

**Our Relatives Said:**

**A Wise  
Practices  
Guide**



**Voices of Aboriginal Trans-People**

## **MORE INFORMATION AND REFERRALS**

We appreciate that some people might be better equipped – more staff, time, space, mandate – to support the Trans-community than others. There are more materials available on the 2spirits.com web-page, where it is easily accessible. It includes a list of Trans-serving organizations and resources where more information can be accessed and referrals directed. An annotated bibliography of relevant references collected and cited within the text of this manual is available to print from the 2spirits.com web-page. This manual does not contain an exhaustive list of everything you always wanted to know about Trans people but were afraid to ask. Please also see the Link Page on the last page of this manual.

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### **2-Spirited People of the 1<sup>st</sup> Nations**

[www.2spirits.com](http://www.2spirits.com)

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#### **Mission Statement**

2-Spirited People of the 1<sup>ST</sup> Nations is a non-profit social services organization whose membership consists of Aboriginal gay, lesbian, bisexual and Transgender people in Toronto. The 2-Spirits organization's programs and services include: HIV/AIDS education; outreach; prevention; support and counselling for 2-Spirited people and others living and affected by HIV/AIDS.

#### **Vision**

To create a space where Aboriginal 2-Spirited people can grow and come together as a community, fostering a positive image, honouring our past and building a future. Together we can work toward bridging the gap between Aboriginal Transgender communities and our Aboriginal identity.

#### **Project Coordinator**

Trevor Stratton

#### **Book Design and Layout**

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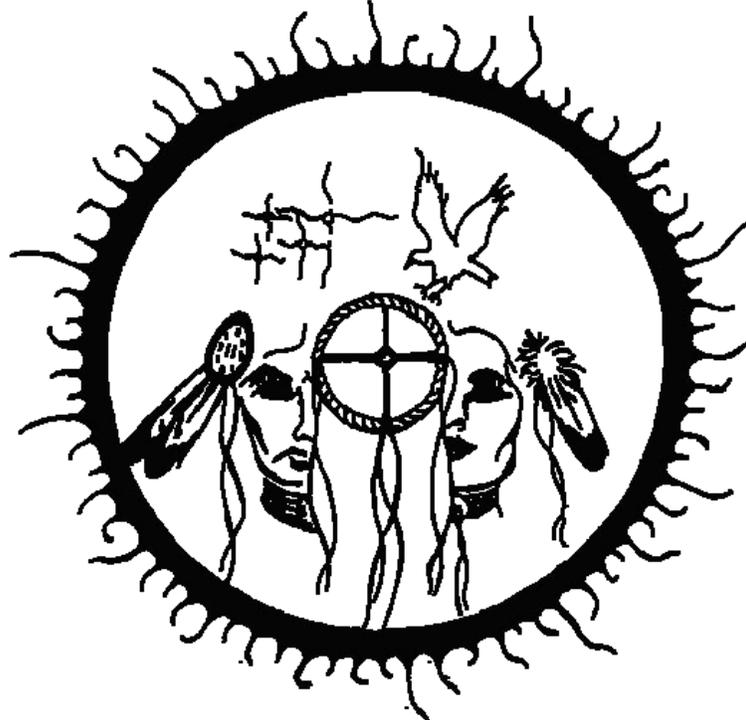
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- \* 519 Church Street Community Centre – Alec Butler
- \* Sherbourne Health Centre – Anna Travers
- \* Hassle Free Men and Women's Sexual Health Clinic – Rebecca Hammond
- \* Ontario Aboriginal HIV/AIDS Strategy – LaVerne Monette
- \* 2-Spirited People of the 1<sup>st</sup> Nations – Art Zoccole, Corena Ryan

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## **Trans-People's Bill of Rights: Access to Services**

Trans-People have the right to:

- Not be condemned or judged for who they are
- Expect service providers to be sensitive and knowledgeable about Trans-people and act in the best interest of the Trans-person's needs
- Be informed of the laws, rules and policies affecting the operation of the service provider and to be informed in writing of the procedures for initiating complaints about the service provider
- Use legal avenues to protect against discrimination
- Be dealt with by the service provider in a courteous and respectful manner and to be free from mental, physical and financial abuse by the service provider
- Have his or her records kept confidential in accordance with the law
- Be dealt with by the service provider in a manner that recognizes the Trans-person's dignity and privacy and that promotes the Trans-person's autonomy
- Be given quality health care as guaranteed in the treaties of Canada and those given to citizens of Canada
- Give or refuse consent to the provision of any community service
- Live a free and dignified life, including having the right to meet basic human needs such as decent housing and income security
- Freely choose where to live and reside
- Information about the community services provided to Trans-people and to be told who will be providing the community services
- Access to Spiritual teachers and participate in ceremonies as children of the Creator.



