

# INDIGENOUS AND LGBTQ2

*TREATING NATIVE AMERICAN  
GENDER AND SEXUAL MINORITIES*



**TRIBAL HEALTH**

TRANSFORMING INDIGENOUS HEALTHCARE

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## COMPASSIONATE CARE. CLINICAL INTELLIGENCE.

*One of the most positive healthcare changes in recent years has been a spotlight on LGBTQ2 (lesbian, gay, bisexual, transgender, queer, and Two Spirit) health concerns.*

*Identified as a “health disparity population” by the National Institute on Minority Health and Health Disparities, this community experiences barriers to quality care that compound the devastating impact of discrimination. In recognition of this, many providers have focused on developing a better understanding of their issues to foster patient trust and stronger treatment outcomes.*

*But Native American LGBTQ2 patients are often forgotten even in programs designed for gender and sexual minorities (GSM) – which makes adopting an intersectional lens critical to closing care gaps for this community.*

*Within the healthcare system, all LGBTQ2 people can run into misunderstandings that conflict with their clinical needs. Providers may not understand the difference between same-sex attraction and gender identity or know how to connect a transgender patient’s medical history to their current symptoms. They may not realize that lesbians are less likely than other women to seek preventive care or that men who have sex with men (MSM) may identify as heterosexual on an intake form. They may also not realize the high rates of violence inflicted on Native American patients and how that impacts their ability to seek care.*

*Greater awareness can help healthcare professionals understand the right questions to ask – and the right techniques that can encourage LGBTQ2 patients to engage with healthcare resources.*



# LGBTQ<sub>2</sub> HEALTH DISPARITIES



How do sexual and gender orientation affect patient health? The reasons are as manifold as the LGBTQ<sub>2</sub> experience. Homophobia and discrimination are associated with high rates of psychiatric disorders, substance abuse, and suicide. Also influential: Violence, social ostracism, and discrimination in employment and housing can have a strong impact on people from adolescence to old age.

LGBTQ<sub>2</sub> youth are more likely to be homeless than other kids; 30% of LGBTQ seniors avoid medical care because of past discrimination. 1 in 10 have been neglected by a caregiver because of their orientation.

High rates of alcohol dependence and tobacco use are common when people feel bars and clubs are their only safe havens.

These struggles can have an even more destructive effect when someone feels they can't turn to their family for support or show their true self to their community. The LGBTQ<sub>2</sub> community isn't immune to racism, nor are Tribal communities immune to homophobia - which can increase a sense of disconnection and loneliness for someone with a foot in both worlds.



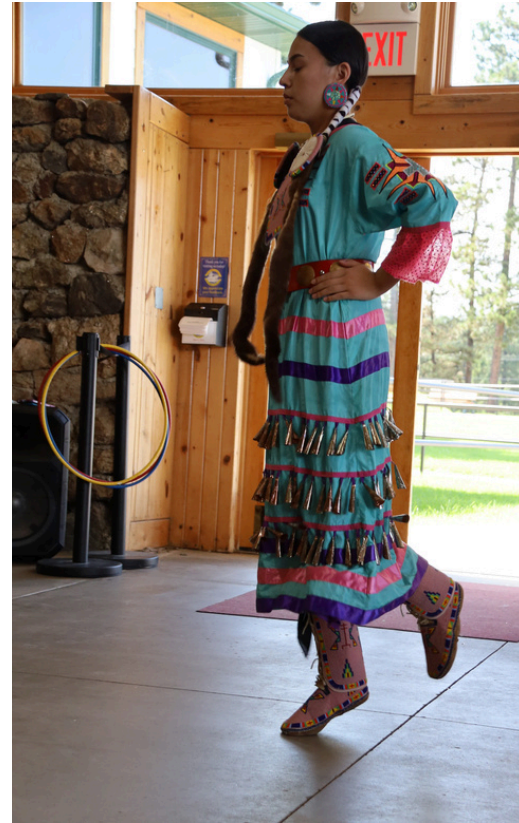


While LGBTQ<sub>2</sub> people don't all share the same issues, healthcare providers can help their patients by being aware of some common health disparity patterns.

