

# Health Care Considerations for Two Spirit and LGBTQIA+ Indigenous Communities

# INTRODUCTION

This publication is designed to support health centers in providing affirming care and services for Two Spirit and LGBTQIA+ American Indian/Alaska Native (AI/AN) people. AI/AN people and LGBTQIA+ people live in and access health centers in urban and rural communities throughout the US.<sup>1</sup> Historical and current stigma, discrimination, and marginalization of these populations place them at increased risk for multiple health disparities.<sup>2-4</sup> This publication will guide health centers in developing a deeper understanding of Two Spirit and LGBTQIA+ AI/AN people by explaining key concepts and terms, exploring the sources and effects of historical trauma, and offering best and promising practices that incorporate Indigenous holistic models of wellness and focus on resilience and protective factors. Additional resources are provided at the end for further reading and learning.

## BY THE NUMBERS<sup>1</sup>

~ **366,770 (1.45%)** health center patients identify as American Indian/Alaska Native.

~ **640,300\* (3.9%)** health center patients report they are lesbian, gay, bisexual, or something else (not straight).

~ **84,780\* (0.4%)** health center patients report a transgender gender identity.

\*Health centers are missing data on the sexual orientation or gender identity of 25%-45% of patients. The actual number of LGBTQIA+ patients is likely much higher.

## Terms and Definitions<sup>5-9</sup>

This is a partial list of terms relevant to Two Spirit and LGBTQIA+ AI/AN communities. Keep in mind that terms and definitions vary across communities and evolve over time.

- **American Indian/Alaska Native (AI/AN):** Refers to people who are members or descendants of the numerous Tribal Nations indigenous to the land that is now called the United States. AI/AN is the race/ethnicity category used by HRSA-funded health centers for Uniform Data System reporting. We recognize that broad categorizations do not capture the rich diversity and unique characteristics, languages, and cultures of the Tribal Nations. People may instead use the terms Native American, Indigenous, Native, First Nation, or the name of their tribe.
- **Two Spirit:** A unifying term that encompasses spiritual, sexual, gender, and cultural identity, and may also relate to a person's community roles and contributions.
- **Traditional:** Describes the cultural practices and traditions of AI/AN people, such as language and ceremony, that are preserved and passed from generation to generation.

- **Settler colonialism:** Systemic oppression and discrimination of an area and the people indigenous to that area. The effects of settler colonialism continue today through institutional and structural racism.
- **Historical trauma:** The accumulation of emotional and psychological harms inflicted on a marginalized group of people over generations.
- **Sex assigned at birth:** The sex (female, male) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Children may also be born with intersex variations that do not clearly align with binary concepts of female or male sex assignment.
- **Gender identity:** A person's inner sense of being a girl/woman/female, boy/man/male, another gender, or having no gender.
  - **Transgender:** An umbrella term used to describe people whose gender identity or gender expression does not align with society's expectations based on the sex they were assigned at birth.
  - **Nonbinary:** Describes a person whose gender identity is beyond girl/woman/female and boy/man/male.
  - **Gender fluid:** Describes a person whose gender identity is not fixed and may feel more aligned with a certain gender some of the time, another gender at other times, multiple genders sometimes, and sometimes no gender at all.
  - **Cisgender:** A term used to describe people whose gender identity aligns with society's expectations based on the sex they were assigned at birth.
  - **Pangender:** Describes a person whose gender identity is comprised of many genders or is beyond cultural parameters that define gender.
- **Sexual orientation:** How a person characterizes their emotional and physical attraction to others.
  - **Lesbian:** A sexual orientation that describes a woman who is primarily emotionally and physically attracted to other women.
  - **Gay:** A sexual orientation that describes people who are primarily emotionally and physically attracted to people of the same sex and/or gender as themselves. Commonly describes men who are primarily attracted to men, but can also describe women attracted to women.
  - **Bisexual:** A sexual orientation that describes a person who is emotionally and/or physically attracted to people of all genders.
  - **Queer:** An umbrella term that describes people who think of their sexual orientation as outside of societal norms. Queer can also refer to gender identity beyond societal norms.
  - **Pansexual:** A sexual orientation that describes a person who is emotionally and physically attracted to people of all gender identities, or whose attractions are not related to other people's gender.
  - **Straight/heterosexual:** A sexual orientation that describes women who are primarily emotionally and physically attracted to men, and men who are primarily emotionally and physically attracted to women.

