conducted on the specific health realities and health needs of Two-Spirit youth. This section discusses the health of Two-Spirit youth, beginning with the need to center youth perspectives using a strengths-based approach. Next, research on bullying, homophobia and racism is discussed. Finally, research on street-involvement, homelessness, and exploitation is presented.

5.1 Centering youth perspectives

Two-Spirit youth are often portrayed as an “at risk” population due to their poor health status and concerns about their safety. Yet Indigenous youth organizations like the Native Youth Sexual Health Network have resisted this “at risk” label which categorizes them as a problem population, calling instead for approaches which support rather than stigmatize Two-Spirit youth. The foundation of this approach is to meet youth where they are at, focus on their strengths, and allow individual youth to name their own experience within a framework of self-determination. Through this reframing of their lives, Aboriginal and Two-Spirit youth actively resist imposed labels that pathologize or problematize individual youth, while focusing instead on identifying risk factors which stem from state systems and other social determinants. Indeed, available research indicates that the health of Aboriginal LGBTQ2S youth is impacted by violence within their schools, as well as by a range of intersecting factors facing them on the streets.

5.2 Bullying, homophobia, racism

Homophobia, biphobia and transphobia are systemic and individual forms of discrimination facing many LGBTQ2S youth. A national survey of high school students found that both Aboriginal and non-Aboriginal LGBTQ2S youth reported feeling




EDUCATION STREET-INVOLVEMENT STRENGTHS-BASED SELF-DETERMINATION

unsafe at school (67%), which is significant given the already high drop-out rates among Aboriginal youth (EGALE Canada Human Rights Trust, 2011). About half of students said they heard homophobic comments every day in school with a further one in 10 students reporting homophobic comments from teachers on a regular basis. Trans and gender non-conforming students faced the highest rates of harassment related to sexual orientation or gender identity (Ibid.). Trans students also faced the highest rates of physical assault and sexual harassment, while slightly lower rates of assault and harassment were experienced by LGBTQ youth. Aboriginal youth and youth of color are also targeted for physical harassment and assault because of racism, compounding the marginalization of Two-Spirit students who are not only being targeted because of homophobia or transphobia, but also because of racism among their peers (Ibid.).

5.3 Street involvement, homelessness and exploitation

Lesbian, gay and bisexual youth are highly over-represented among Aboriginal street-involved and homeless youth (McCreary Centre Society, 2006). Further, street-involved lesbian, gay and bisexual Aboriginal youth have been found to be significantly more likely to report sexual exploitation than street-involved heterosexual Aboriginal youth (McCreary Centre Society, 2006; Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth, 2000). Vulnerability to sexual exploitation has been linked to earlier forms of violence, such as childhood sexual abuse (McCreary Centre Society, 2006). Homophobia and transphobia can contribute to a sense of isolation and rejection for these youth, which can make them more vulnerable to exploitation. Further, services for street-involved youth often approach sexual education and sexual health within a heteronormative model which does not take the realities of Two-Spirit youth into account, for example by limiting discussions about STD prevention to the availability of birth control pills, condoms and the morning-after pill. The health of street-involved Two-Spirit youth would thus be significantly impacted by combating homophobia through the creation of programs which reflect and support their identities, as well as account for individual and collective experiences of trauma.



*Human resiliency is like a willow tree branch,
able to stretch, bend and then come back to almost
the exact shape, but changed. When we experience
life events that require us to be resilient, who we
become is also changed.*

(Gray Smith, 2012, p. 9)

6.0 RESILIENCY AND RESURGENCE OF TWO-SPIRIT ROLES

Human resiliency is like a willow tree branch, able to stretch, bend and then come back to almost the exact shape, but changed. When we experience life events that require us to be resilient, who we become is also changed. (Gray Smith, 2012, p. 9)

The resiliency of Aboriginal peoples has allowed them to survive and to thrive in the face of generations of colonial oppression. Resiliency is the ability to adapt to adversity, trauma, tragedy or significant sources of stress – it helps us to adapt to change and find ways to thrive (Gray Smith, 2012). Resilience in Aboriginal communities is a process of healing that allows individuals to overcome multiple traumas, including loss of culture. Importantly, in the North American context where Indigenous people continue to be impacted by colonial policies and struggle to achieve self-determination, resilience is necessary to live through the active (rather than only historic) nature of colonial relations.