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- ▶ Bisexual adults report lower emotional well-being and higher rates of suicidal ideation than all other orientations.
  - ▶ Gay men and MSM are at higher risk of HIV and other STIs.
  - ▶ 42% of transgender women are HIV positive - and transgender individuals have a higher prevalence of mental health issues.
  - ▶ Lesbians and bisexual women are at higher risk for breast and gynecological cancers than heterosexual women.
  - ▶ 56% of transgender and gender non-conforming Native Americans have attempted suicide.
  - ▶ 65% of Native American transgender women in one study were HIV positive.
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# NATIVE AMERICAN AND LGBTQ



Native Americans experience not only traumatic stress responses from current life experiences, but historical trauma. Cumulative and collective, historical trauma is the pain reverberating across generations from earlier violations.

Forced assimilation, colonialization, and dispossession have historically torn Native American families apart and subjected them to loss, starvation, and childhood abuse. Today, common symptoms include depression, self-harm, low self-worth, anger, survivor's guilt, and substance misuse.

For Native LGBTQ<sub>2</sub> people, who often are often targets of brutality, this trauma is compounded. One in three LGBTQ<sub>2</sub> Native Americans have experienced hate violence; 26% were kicked out of their family home after coming out.

The 2015 US Transgender Survey found that 65% of Native respondents reported being sexually assaulted. 60% said they had been denied equal treatment, verbally harassed, or physically attacked in the past year.



But while Indigenous LGBTQ2 people may need supportive resources more than most, they often face high barriers to equitable and effective healthcare. Provider shortages are common in rural and Tribal communities; so is a lack of broadband access, limiting access to digital health resources.