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## *Introduction*

This manual is about identifying needs faced by Aboriginal Trans-people, honouring their stories and experiences, and what they



said they need in order to find a more welcoming and supportive place in society. There are two main audiences: one is an Aboriginal audience who can benefit from understanding Trans-cultural needs and issues; the other is a non-Aboriginal audience who needs to understand Aboriginal cultural needs and issues.

The steps taken to develop this manual include a steering committee which guided the work. In addition, focus groups with Aboriginal Trans-people were used to capture what they said and what they need. Related literature was also reviewed to help add context to what was being collected.

It is hoped, that anyone who reads this manual will understand that many of the things we take for granted, like using a public washroom or being treated fairly when accessing services, are not always the case for Aboriginal Trans-people. When we remember our Traditional teachings, we are reminded that we were all put here on this earth for a reason. We are all related, and it is in this worldview that we offer this booklet to help understand and make changes in how we view Aboriginal Trans-people.

Unfortunately no female-to-male trans participants were recruited for the focus groups for this document. For a helpful, sexual health guide for female-to-male trans people, please refer to a publication called “Primed: The Back Pocket Guide for Transmen & The Men Who Dig Them”. Website: [www.queertransmen.org](http://www.queertransmen.org)

## *What Do We Mean When We Say Trans-people or Two-Spirit?*

**Trans** (*Trans-gender, Trans-sexual, androgynous, cross-gender, cross-dresser, gender-queer, gender rebel, drag queen, Trans-woman, and too many more to list here* ) Trans has become the most widely used umbrella term to describe people whose gender does not easily fit into the sex categories of our male/female world. The definition of Trans is still in flux. However, for the purposes of service delivery, we can say that being Trans is when someone's gender identity doesn't match their "assigned gender" (gender assigned at birth or assumed by others in society).

A diverse spectrum of gender identity exists within the Trans-person's lived and/or shared experiences. It's really hard to say so perfectly what the definition of trans is because there is so much variety. Trans are from all walks of life and represent all types of people. Most importantly, in a safe environment Trans-people are more likely to tell you who they are.

Being a trans-person does not indicate an individual's sexual orientation. Trans-people can be straight, gay, lesbian, bisexual or asexual just like anyone else. Although gender identity and sexual orientation is not the same thing, these two issues often intersect in trans people.

Rather than understanding trans issues as a "we and they" situation which may perpetuate negative stereotypes, we can embrace working together. Only through a non-judgmental approach and welcoming trans-people as part of the circle in a safe and welcoming environment can we learn more about the Aboriginal trans community. "Gender confusion" can be created when we try to fit Trans people neatly into male/female categories.



## *two-spirit*

(*Two-Spirited*) A generic term used mostly by some First Nations and Métis people to describe from a cultural perspective, people who are known in mainstream as either gay, lesbian, bisexual or intersexed/Trans-gendered. It is used in place of words which may exist in Indigenous languages, such as the Ojokwe (which roughly translates into “wise woman”) in Ojibwe culture. Trans-people can be seen as a diverse spectrum within the Two-Spirit spectrum.

Being Two-Spirited is also viewed by some as going beyond sexual orientation or activity because in most Aboriginal societies, sexual activity and orientation issues were not openly discussed. Some feel the term Two-Spirit is more of a societal role and/or spiritual identity that people, who are now more commonly known as gay/lesbian/bisexual/Trans might have played within Traditional societies, such as mediators; keepers of certain ceremonies; transcending the accepted roles of men and women in many cases filling the roles an established middle gender. It is generally accepted in the ongoing dialogue within the “two spirit” community that the term was picked because of the historically spiritual aspect of being two spirit which was not encompassed in the other terms such as gay, lesbian etc.