# KEY CONCEPTS

## The meaning of Two Spirit

Two Spirit describes an Indigenous person who expresses their gender identity, spiritual identity, or social role in a traditional, non-Western way. The term Two Spirit was developed by LGBTQIA+ AI/AN activists in 1990 as a way to unify tribal traditions that historically embraced diversity and fluidity of gender identities and sexual orientations. Each tribal community, of which there are well over 500, has unique culture, language, and traditional practices. AI/AN tribal languages may use various terms to describe Two Spirit people.<sup>5-8</sup> Table 1 provides a few examples of these terms.

TABLE 1: TWO SPIRIT TERMS <sup>7</sup>		
TRIBE	TERM	TRANSLATION
Diné (Navajo)	Nádleehi (feminine male) Dilbaa (masculine female)	Permanently changing; one who changes
Lakota	Winkte	Wishes or wants to be like a woman
Wazhazhe (Osage)	Mixu'ga	Instructed by the moon
Anishinaabe (Ojibwa)	Ogichi daa kwe	Warrior-woman

## Two Spirit and the LGBTQIA+ community

LGBTQIA+ refers to lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minorities. Two Spirit—written in acronym form as 2S—sometimes appears as part of the LGBTQIA+ umbrella (e.g., 2SLGBTQIA+ or LGBTQIA+2S), but Two Spirit and LGBTQIA+ have separate social and cultural histories. Some AI/AN people who identify as LGBTQIA+ describe themselves as Two Spirit, but not all Two Spirit people identify as part of the LGBTQIA+ community. AI/AN people may be more likely than people of other backgrounds to report fluid gender identities and sexual orientations.

### KEY POINTS TO KEEP IN MIND:

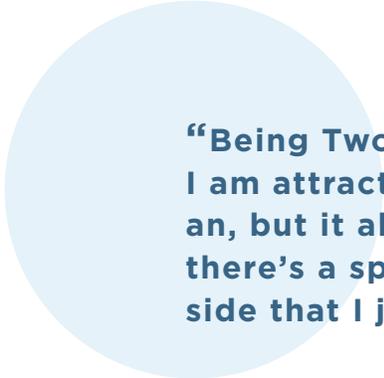
- The term Two Spirit was created by and for AI/AN people. The term should not be used to describe a non-AI/AN person.
- Definitions of Two Spirit have evolved over the years, and the terminology may mean different things to different people.
- Two Spirit is distinct from Western categorizations of sexual orientation and gender identity.

## Traditional tribal roles of people with expansive genders

Historically, many tribal communities often revered people with varied and expansive genders as spiritual leaders, healers, warriors, decision-makers, peace makers, teachers, and artisans. Some tribal communities even held “coming out” celebrations and ceremonies for young gender-diverse people.<sup>5</sup>

Examples of leaders from the 19th Century include:<sup>7</sup>

- **Woman Warchief** — Apsáalooke (Algonquin, Crow): Woman Warchief was a hero and leader in marksmanship and hunting competitions (traditionally considered “male” roles). She had four wives.
- **Osh-Tisch** — Apsáalooke (Crow): Osh-Tisch lived as female during peace time and as a third gender in war. They fought in war dressed as a male.
- **Lozen** — Chihenne Chiricahua (Apache): Lozen was a renowned warrior and medicine woman who identified as male.