The resurgence of Aboriginal cultural and political practices, accompanied by traditional methods of promoting youth resilience, have given rise to initiatives which have positively impacted Aboriginal peoples' health (Dion Stout & Kipling, 2003). A range of individual, family and environmental protective factors have been found to comprise a person's resilience (Ibid.). Aboriginal communities overcome structural barriers to equity through pursuing holism, autonomy, connection

and balance in reasserting Indigenous models of health (CCSDH, 2013). Self-determined approaches to community building have been seen as integral to improving the well-being of Aboriginal communities, and to empowering communities to change the trajectory of their overall health (Ibid.). These same factors have been of great importance to the resilience of Two-Spirit people, as they have struggled against great odds to assert their identities from a renewed place of pride and strength. Below, themes of resilience identified within contemporary Two-Spirit struggles are discussed, including: resurgence of Indigenous gender roles, building Two-Spirit community, reclaiming Two-Spirit roles and identities, and acknowledging Two-Spirit people within health discourse.

6.1 Resurgence of Indigenous gender roles

Decolonization involves reframing our concepts about Indigenous governance and working to build strong Indigenous nations that honor self-determination, gender variance, and the contributions of Indigenous women, two-spirit, and LGBTQ individuals. With the re-creation of two-spirit identities and reclamation of traditional roles within our respective communities, the need to withdraw from them dissolves. (Dakin, 2012, para. 11)

The resurgence of Indigenous gender roles and identities is integral to broad efforts to rebuild Indigenous communities, cultures and knowledge (Simpson, 2012; Hunt, 2015). Aboriginal men, women and Two-Spirit people have long been creating spaces in which to develop stronger community ties, share cultural knowledge, and reclaim their individual and collective responsibilities within Indigenous cultural systems. This reclamation of pride in identity counters the dehumanization of colonialism and the erasure of non-binary gender identities. This push-back is vital for the overall health and well-being of Aboriginal people, and specifically for Two-Spirit people.

The growth of knowledge on Indigenous gender roles and identities has given rise to a growth in Two-Spirit artistic expression. Two-Spirit artists, singers, playwrights and dancers are using artistic platforms to share their worldviews, as exemplified by the strong artistic visionaries and leaders listed in the breakout box (pg.22). The arts provide an avenue through which Two-Spirit people can express their experiences, identities, stories and creativity in ways that stretch beyond the limitations of the English language. The arts provide avenues through which Two-Spirit people can represent themselves in ways that are self-determined, individualized, and culturally-specific, breaking out of many of the boxes imposed by colonial norms. The revitalization of Indigenous art and cultural expression is central to individual and community health, as indicated by Royal Commission on Aboriginal Peoples (RCAP, 1996) which connected a range of creative practices to individual and collective resiliency, strength and overall well-being.¹¹



¹¹ For further reading on the relationship between arts and health, see Muirhead & de Leeuw (2012). *Art and Wellness: the importance of art for Aboriginal peoples' health and healing*.

TWO-SPIRIT ARTISTS/WRITERS

BETH BRANT, award-winning Mohawk writer of short fiction, nonfiction, and poetry whose work explores issues of sexuality, class and ethnicity. Brant co-founded Turtle Grandmother, an archive of material on North American Indigenous women.

CRYSTOS, Menominee poet and social justice advocate. Chrystos' poetry boldly explores issues of colonization, sexuality, pride and justice.

KENT MONKMAN, Cree and Irish artist whose paintings reimagine Canadian landscape paintings, frequently featuring his drag queen alter-ego, Miss Chief Eagle Testickle.

THOMPSON HIGHWAY, award-winning Cree playwright, novelist, and children's book author. Writer of the first Cree language opera.

WAAWAATE FOBISTER, Anishinaabe actor and playwright from Grassy Narrows First Nation whose play *Agokwe* explores same-sex attraction between a traditional Ojibwe dancer and a hockey player.