### *What Is This Booklet About?*

This resource was developed with health care, treatment, support, and prevention practitioners in mind. This is a resource about delivering appropriate health care, treatment, and support to Aboriginal Trans-people.

While perhaps uncommon, Trans-people are not a ‘modern’ phenomenon. Different gender expressions are documented across cultures and continents over thousands of years – even today some societies maintain the roles of Trans-people in their communities. The image of We’wha may be the most famous historical photograph of an Aboriginal trans person in North America. We’wha, from the Zuni culture in present day New Mexico allowed her exceptional life to be painstakingly documented by anthropologists. For Aboriginal trans people this may be the first or one of the only historical images of an Aboriginal trans person they have ever seen.



Presently, few people have practical knowledge about the unique lived experiences, health issues, and support needs of trans-people and they remain largely misunderstood. Even ‘drag queens’ or ‘doing drag’ is not the same as being a Trans-person, although some drag queens may also identify as being a trans-person. In fact, cross dressing is modern terminology to describe certain groups of people who like to dress in the opposite sex’s clothes—it has mostly nothing to do with trans issues—unless a trans person likes to do this as well.

Trans-people are often targets of acts of violence and discrimination because of appearing ‘different’. Unfortunately, many people react to this difference in insensitive, discriminatory, and sometimes violent ways. Name calling like: “Hey, Drag Queen! You like being a women, eh?” among other derogatory remarks. There is a lot of fear, misunderstanding, and misdirected words which present challenges that Trans-people negotiate every day. Unfortunately, health care, treatment, support, and prevention programs are often challenges to be negotiated too. This booklet is intended to help you think about how you might be better able to accommodate diversity in your own work.

### ***Who Can Use This Booklet?***

We hope this resource will open up discussions between and among all community health practitioners, volunteers, and organizations. People who can benefit from this guide include community health representatives (CHRs), community health nurses (CHNs), youth, educators, school counsellors, community health centers, community outreach workers, service providers dealing with drug and alcohol treatment. Also staff at HIV/AIDS organizations, clinics, doctors and hospital staff, shelters, mental health workers and health care facilities, justice services, and anyone else interested in learning how to better meet the needs of the Aboriginal Trans-community.



This Wise Practices Guide: Voices of Aboriginal Trans People offers an education on traditional roles of Trans-people in the Aboriginal community, and discusses how Trans-people tend to be treated in their home communities today. This guide talks about the holistic health of Aboriginal Trans-people ‘our relatives,’ their experiences with barriers to their wellbeing, and these things can be addressed.

We refer to our Trans-people as ‘relatives’ because, culturally speaking, they are our relatives – we are all part of the circle. This holistic view speaks not in terms of blood-relations, but refers to the spirit-relation or connection that we all have to life, including plants, animals, birds, and one another. Trans-people are part of our extended family and hold a place in the circle. Only when we recognize all of Creator’s expressions of diversity will our circle be strengthened. We all – you, your loved ones and everyone else on Mother Earth – benefit when we talk openly, educate, and work to address the issues and barriers of Aboriginal Trans-people.



**We advocate the development of inclusive practices that truly honor and respect the lived experiences of all individuals presenting for care, treatment, or support for any health issue regardless of the color of their skin, the illness or reason they are seeking care, or how they look and dress.**

## ***Why We Created The Booklet.***

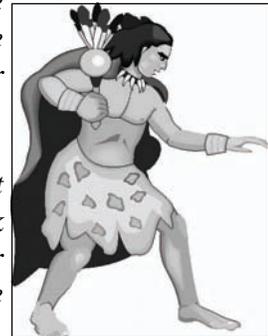
We created this booklet for a number of reasons but it is specifically to give voice to Aboriginal Trans-issues. We also wanted to give health providers, volunteers and organizations in Aboriginal communities' access to tools and resources to support how they care for Aboriginal Trans-people.