**“Being Two Spirit kind of goes beyond my sexuality. I am attracted to women, prefer to be with a woman, but it also is more about who I am as a person... there’s a spiritual side to it... There is a spiritual side that I just can’t find words for.”<sup>10</sup>**

## Historical trauma and social and health inequities

*Settler colonialism* (systemic oppression and discrimination of an area and the people indigenous to that area) led to tremendous loss of traditional ways of living, including family and community structures, among AI/AN peoples. Early settler policies and practices led to the genocide of millions of indigenous peoples and forced the survivors to relocate their homes. Further traumatization occurred through the removal of hundreds of thousands of AI/AN children from their homes into boarding schools for the purposes of assimilation. These schools harshly mistreated children, indoctrinated them with non-Indigenous cultural and religious values, and undermined cultural acceptance of gender expansive people. As a consequence of colonialism and forced assimilation, some AI/AN people today confront anti-LGTBQIA+ attitudes in their communities. Two Spirit and LGBTQIA+ AI/AN people may thus feel a need to hide their Two Spirit identity from their families and communities, although acceptance is increasing.<sup>11</sup>

*Historical and intergenerational trauma*, in the words of Dr. Maria Yellow Horse Brave Heart, is the “collective emotional and psychological injury both over the lifespan and across generations, resulting from a cataclysmic history of genocide.”<sup>12</sup> In response to historical trauma, each generation of AI/AN people continue to experience a high burden of physical and behavioral health challenges. Though many individuals respond to trauma with resilience and strength, many also carry feelings of shame, survivor guilt, anxiety, low self-esteem, anger, sadness, suicidal and self-destructive behavior, and despair. Many also harbor deep mistrust of western medical providers and systems.<sup>8</sup> For Two Spirit and LGBTQIA+ AI/AN people, this trauma is often further exacerbated by homophobic and transphobic attitudes and policies. Trauma, stigma, and discrimination directly and indirectly affect the psychological and physical health of people through complex pathways.<sup>13</sup>

## Social and political determinants of health

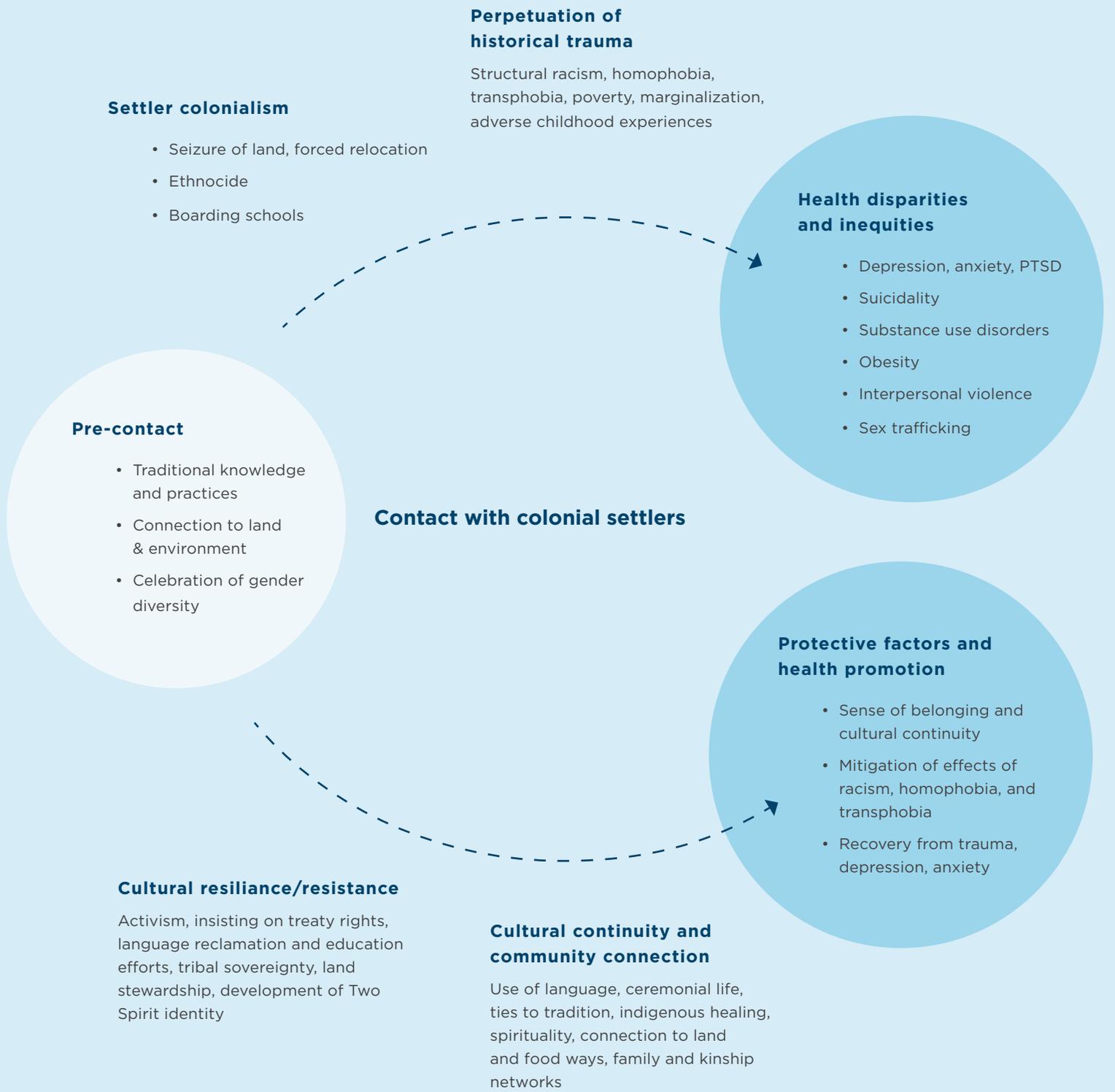
Historical trauma combined with current discriminatory policies also increases risk among Two Spirit and LGBTQIA+ and all AI/AN people for poverty, unemployment, unstable housing, homelessness, and other social and political determinants of health. Data collection on the socioeconomic status and civil rights of Two Spirit and LGBTQIA+ AI/AN people found that:<sup>14,15</sup>

