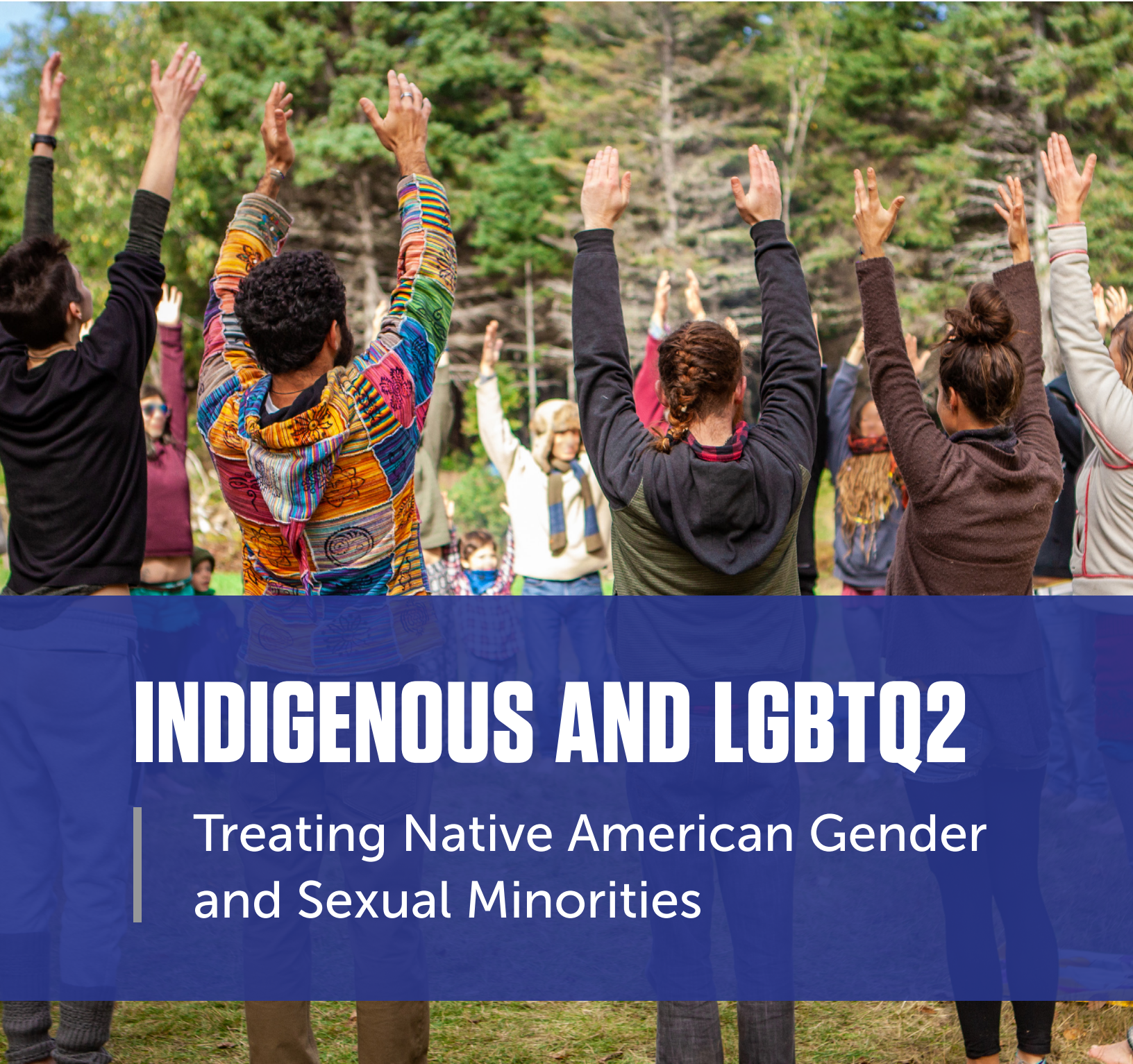




TRIBAL
HEALTH



INDIGENOUS AND LGBTQ2

Treating Native American Gender
and Sexual Minorities

INDIGENOUS AND LGBTQ2

TREATING NATIVE AMERICAN GENDER AND SEXUAL MINORITIES



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.

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.