Like every population, the Aboriginal Trans-community is diverse and health needs vary greatly from person to person. As with the non-Trans population, there are biological needs, psycho-social needs, socio-economic needs. A holistic approach to the primary care of Aboriginal Trans-people can help address all these. Holistic means to address the emotional, physical, mental and spiritual needs of Trans-people. However, Trans-identity and behaviour is socially stigmatized, leading many Aboriginal Trans-people to maintain an "assigned" or "un-chosen" gender role while keeping their Transgender issues closeted. Experience with Trans-phobia (fear of Trans-people) and discrimination in the health care setting, lack of access to Trans-competent providers and (for some) discomfort with the body can lead the Aboriginal Trans-person to avoid medical care altogether. Aboriginal Trans-people often lack the most basic access to preventive health services and timely treatment of routine health concerns.

For example, as we see in these following quotes from focus group members, there are ways of supporting our relatives who happen to be Trans-people:

*When we have the International Two-Spirit Gatherings [where Aboriginal Trans-people are welcome and honoured], it is a place of safety. At the end (of the gatherings), people break down in tears and realize that the dome of safety is lost, now they have to go back to their environments or on the street.*

*I told him that I'm staying at a women's shelter. He just didn't understand. They told me I had to go to a men's residence. I think they need Trans-people sensitivity training. I'm coming to you for help, don't scare me away. Even some people who work for the city need an education.*



*It's hard. Most people, even elders, chiefs are reluctant to step inside and entertain the thought of two-spirit or Trans-people. Where does that leave us? Do we leave?*

*I was adopted and when I went back up to reserve, they didn't even trust me around their kids because they thought I was a child molester. It went all around the reserve there too. People wanted to tell the band office to tell me to leave. Discrimination hurt me there.*

*I'm a woman and they just don't understand.*

*I heard that [Aboriginal Trans-people] were teachers, medicine people, artists, counselors, dream interpreters, people with open arms who don't push anyone away. I was reading that some of them were wives of chiefs and accepted. I thought I was the only kid like me and everyone says that. None of us knew about 2-Spirit or Trans stuff. In some countries they kill you [for being a Trans-person].*

### ***What Our Relatives Said:***

### **We Are Part of the Circle (Acceptance)**

*I want to go home someday and be myself. I don't want to be seen as a deviant. – Focus Group Member*

***Each province/territory has its own human rights code which would apply in those jurisdictions. Trans-people do have rights and protection. The Ontario Human Rights Code states:***

***“The Code provides for equal rights and opportunities, and freedom from discrimination. The Code recognizes the dignity and worth of every person in Ontario and applies to the areas of employment, housing, facilities and services, contracts, and membership in unions, trade, or professional associations. Individuals who are discriminated against or harassed because of gender identity are legally protected under the ground of ‘sex’. This includes Trans-sexual, Trans-gender, and intersex persons, cross-dressers, and others whose gender identity or expression is, or seen to be, at variance with their birth-identified sex.”***

Aboriginal Trans-people want to be accepted for who they are. They want to be able to come home without fear for their own wellbeing or that of their families. At times they cannot sleep and feel like they have nowhere to turn; they worry and feel like nobody cares about them. Many Trans-people have had negative experiences going beyond discrimination into physical violence and intimidation. For some, being discriminated against can result in depression and anxiety. Fear of experiencing discrimination in the health care system does prevent Trans-people from seeking care, even when they need it.-identified sex.”

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Aboriginal trans-people can look to their cultures and traditions to find acceptance and support. But sometimes it is Aboriginal two spirit peoples who have to teach our elders and healers about our true history. There are stories across many indigenous cultures that reflect fluidity within sexualities and gender roles. People today, can use Aboriginal spirituality to understand the strength of diversity in our culture. Aboriginal trans-people filled many important traditional roles and were not considered ‘deviants’ or abnormal. Understanding this perspective can benefit all of us as it encompasses the whole of human experience instead of trying to “fix and fit” people into the so called ‘normal boxes’.

Because Aboriginal Trans-people are often driven from their communities, shunned by their families, and neglected by community organizations, health services, and even law enforcement, they often feel lonely and isolated. Validating the lived experiences of Trans-people creates safe spaces for conversations that foster understanding. Trans-people want to be able to express themselves with a “feeling of community and an everyday sense of pride [in who they are].”