- 55% experienced food insecurity
- 23% lived in extreme poverty
- 53% had no telephone
- 6% of transgender respondents experienced job discrimination

## Protective factors and resiliency

For many Two Spirit people, community involvement, family support, and having a strong, positive cultural identity can help mitigate the effects of historical trauma. According to indigenous healers, culture serves as the most important “medicine” for promoting health. Therefore, AI/AN individuals may gain resiliency and strength through engaging in indigenous healing practices, activism, and use of language or language reclamation, connecting with elders, and being involved in ceremonial life and traditional activities. Two Spirit organizations or gatherings may also provide a greater sense of community and belonging. Each tribe’s cultural continuity, the building and connection of a community’s shared past with the present and future, contributes to an increased sense of self-efficacy and improved health outcomes.<sup>16-19</sup>

**Figure 1** illustrates how historical trauma can produce health inequities among Two Spirit and LGBTQIA+ AI/AN people, while cultural resilience and community connection offer protection.



**FIGURE 1.** Illustration of how historical trauma produces health inequities, and how cultural resilience protects and promotes health among Two Spirit and LGBTQIA+ AI/AN people.<sup>6,10,14-19</sup>

# STRATEGIES AND OPPORTUNITIES FOR HEALTH CENTERS

Health centers and their providers are well positioned to promote health equity and provide culturally responsive, trauma-informed care for Two Spirit and LGBTQIA+ AI/AN people. The following sections describe strategies for using a strengths-based approach to enhance resilience, apply Indigenous healing models, and honor gender expansiveness and fluidity.

## Building trust and positive relationships with patients

Due to gaps in medical education, health care providers may have limited training in providing affirming care for LGBTQIA+ patients. They also may lack training or exposure to the traditions, cultures, and languages of AI/AN people. Still, health care providers have a responsibility to affirm Two Spirit and LGBTQIA+ patients and advocate on their behalf. When caring for Two Spirit and LGBTQIA+ AI/AN people, health centers and providers must be aware of and counterbalance the exclusion, discrimination, and stigma that many patients have experienced.