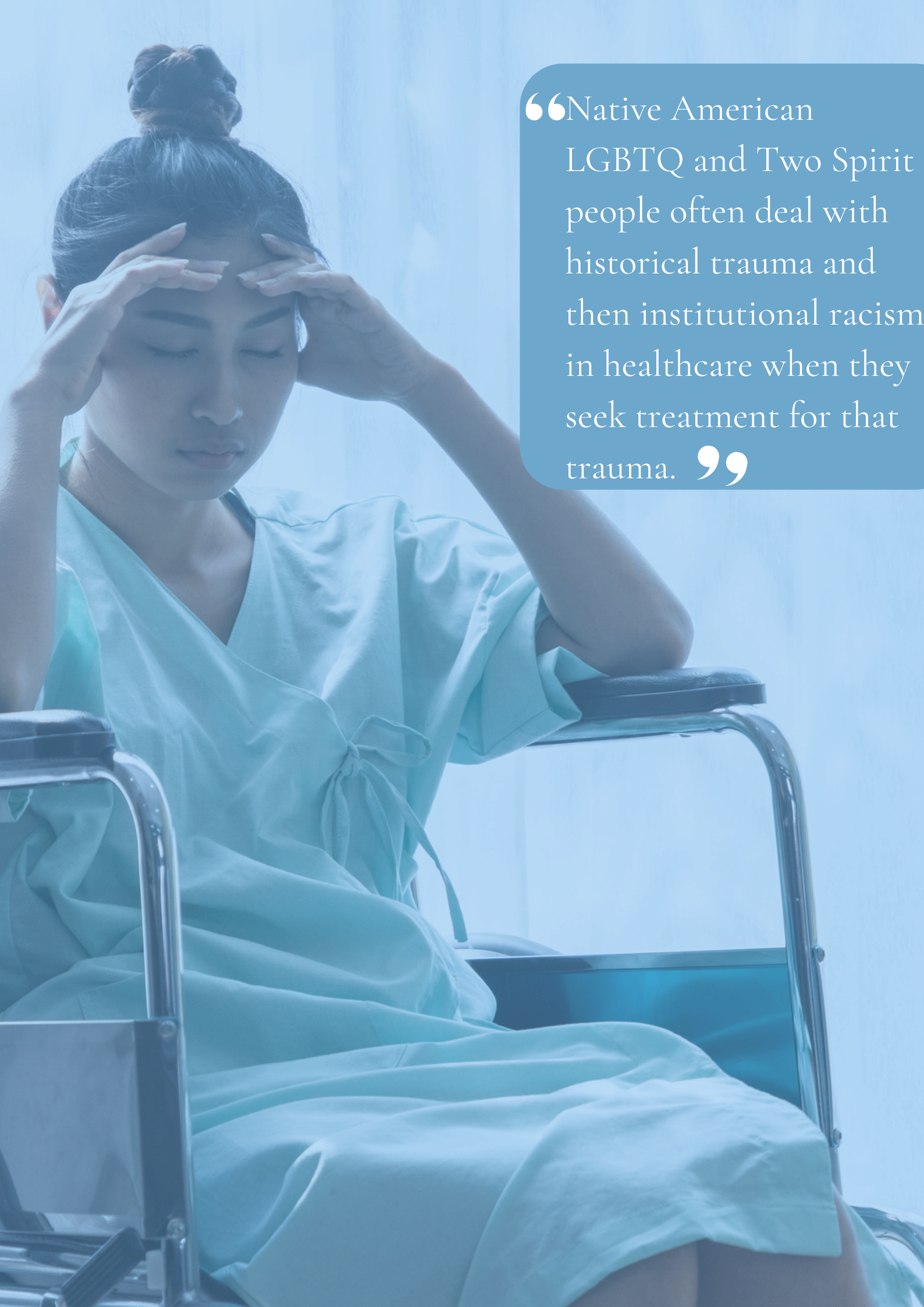
A long history of unethical medical practices from the U.S. government has fostered valid distrust toward social services and public health programs. Data collection and public health initiatives often omit Indigenous people as a class or may group them as “Other” in surveys and research, erasing their specific experiences of being Native American and LGBTQ2.



While there’s been a groundswell of victim outreach programs and survivor counseling options, these services rarely reach out to Tribal communities - and they can feel unwelcoming to Indigenous people in crisis. As a result, LGBTQ2 Indigenous people struggling with illness, violence, homophobia, or mental health issues may feel too vulnerable to turn to facilities that have traditionally treated them with dismissal and scorn.

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“Native American LGBTQ and Two Spirit people often deal with historical trauma and then institutional racism in healthcare when they seek treatment for that trauma.”



# UNDERSTANDING TWO SPIRIT IDENTITIES



Another barrier can come from healthcare providers' unfamiliarity with Native American Two Spirit people, also called In-Between People or The Sacred Ones in some tribes. Many people assume the term is synonymous with being LGBTQ, non-binary, or gender non-conforming - but Two Spirit has a specific Tribal meaning that can encompass culture, spirituality, gender, and sexuality.

The term was coined in 1990 to provide a unifying label. But the identity existed long before then, with some tribes possessing their own terms for it. Once, many tribes accepted and respected the Two Spirit community, with some Two Spirit people playing ceremonial and leadership roles. However, European colonization erased those identities and roles, along with much of Tribal culture. Today, many Two Spirit people find themselves singled out for violence and, like other Native American LGBTQ2 people, dealing with institutional racism from healthcare systems when they seek treatment for their trauma.

**The good news: To better serve their community, Indigenous lesbian, gay, bisexual, and transgender people have created healthcare resources and social programs.**

Today, Two Spirit national and regional gatherings focus on reviving lost traditions and ensuring Two Spirit children and young adults receive the correct Tribal teachings for their identity as they grow up. Other conferences focus on celebration, awareness, healing, and transformation for LGBTQ<sub>2</sub> Native Americans. Healthcare activists have also identified cultural and clinical practices that can help create a more welcoming and effective healing environment for patients seeking care.