## **Opening The Circle (*About Fear*)**

*People stare at me wherever I go.... I unnerve them because they can't determine my sex... But to those fueled by hatred and diversity, anyone who cross-dresses or changes their sex is "queer"...and this has been true for many centuries. – Leslie Feinberg, Trans-Gender Warriors*

Homophobia/Trans-phobia is a significant issue in the lives of Aboriginal Trans-people and it serves to increase the stigma and isolation experienced by those who are HIV-positive. Homo/Trans-phobic attitudes and behaviours, such as harassment and/or refusal of services, is discrimination. Aboriginal Trans-people – like anyone - want to feel like they belong.



Many Trans-people feel disconnected from their communities and cultures, often at a young age. Sometimes they are shunned or made to feel unwelcome by members of their home community. Others are forced to live secret lives. Few Aboriginal Trans-people find tolerance or acceptance in First Nations communities, where they are often ostracized and can experience physical violence.

Service Providers need to develop skills to meaningfully address issues facing Aboriginal Trans-people – ideally integrating an Aboriginal cultural perspective. It is particularly beneficial if non-Aboriginal practitioners can demonstrate Aboriginal cultural competence, such as to work with Aboriginal agencies to achieve this goal. This can build a foundation of mutual learning and respect as each person works to understand the perspective of the other. There are many resources available that offer information, activities, and professional development opportunities for enhancing cultural competence – for example, the Canadian Aboriginal AIDS Network, is currently completing a study on cultural competency. [www.caan.ca](http://www.caan.ca)

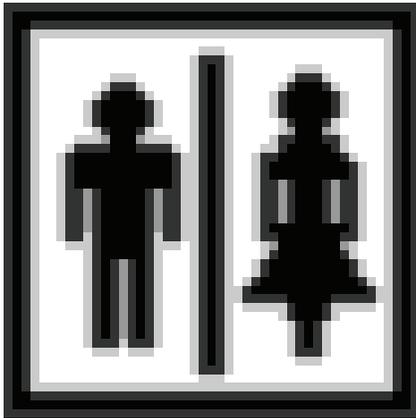
Some key findings from this study show that many Aboriginal people describe services they find most culturally competent as being like a “second family”, where service providers treat them with respect and offer choices. One other observation is that some Aboriginal people have lost a connection to their culture, either because they left their family/community due to violence, abuse, etc. or were adopted out to non-Aboriginal homes. Many describe being diagnosed with HIV as a turning point, and that getting in touch with their cultural roots then helped them to deal with the diagnosis and find strength in Aboriginal spirituality.

Service providers also should not assume that if someone is Trans that they necessarily understand what is happening to them; this is especially the case for young Trans-people. Therefore, it is wise to have information available to Trans-people walking in off the street. In many cases, even a brochure is a start as it demonstrates the organization is willing to raise the issue and that it could be a safe place to disclose. While service providers are responsible for updating and keeping current on a broad number of issues, we believe that it is also important to understand new and emerging service provision barriers and access to service concerns.



## *The Creator Made Us This Way For A Reason (Unisex Toilets)*

*“I was actually charged one time for trespassing for using the women’s washroom. A lot of people from the reserve come to this thing (a dance). I was trying to use the men’s room, which was always a nightmare so the women invited me into the women’s washroom.... I told the judge exactly what happened. I didn’t even use it because I was kicked out.” Focus Group Member*



Things that society takes for granted create barriers for many Trans-people, such as the male-female public washrooms. Here one sees the type of barrier that occurs because our society only recognizes two genders. Having access to public washrooms without threat of social incident, arrest, or even violence should not be so complicated, and the designation of unisex or non-gendered washrooms might be one way to alleviate this social tension. This was in fact one of the main priorities with the focus groups

interviewed.

Outreach services need to work with public facilities, such as malls, libraries, and other buildings to designate washrooms to be similar to family change rooms. This way Trans-people will not have to face discrimination or humiliation simply because they were perceived as using the ‘wrong’ facility. Globally speaking, other countries such as Brazil, have non-gendered washrooms. This only shows great transition to more social inclusion. Designating gender neutral or unisex washrooms is one simple, inexpensive way to create a more Trans-friendly environment.