Strategies to enhance the patient-provider relationship with Two Spirit and LGBTQIA+ AI/AN people include the following:

### ***Self-Education and Reflection***

- Learn about Two Spirit and LGBTQIA+ terms and concepts, but avoid making blanket assumptions about what a Two Spirit or LGBTQIA+ identity might mean to an individual patient. Remain curious without expecting the patient to educate you beyond what the patient believes is relevant to their health care.
- Explore your implicit biases about LGBTQIA+ people and AI/AN people. Everyone has unconscious biases. Work to identify, prevent, and address biases and microaggressions (statements, actions, and body language that communicate a stereotypic message about a marginalized group of people).

### ***Recognition and Understanding***

- Realize the role of historical trauma and settler colonialism on the mental and physical health of AI/AN people.
- Recognize the impact of stigma and bias against Two Spirit and LGBTQIA+ AI/AN folks on mental and physical health.

### ***Appreciation and Celebration***

- Appreciate patients as a whole person and not just a single identity. For some people, AI/AN identity may take precedence over a Two Spirit or LGBTQIA+ identity; others may feel equally attached to both identities; still others may align more with another aspect of their identity, such as their occupation or family role.
- Celebrate the expansive and fluid views of gender and sexuality traditionally embraced by AI/AN communities; also recognize that settler colonialism's influence on AI/AN cultures has diminished or eliminated reverence of Two Spirit people in many AI/AN communities. It is important to acknowledge that views may vary by tribe and/or geography.
- Recognize that patients may integrate traditional healing methods into their health care, and demonstrate respect for these practices.
- Understand that pride in cultural identity and connection to one's tribal community can serve as an avenue for healing and resiliency for many AI/AN people. Assist patients in finding ways to enhance social support from family and community members.

### ***Communication***

- Follow the general communication principles applied to the health care of all LGBTQIA+ people. For example, ask all patients for their pronouns and name to be used by health center staff. Avoid making assumptions about a person's sexual orientation, gender identity, sexual partners and behaviors, and desire for gender-affirming treatments.
- Practice active listening and set up clinical spaces that facilitate discussion – for example, sit facing the patient without a laptop or desk between you.
- Ask for consent and explain confidentiality policies.
- Be transparent with patients about structural and systemic barriers to care, such as insurance codes requiring certain documentation and limitations with coding gender identities in electronic health records.

## Providing patient-centered care

**Case:** Rudy is a Two Spirit 18-year-old (pronouns they/them) who presents for asthma follow-up. Rudy reports a lack of interest in using their medication, despite being hospitalized recently for asthma. Further exploration reveals that Rudy has been feeling hopeless and sad much of the time. They live on a nearby reservation with their mother and older brother, who accompanied Rudy today and are in the waiting room. They attend the local public high school instead of the school on the reservation and will be graduating this year. Their brother teases Rudy and believes that their gender fluidity makes it more difficult for them to fit in and that “it’s bad enough we have to ride a bus from the res.” Rudy reports that they do not know where they belong. Part of them does not fit wherever they try to go for support – on the reservation, at LGBTQIA+ community groups, or with their high school classmates. Rudy is not in counseling, and reports that their mother has suggested Rudy go to a traditional healer to help restore Rudy’s balance and alignment with the world.

### ***Culture as Treatment***

Rudy is a composite example of a young person struggling to find a sense of belonging and safety that embraces their intersecting identities as AI/AN, Two Spirit, high school student, family member, and tribal community member, among others. Rudy’s ability to take care of their health has likely been impacted by the stress and depression that arises from bullying and isolation. How can Rudy’s primary care provider help to foster Rudy’s resilience, social support, mental health, and self-acceptance?