6.2 Building Two-Spirit Community

Two-Spirit community groups have a long history of organizing gatherings in both Canada and the United States, and grassroots organizing continues to be an important source of affirmation and cultural revitalization for Two-Spirit people. The first gathering of Indigenous LGBTQ2S people was held in Minneapolis, Minnesota in 1988 – an event sponsored by the American Indian Gays and Lesbians which, in partnership with organizers in Canada, became the annual international gathering of American Indian and First Nations Gays and Lesbians. In resistance to the appropriation of native spirituality and Indigenous gender roles and traditional teachings about sexuality by gay men in the U.S., Two-Spirit organizers within HIV/AIDS activism in the 1970s had begun

building the coalitions that led to these gatherings (Morgensen, 2011). They became a catalyst for resisting anthropological framings of gay native sexuality, alongside appropriations of native spirituality by gay men. As well, Two-Spirit was claimed as an explicitly Indigenous expression of gender and sexuality rooted in native sovereignty (Ibid.). Numerous Two-Spirit groups have since formed in both the U.S. and Canada, and Two-Spirit people have continued to organize annual gatherings as well as occasional conferences on issues pertaining to Two-Spirit health, rights and identities. More recently, Two-Spirit people have extended these community connections online and through social media, which are of particular significance to Two-Spirit people in rural areas who are not able to access urban LGBTQ2S community resources.

6.3 Reclaiming Two-Spirit Roles and Identities

Two-spirit identity is about circling back to where we belong, reclaiming, reinventing and redefining our beginnings, our roots, our communities, our support systems and our collective and individual selves. (Wilson, 2008, p. 198)

For Two-Spirit people, claiming traditional cultural roles and responsibilities has the power to instill positive identities and healthy self-concepts (NAHO, 2012). Achieving a positive self-identity is vital to the development of self-esteem and, as a result, good overall health among Two-Spirit people (Brotman et al., 2002). Many Two-Spirit people gain strength from being comfortable with who they are within the context of a supportive community, whether on reserve, in an urban center or rural area (Ristock et al., 2010; Brotman et al., 2002). This process of reclamation and self-acceptance has been described as “coming in” rather than “coming out.” The process of coming in involves an affirmation of being oneself and embracing identities that fit with who one is, rather than trying to conform to pre-existing identities or labels (Wilson, 2008).

6.4 Acknowledging Two-Spirit people within health discourse

People working to shape both Aboriginal and non-Aboriginal health policies, programs and frameworks have a responsibility to educate themselves about the cultural, gender and sexual identities of Two-Spirit people in order to provide appropriate, accessible, non-judgmental and safe services (Urban Native Youth Association, 2004; Frazer & Pruden, 2010; Taylor, 2009). Acknowledging Two-Spirit

people is vital for the development of programs which are culturally-relevant, are inclusive of non-binary gender identities, and are not structured around heteronormative culture. As has been outlined above, Two-Spirit peoples' health is impacted by intersecting social determinants which include ongoing forms of exclusion from mainstream gender and sexual paradigms. Aboriginal organizations must address how they contribute to this marginalization by changing gender frameworks which currently only account for men and women, and which assume all Aboriginal people are heterosexual (Hunt, 2015). These efforts to acknowledge the diversity of culturally-specific and individual expressions of Two-Spirit identities are vital to decolonial struggles.

Research indicates that numerous barriers currently exist for Two-Spirit clients within Aboriginal health and social services. These barriers include homophobia and heterosexism among front-line practitioners (Ristock et al., 2010; Ristock et al., 2011), as well as gaps in programming which account for Two-Spirit people, especially transgender and transsexual people who fall through the cracks of gender-based programming. Claiming Two-Spiritness has been found to put Two-Spirit people in conflict with their Aboriginal communities and Aboriginal-specific health care providers, placing them at risk for not being able to access health services (Brotman et al., 2002). Addressing homophobia and transphobia within Aboriginal communities, particularly within Aboriginal health services, is thus of vital necessity.

Further, LGBTQ community health programs and initiatives must better equip themselves to foster culturally-safe environments in which Two-Spirit people can be respected for both their gender and/or sexual identity *and* their Indigeneity. The integration of a decolonial approach to social




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determinants of health has been identified as key to improving the health of Two-Spirit people (Czyzewski, 2011; Scheim et al, 2013). Respect, inclusion and support in LGBTQ communities can help Two-Spirit people develop a positive identity and self-esteem, but this requires the integration of knowledge about Indigenous issues, history and the impacts of colonialism in LGBTQ organizations. Further, LGBTQ organizations can foster greater inclusivity by exploring ways to ensure Two-Spirit people are represented among all levels of staff, advisory boards, and other key roles within queer organizations.