## Honoring Our Spirit (*Privacy and Confidentiality*)

*“I always feel comfortable going to Sherbourne Health Centre because I know they have lots of Trans-programs and doctors who specialize in Trans medicine. In a small town, I go to a family doctor. It’s awkward and difficult but doctors are supposed to be professional. You know in the back of your head, that he will tell his wife and people will eventually know.” Focus Group Member*



Health facilities and organizations can provide a place where Aboriginal Trans-people are comfortable. One aspect of creating this space is to adopt a non-judgmental approach to working with clients – *all* clients. Trans-people will benefit from this approach too.

Creating safe, private, and confidential environments is a cornerstone of standards of care across health professions. This is particularly important for Aboriginal Trans-people because of the amount of stigma that they encounter in their lives. Aboriginal Trans-people experience social exclusion, discrimination, targeted ‘bashing’, and hate crimes. Aboriginal Trans-people are often ‘on-their-guard’ and at times can be defensive when they attend a health service for the first time. This is a natural response to their negative experiences interacting with other health service providers. This is a way of defending or protecting themselves against any potential stigma or discrimination. Educating and training health services workers in how to be ‘Trans-competent’ is an important first step in creating private and confidential – safe – health service environments.

It is important to be particularly mindful of issues of privacy and confidentiality at several key points including, for example, entrances and exits from buildings, dealing with admissions, visibility in waiting rooms, and discharge procedures.

## **Standing With Our Relatives** *(Non-Judgment & Harm Reduction)*

*“I was sent away because I was too drunk.” Focus Group member*

Drug use is as complex as are the lived experiences of Aboriginal Trans-people. The pain of culture loss, residential schooling, poverty, racism, discrimination, cross-cultural conflicts or a lack of support all add to this complexity and to the reasons some people use substances to cope. Harm reduction approaches have been proven to work – they can support individuals to create more options for themselves and to make less harmful choices in their daily lives.

Usually, discussions about harm reduction revolve around needle distribution, crack pipe distribution programs, methadone treatment, and safe injection site facilities, all of which tend to be controversial when first considered. However, harm reduction, at the core, is about a non-judgmental approach to prevention, care, treatment, and support. Individuals have the capacity to make decisions for themselves, and even if they are small changes, these decisions can positively impact their health. Harm reduction works as it provides individuals with access to resources, whether or not they are using, to protect themselves from further harm. While sometimes complex to integrate into services, it is worth considering how harm reduction might be able to influence your service model.

As noted previously, due to a number of reasons, it is not uncommon for Aboriginal Trans-people to turn to drugs and alcohol to cope. Often, drug use (chaotic substance use) is accompanied by unstable or insecure housing – Aboriginal Trans-people are often living on and off the street. During times of homelessness,

Aboriginal Trans-people need safe places to go and shelters that are sensitive to their issues, whether they are working, experiencing attacks, getting cold during a harsh winter, using drugs, or being threatened. Trans-people need shelters that will accommodate them (most shelters are designated male or female) and provide a safe space. Also, some shelters which use harm reduction approaches could be established that serve individuals regardless of whether they are sober or not. Is it safer in the shelters than it is out on the streets?



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For Trans-people who are in the sex trade, shelters might consider providing additional support through specific programming for Trans-sex trade workers. For example, establishing a “sign-in sheet” to keep track of who has left and who has come back to the shelter and a process of response if someone is missing. Also, in response to the number of Trans-people accessing shelter support, some shelters have established “Trans-floors”, which is creating a Trans-safe space and responding to their needs.

## **The Journey We Walk (*Childhood Experiences*)**

*“I played with toys that were non-gendered, like animals because I really wanted to play with dolls but I was dressed and seen as a boy, and it [was] not right for boys to play with dolls.” Focus Group member*

Trans-people know at a young age that they are different – they are aware they are not behaving like other boys or girls because they are often told this by family members, peers, and teachers. Aboriginal Trans-youth often do not know where to go or who to turn to when they are struggling with how they are feeling. They can feel very isolated and as though they are the only person who feels the way they do.

In smaller communities, in particular, it can be hard to find someone else who may be going through similar life issues. Our focus group members said that they would like to have been exposed to information about Aboriginal Trans-people when they were younger. They felt that they might have benefited from stories of other Trans-people, the traditional role of Trans-people in Aboriginal communities, and for Trans-people to be ‘normalized’ within the school system. Often people who are working with youth are unprepared to meaningfully work through sexual/gender orientation struggles that young people experience as they develop. Working on your own comfort with Trans-people issues, being willing to explore a conversation about these experiences with a young person, and creating a welcoming, safe, non-judgmental space for Aboriginal Trans-youth will be first steps in ensuring the Trans-youth are supported.