Strategies that Rudy’s provider can apply include:

- Use the approaches above to build trust and enhance communication. For example, encourage Rudy to explore and embrace historical conceptions of Two Spirit people and gender fluidity.
- Use a trauma-informed approach to care that recognizes and responds to the effects of the past and current impacts of historical trauma.
- Promote Rudy’s autonomy and self-advocacy by encouraging them to participate in making decisions and setting goals for their health care.

- Validate the use of traditional medicine, such as the methods proposed by Rudy's mother, as an important component of health care.
- Encourage Rudy's connections to their cultural heritage and community ties.
- Screen Rudy further, or refer to evaluation, for depression and symptoms of posttraumatic stress, using validated screening tools and a trauma-informed approach.
- Refer Rudy to a mental health counselor who is known to use an inclusive and affirming approach with patients; ideally this counselor has experience with gender fluid patients and AI/AN patients.
- Provide a list of in-person and online resources that provide supportive environments for Two Spirit people.

## Providing gender-affirming treatment

A Two Spirit, transgender, or gender diverse person may or may not want to access gender-affirming hormone therapies and surgeries. Although it is important to ask about a patient's interest in treatments, do not assume a patient wants access to any medical interventions. Keep in mind that Two Spirit and gender diverse people do not follow a particular path and often have non-linear, fluid identities. Their interest in treatments can change over time. Taking an inventory of currently present organs with all patients and documenting this in the electronic medical record is important for making clinical decisions about preventative screenings.<sup>20</sup>

## Making systems-level changes

Health centers can make small but important steps to create affirming clinical environments for Two Spirit and LGBTQIA+ people. Strategies include:

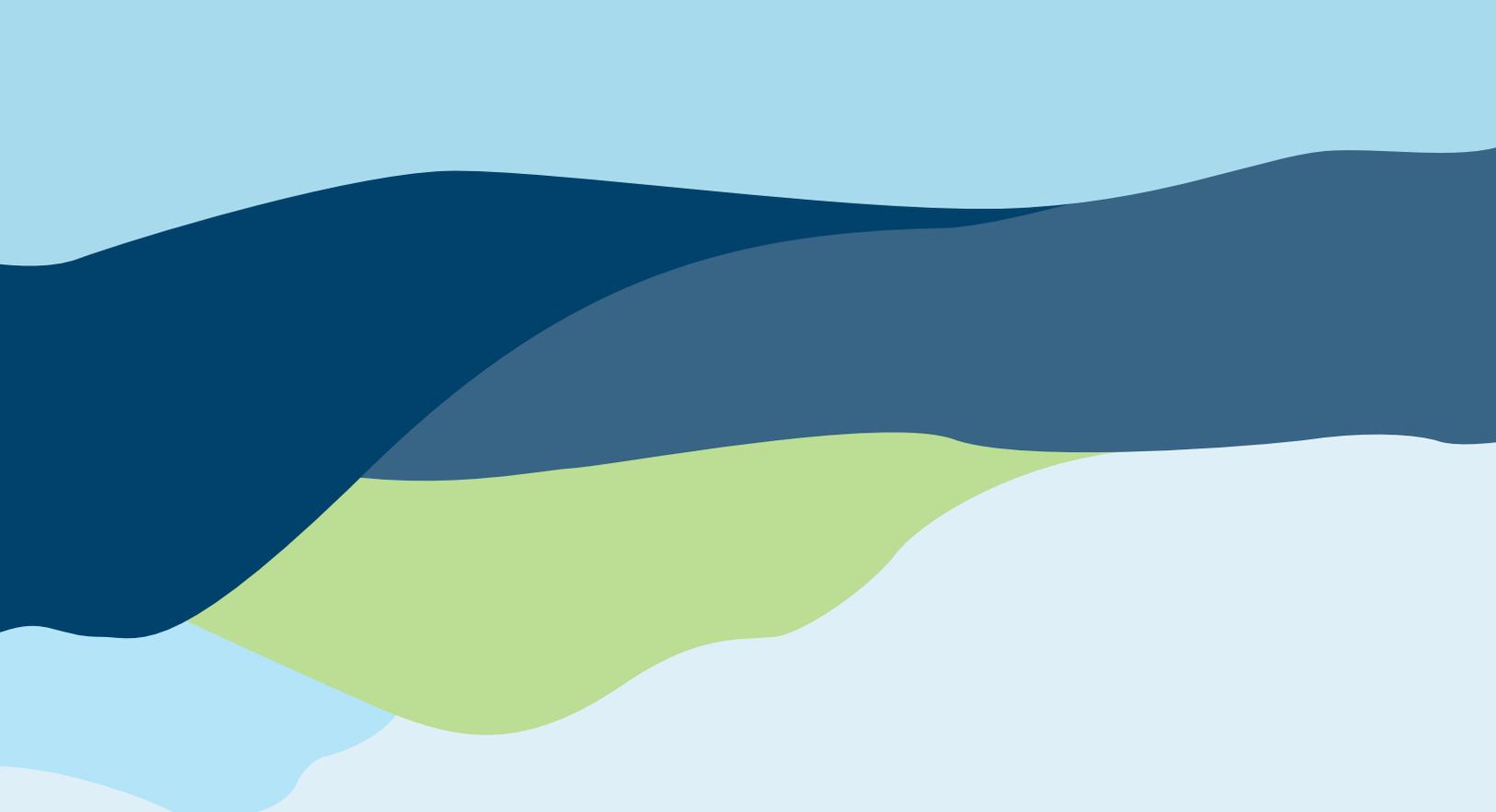
- Train all staff in providing affirming care and communication for LGBTQIA+ people.
- Train all staff in providing culturally responsive care for Black, Indigenous, and all people of color.
- Screen all patients for social determinants of health, depression, trauma (including historical trauma), and substance use, and provide services, case management, or referrals as appropriate.
  - Ensure that the organization has the capacity to respond to and address trauma.
- Develop partnerships with local tribal communities to provide services and programs that best serve people in the communities. Work to build upon and support programs already in existence, supporting community strength.