LGBTQ+ Health Disparities

Homophobia and discrimination have long been associated with [high rates of psychiatric disorders, substance abuse, and suicide](#). **There's a good reason for that:** Violence, social ostracism, and discrimination in employment and housing can have a strong impact on people from adolescence to old age. LGBTQ2 youth [are more likely to be homeless](#) than other kids and are 2 to 3 times more likely to attempt suicide. 30% of [LGBTQ seniors avoid medical care](#) because of past discrimination; 1 in 10 have been neglected by a caregiver because of their orientation.

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 colleagues and community. The LGBTQ2 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.

In fact, the LGBTQ2 community has a [high rate of alcohol dependence and tobacco use](#) because bars and clubs have so often felt like their only safe havens. While LGBTQ2 people don't all share the same issues, healthcare providers can help patients by being aware of some common health disparity patterns.

- ▶ 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.

Being Native American and LGBTQ2

Native LGBTQ2 people are often [targets of brutality](#). One in three [LGBTQ2 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 respondents who identified as American Indian or Alaska Native reported being sexually assaulted. 60% said they had been denied equal treatment, verbally harassed, or physically attacked in the past year.

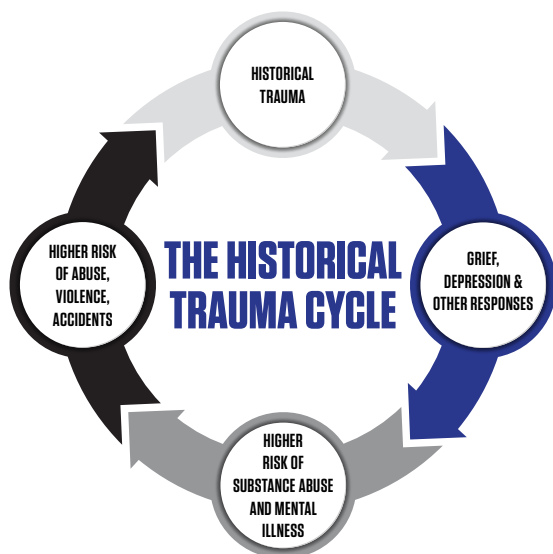
Like other Indigenous people, Native Americans experience not only traumatic stress responses from current life experiences, but historical trauma. Cumulative and collective, historical trauma is the pain reverberating across generations from earlier violations. Forced assimilation, colonialization, and dispossession has 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.



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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. Traditional victim services and shelters may fail to do outreach in Tribal communities and can feel unwelcoming to Indigenous people in crisis.

The end result is catastrophic: 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.



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 and common understanding. But the identity existed long before that, 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 a ceremonial and leadership role. However, European colonization erased those identities and community 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 medical providers 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. 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 LGBTQ2 Native Americans.

Healthcare activists have also identified cultural and clinical practices that can help create a more welcoming and effective healing environment for this community.

6 Best Practices to Close LGBTQ2 Care Gaps

- ▶ Collect sexual orientation and gender identity (SOGI) data in health surveys and patient visits to better identify health disparities
- ▶ Appropriately document a patient’s sexual orientation or gender identity to anticipate potential needs and strengthen patient engagement
- ▶ Train medical students in LGBTQ2 health issues and culturally competent care
- ▶ Create supportive and knowledgeable healthcare environments, from health screenings to pronoun use
- ▶ Increase access to health insurance, behavioral care, and LGBTQ2-friendly services
- ▶ Share public health campaigns for preventive care, mental health, and STI education

Adapting Healthcare for a Diverse World

The Primacy of Culture-Centric Care

Resilience, wellbeing, and generational change don't happen in a vacuum. Efforts to improve social determinants of LGBTQ2 health can help mitigate many of the disparities for this community. 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.

In practical terms, building patient trust and strengthening recovery means:

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
- ▶ Care packages with 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.

Practice 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 needs. Most Tribal organizations offer cultural workers who can provide that information, while traditional healers can help facility leaders adapt care delivery methods to be more effective.

Building a Safer and Stronger Future for LGBTQ2 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 LGBTQ2 issues should be a foundational part of a fair and compassionate healthcare system that helps patients live their truth with confidence, safety, and strength.



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info@tribalhealth.com



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