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## Walk With Us (*HIV Specific Issues*)

Aboriginal Trans-people, like all human beings, can become HIV-positive. However, the lived experience of many Trans-people puts them at increased risk of coming into contact with HIV, including the role of drug use, sex trade work, homelessness and violent encounters – all of these things are linked to higher risks for HIV.

Offering services to Aboriginal Trans-people requires meaningfully addressing how they may be at risk, ideally, through harm reduction approaches. This may mean providing condoms and lube, needle and crack kit distribution, telephone check-in service, bad-date lists, and other tools which have been demonstrated to contribute to improved living and working conditions for Trans-people.

Further, depending on the individual and whether they are HIV positive, the choice of whether or not to begin hormone therapy or sex reassignment surgery or to begin HIV treatment, may need to be adapted and modified. The range of possibilities and choices is very complex and needs to be discussed with the full participation and decision-making of the Trans-person involved.

## Look Within (*AIDS-Phobia*)

The majority of Aboriginal People living with HIV/AIDS (APHAs) continue to live in urban centers like Vancouver, Toronto and Montreal. Although APHAs live on-reserve, and in rural and remote areas, the fear of rejection and AIDS-phobia means that Aboriginal HIV positive Trans-people often live isolated from their home communities, families, and culture for years. For example, one of our relatives said “*I haven’t seen (my) mom in seven years.*” (*Focus Group member*) Working in Aboriginal communities to address AIDS-phobia means advocating for change in all aspects of the community by facilitating HIV/AIDS awareness, promoting healthy sexuality and respect for sexual diversity, gender identity and developing relationships with Aboriginal People living with HIV/AIDS (APHAs).



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## See Us (*Visibility*)

Education for and by Aboriginal Trans-people and Two-Spirit people about HIV risks is needed. If people feel they do not belong to a group that is impacted by HIV, they will not listen to the prevention messages. Aboriginal Trans-people need targeted prevention initiatives – social marketing, drop-in programming, workshops, train the trainer, etc. – like other groups; they are at risk too. Advocate for visible Trans-people HIV prevention messaging in your organization and community.

## *Giving Voice (HIV/AIDS Service Organizations)*

An Aboriginal Person living with HIV/AIDS (APHA) might feel isolated and fearful, especially when they first learn they are HIV positive and think they are alone. Often, this results in a delay in seeking medical attention and support services to assist them in addressing HIV infection. Emotional stress and isolation is a common experience for people living with HIV. Community-based HIV/AIDS service organizations are located in most major cities across Canada, and many smaller communities provide HIV/AIDS outreach services and drop-in support as well. Keep a resource list of (Aboriginal) HIV/AIDS service organizations on hand, in particular, highlight organizations that you know are more Trans-supportive, or where HIV-positive Trans-people programming is offered.

Now that we have presented what our relatives said, we begin to look at what to do with these experiences. The next few sections help direct us into action, better understanding and most importantly, a personal commitment.

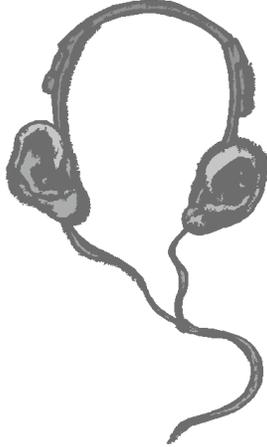


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## ***Why Must We Listen? (Transforming Listening into Action)***

If I was being discriminated against, for something I have no control over, what would I want done? Would I want people to stand up for me, to reach out and show compassion? Would I want protection if being attacked and would I want others to acknowledge these wrongs and help to do something about it? The answer leads to true leadership.



Professionals and front-line community workers such as community health representatives, outreach and support, addiction, and mental health workers, workshop facilitators, and Health Directors are often the ones who are working with Trans-people, and each person serves a very important role.