# ADAPTING HEALTHCARE FOR A DIVERSE WORLD

Resilience, wellbeing, and generational change don't happen in a vacuum. Efforts to improve social determinants of LGBTQ2 health can help mitigate disparities. Measures like stronger antibullying initiatives in school, legislation on employment and housing rights, and supportive social resources for LGBTQ2 youth and elders can all help build a more stable foundation for gender and sexual minorities of every age.

But in the end, the onus is on the healthcare industry to change its practices, from care delivery to clinical research to payer policies. The most significant practice: the adoption of culturally aligned care.

A recent report on gender and sexual violence against Indigenous people found that 85% of respondents preferred to access services specifically designed for Indigenous people. One survivor mentioned that "Cultural teaching would improve services because non-cultural classes and counseling did not help." For this reason, a Native American lesbian cancer patient or an Indigenous Two Spirit person seeking substance abuse treatment may not fare well even in facilities and programs designed to welcome LGBTQ2 people. Some patients may view their recovery as a matter of spiritual, physical, emotional, and cognitive health - and look for treatment that can address all of those components.

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*85% of Indigenous patients prefer to access clinical services specifically designed for Indigenous people*



# 6 STEPS TO BETTER LGBTQ<sub>2</sub>+ HEALTHCARE



#1. Collect sexual orientation and gender identity (SOGI) data in health surveys and patient visits to better identify health disparities.

#2. Appropriately document a patient's sexual orientation or gender identity to anticipate potential needs and strengthen patient engagement.

#3. Train medical students in LGBTQ<sub>2</sub> health issues and culturally competent care.

#4. Create supportive and knowledgeable healthcare environments, from health screenings to pronoun use.

#5. Increase access to health insurance, behavioral care, and LGBTQ<sub>2</sub>-friendly services.

#6. Share public health campaigns for preventive care, mental health, and STI education.



# BEST PRACTICES

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## **Incorporating traditional therapies and culturally focused activities.**

While these will vary between Tribal nations, culturally relevant services might include:

- Storytelling
- Ceremonial services
- Weaving and beading circles
- Tribal language classes
- Two Spirit talking circles
- Native youth camps
- Traditional foods
- Family-based services
- Indigenous birth ceremonies
- Cultural heritage days

## **Community involvement.**

The most effective healthcare programs are grounded in cultural and community events. Local elders are the most reliable resource for Tribal history, language, knowledge, and practices; using community vendors at events, or involving spiritual healers in treatment, can build patient trust and positive community relationships.





# BEST PRACTICES

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## **Trauma-centered care.**

All staff should be fluent in the meaning of historical trauma and integrate that knowledge into their practices and treatment.

LGBTQ2 Native Americans should receive trauma-centered care as a foundational part of their treatment, rather than having to “opt in” as someone affected by historical trauma.

## **Culturally competent staff.**

Plenty of cultural competence training exists, but facilities should go beyond that to recruit diverse clinicians and offer professional development on locally relevant Native American health disparities and traditions.

Most Tribal organizations offer cultural workers who can provide that information, while traditional healers can help facility leaders adapt care delivery methods to build patient trust.





## BUILDING A SAFER AND STRONGER FUTURE FOR LGBTQ<sub>2</sub> NATIVE AMERICANS

No disadvantaged community can thrive until the healthcare industry understands and addresses their medical and behavioral needs. Treating a Two Spirit patient or designing a preventive care outreach program for the lesbian community may be new territory for some providers. But a more proactive understanding of LGBTQ<sub>2</sub> issues will inform a fair and compassionate healthcare system that helps patients live their truth with confidence, safety, and strength.



# START YOUR HEALTHCARE TRANSFORMATION TODAY

Contact us to find out how Tribal Health's medical and behavioral expertise can make a lasting impact in your Indigenous community.

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# TRIBAL HEALTH

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