## Resources

<a href="#">Celebrating Our Magic Toolkit</a>	Resources for Two Spirit and transgender AI/AN youth, their relatives and families, and their healthcare providers
<a href="#">Indigenizing Love: A Toolkit for Native Youth to Build Inclusion</a>	A toolkit for supporting AI/AN youth, tribal communities, and partners who intend to better understand and support Two Spirit and LGBTQIA+ communities
<a href="#">“There’s Heart Here” Documentary</a>	Personal stories of resilience by Two Spirit and LGBTQIA+ AI/AN people
<a href="#">Trans &amp; Gender-Affirming Care in IHS/Tribal/Urban Facilities: 2020 Strategic Action and Vision Plan</a>	A strategic plan for the Indian Health Service (IHS), tribal, and urban Indian clinics to provide gender-affirming care to their patients.
<a href="#">Traditions of Health Culturally Relevant Integration Model</a>	A tool for implementing organizational changes to create culturally specific, integrated systems of wellness for Urban Indians. Although designed for Urban Indian Health Organizations in California, this tool has resources and recommendations relevant for health centers.
<a href="#">Native Out</a>	Non-profit organization focused on education, acceptance, outreach, visibility, wellness, and advocacy for Two Spirit and LGBTQIA+ AI/AN people.
<a href="#">National LGBTQIA+ Health Education Center</a>	<p>Training programs, online learning, consultation, and best and promising practices for providing inclusive and affirming care and services for LGBTQIA+ people. See especially:</p> <ul style="list-style-type: none"><li>• <a href="#">Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People</a></li><li>• <a href="#">Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff</a></li><li>• <a href="#">Providing Affirmative Care for Patients with Non-binary Gender Identities</a></li><li>• <a href="#">Learning to Address Implicit Bias: Case Scenarios</a></li><li>• <a href="#">Addressing Implicit and Unconscious Bias</a></li><li>• <a href="#">Trauma Informed Care for LGBTQIA+ People</a></li><li>• <a href="#">Social Determinants of Health for LGBTQIA+ People Part 1</a></li><li>• <a href="#">Social Determinants of Health for LGBTQIA+ People Part 2</a></li></ul>