Research has shown that health initiatives which reflect the identities of Two-Spirit people can have a positive impact on their health (Bauer et al., 2012). Examples include: developing intake and assessment forms that allow clients to self-identify by providing an open box for gender identification rather than only male and female; training staff in using gender neutral language and not making assumptions

about client's sexual orientation; providing gender-neutral washrooms; and creating environments which reflect pride in both Indigeneity and a diversity of sexual and gender identities through artwork and posters. Thus, programming does not need to be exclusively designed for Two-Spirit people, but must move away from heteronormative and cisnormative models in order to acknowledge diverse expressions of gender and sexual identity. Further, health programs must take into account the specific ways that social determinants of health impact the lives of Two-Spirit people, as research has highlighted that practitioners need to consider how experiences of historical trauma intersect with stressors commonly associated with sexual and gender nonconforming statuses (Evans-Campbell et al., 2012). Addressing intersecting forms of discrimination and embracing Two-Spirit peoples' self-determined expressions of their identities are thus vital elements of building Two-Spirit resilience.



The solution [to discrimination] is to educate people [about] the traditionally respected role that Two-Spirit First Nations' peoples played in most communities and to thus remove the stigma that has been associated with this group.

(Assembly of First Nations, 2001, p. 4)



7.0 CONCLUSION



The solution [to discrimination] is to educate people [about] the traditionally respected role that Two-Spirit First Nations' peoples played in most communities and to thus remove the stigma that has been associated with this group. (Assembly of First Nations, 2001, p. 4)

The health of Two-Spirit people must be understood within the dual context of colonial oppression and the vitality and strength of Two-Spirit resurgence. Indeed, Indigenous scholars have pointed out that heteropatriarchy structures colonialism (Smith, 2010), and therefore the revitalization of non-binary models of Aboriginal gender and sexuality must be central to decolonial movements (Simpson, 2012). Two-Spirit peoples' health is impacted by a range of social determinants of health emerging from underlying colonial relations, including homophobia and heteronormativity, systemic invisibility, and urbanity and mobility. These determinants impact the health concerns of Two-Spirit people, including violence, mental health and substance use, suicide, HIV/AIDS, and violence toward and marginalization of Two-Spirit youth. Yet targeted programming in relation to HIV/AIDS prevention has proven that Two-Spirit peoples' health can be improved when health education reflects and supports their identities. In order to better account for the lives of Two-Spirit people, Aboriginal health research, policy, and programming must begin to challenge binary gender frameworks and heteronormative models of sexuality which push Two-Spirit people out of view. As Brotman et al. (2002) notes, "[d]ocumenting Two-Spirit people's strengths and resilience can help support their inclusion in health systems through increased understanding of their unique identities, struggles, needs and experiences and contribute to the incorporation of their priorities into disease prevention and health promotion strategies and to the transformation of health systems" (pp. 84-5).

Looking to the vibrancy of Two-Spirit art, community-building and self-expression, new Aboriginal gender-based frameworks can be created in order to ensure programs are not contributing to systemic and interpersonal violence. Two-Spirit people have called for their voices, needs and identities to be at the heart of any Two-Spirit health initiatives. Combatting systemic homophobia and transphobia must be central to improving the mental, physical, spiritual and emotional health of Two-Spirit people. Clearly, more research is needed into the lives of Two-Spirit people across Canada, including youth, elders and residents of remote and reserve communities, in order to build an evidence-based case for appropriate responses to the health and safety needs of this underserved population (Taylor, 2009).



RESOURCES



The language of gender and sexuality introduced in this paper may be new to some readers. We recommend the following resources to foster greater education and dialogue among health practitioners, researchers and community members in order to become better equipped to talk about issues relating to Two-Spirit health.

Educational Resources

Two-Spirited Podcast Series.
Re:searching for LGBTQ health,
University of Toronto, Center for
Addiction and Mental Health. [http://
www.lgbtqhealth.ca/projects/two-
spiritedpodcasts.php](http://www.lgbtqhealth.ca/projects/two-spiritedpodcasts.php)

Genovese, M., Rousell, R., & The Two
Spirit Circle of Edmonton Society.
(2011). *Safe and caring schools for Two Spirit
youth: A guide for teachers and students.*
Edmonton, AB: The Society for Safe
and Caring Schools and Communities.

Public Health Agency of Canada. (2010).
*Questions & answers: Gender identity in
schools.* Ottawa, ON: Author.

Urban Native Youth Association.
(March 2004). *Two-Spirit youth speak
out? Analysis of the Needs Assessment Tool.*
Vancouver, BC: Author.

Books and Journals

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Morgensen, S.L. (2011.) *Queer indigenous
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