## References

1. Health Resources and Services Administration. Uniform Data System. [Health Center Program Data](#); 2019.
2. McKinley CE, Spencer MS, Walters K, Figley CR. Mental, physical and social dimensions of health equity and wellness among U.S. Indigenous peoples: What is known and next steps. *J Ethn Cult Divers Soc Work*. 2020;30(1-2):1-12.
3. Branstrom R, Hatzenbuehler ML, Pachankis JE. Sexual orientation disparities in physical health: age and gender effects in a population-based study. *Soc Psychiatry Psychiatr Epidemiol*. 2016;51(2):289-301.
4. Branstrom R, Pachankis JE. Sexual orientation disparities in the co-occurrence of substance use and psychological distress: a national population-based study (2008-2015). *Soc Psychiatry Psychiatr Epidemiol*. 2018;53(4):403-412.
5. Western States Center. [Indigenizing love: A toolkit for native youth to build inclusion](#); 2019.
6. Veracini L. Understanding colonialism and settler colonialism as distinct formations. *Interventions*. 2014;16(5): 615-633.
7. Angelino A. [Celebrating Our Magic: Resources for American Indian/Alaska Native transgender and Two-Spirit youth, their relatives and families, and their healthcare providers](#). Seattle Children's Hospital Center for Diversity and Health Equity, Northwest Portland Area Indian Health Board; 2019.
8. California Consortium for Urban Indian Health. [Traditions of health: Culturally relevant integration model](#); 2015.
9. National LGBTQIA+ Health Education Center. [Glossary of terms for health care teams](#); 2020.
10. Walters KL, Evans-Campbell T, Simoni JM, Ronquillo T, Bhuyan R. "My Spirit in My Heart": Identity experiences and challenges among American Indian two-spirit women. *J. Lesbian Stud*. 2006;10(1-2):125-149.
11. Evans-Campbell T, Walters KL, Pearson CR, Campbell CD. Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska natives. *Am J Drug Alcohol Abuse*. 2012;38(5):421-427.
12. Brave Heart MYH. The return to the sacred path: Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention. *Smith College Studies in Social Work*. 1998;68(3):287-305.
13. Angelino A, Evans-Campbell T, Duran B. Assessing health provider perspectives regarding barriers American Indian/Alaska Native Transgender and Two-Spirit youth face accessing healthcare. *J Racial Ethn Health Disparities*. 2020;7(4):630-642.
14. National Congress of American Indians Policy Research Center. [A spotlight on Two Spirit \(Native LGBT\) communities](#).
15. University of North Dakota School of Medicine & Health Sciences. National Indigenous Elder Justice Initiative Center for Rural Health. [Two Spirit Elders Resources and Information Guide](#).
16. Tuck E, Yang Kw. Decolonization is not a metaphor. *Decolonization: Indigeneity, Education, & Society*. 1(1):2012.
17. Richmond CAM, Ross NA. The determinants of First Nation and Inuit health: a critical population health approach. *Health Place*. 2009;15(2):403-411.
18. Evans-Campbell T. Historical trauma in American Indian/Native Alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities. *J Interpers Violence*. 2008;23(3):316-38.
19. Elm JH, Lewis JP, Walters KL, Self-JM. "I'm in this world for a reason": Resilience and recovery among American Indian and Alaska Native Two-Spirit women. *J Lesbian Stud*. 2016;20(3-4):352-71.
20. Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems. *J Am Med Inform Assoc*. 2021;28(11):2531-5.



## ACKNOWLEDGEMENTS

This publication was developed in collaboration with the Paths (Re)Membered Project, Northwest Portland Area Indian Health Board, and Alessandra Angelino, MD, MPH, University of North Carolina School of Medicine, and Jack Bruno, BA, Tufts University, The Fenway Institute. We are supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards as follows: U30CS22742 totaling \$700,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).