In many ways, health professionals can play a key role in opening up discussions about issues facing Aboriginal Trans-people, who may need support and advocacy from nurses and doctors who are the ‘experts’ in medical care. In so doing, we can prevent new HIV infections and we can also support those who are already living with HIV/AIDS. We can influence our communities by speaking openly, and paving the way for others who are just now finding their way, to see that there are people in the community who care and will open their arms to show support and understanding.

Although there is incredible diversity within the Aboriginal community in terms of culture, language and traditional practices, it is important to also recognize that Aboriginal people have generally shared similar historical experiences. The experiences with the residential school system, for example, cannot be underestimated in the present context – where many people are still recovering from the effects or legacy of experience with residential schooling. For many Aboriginal people, Trans-people included, negative experiences in the past translate into a lack of trust in any non-Aboriginal person, including health care services. However, trust can be built through compassion, empathy, awareness, and understanding.

It is important to provide not only awareness of culture but to increase the practice of culture in health programs. Traditional healers and Elders on staff with resources for traditional practices can make a huge difference to Aboriginal Trans-people. Facilitating access to traditional health and wellness teachers and practices, such as offering private ceremonial space, and programming grounded in traditional beliefs and values are some ways health service providers can integrate culture into their practice. The value of these practices cannot be underestimated.

When Aboriginal people are supported and encouraged to use cultural practices, they experience a stronger resolve and are better able to deal with negative life experiences. It is important to understand that although there is much diversity in practices, beliefs and values. Most Aboriginal concepts of health are holistic and consider an individual as being in good health when the emotional, physical, mental and spiritual aspects of being are in balance.

The most important thing health professionals can be aware of is that when negative experiences are not addressed appropriately in health care it can result in limited use of or avoidance of health services all together. The question for health professionals is how best to account for these factors in providing services to Aboriginal Trans-people.

The following are some suggestions:

Health professionals can be mindful of the ways in which a layering of stigma can contribute to negative experiences accessing and using health services. Health care professionals can be mindful of practices that lead to negative experiences. (e.g. double gloving).

Health care organizations can hire Aboriginal front-line staff. Aboriginal front-line staff can help to reduce the lack of trust in a predominantly non-Aboriginal health care system.

Health professionals must engage in a constant process of self-reflection. Questions that can be asked include, “Do I have any attitudes or beliefs about Aboriginal people (or Trans-people or anyone else) that may influence my interaction with them?” Only by engaging in a process of self-reflection can health professionals hope to be effective in providing health care to Aboriginal Trans-people. Health care professionals who have more awareness and knowledge, and who are informed and educated around Trans-issues can contribute to improved experiences for the Trans-community.

Keeping current and up to date. Have mandatory training sessions once a year for service providers including Aboriginal Trans-people who are public speakers.

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## ***What Comes Next?***

There are many issues that Aboriginal communities are facing. This guide is about using what strengths and knowledge your community has to address the needs of Aboriginal Trans-people. Underlying issues addressed in this guide include self-esteem, sexuality, alcohol and drug use, lack of support and feelings of not belonging. The more people look at these issues within the realities of what is causing these challenges, the more likely we will create greater awareness of the historical, cultural, and contemporary roles of Aboriginal Trans-people as part of our communities – not a group to be feared, shunned, abused, harassed, or underserved.

Aboriginal Trans-people deserve respect, dignity, and compassion when they access health care, treatment, support and prevention services – just like everyone else. They may have unique needs, which are worth understanding better to truly support their wellbeing. This guide is just one tool to help you take action for Aboriginal Trans-people. Each of us can become part of the solution and join in the fight to stop the discrimination against Trans-people – support them by making your organization, practice and community safe and accessible to Trans-people.

## ***Wise Practices List:***

### Culture is Important

- Increase the ability of organizations and systems to provide culturally safe services to Aboriginal Trans-people which may include:
- Using a Cultural Competency Assessment Tool (frame of reference)
- Provide access to or having a ‘staff’ Elder, traditional teacher or healer
- Offer traditional teachings around spirituality, foods, nutrition, holistic healing, medicines, and Trans-people’s role in indigenous societies
- Integrate both traditional and contemporary Aboriginal activities involving an Aboriginal Elder/teacher/healer.
- Offer access to cultural activities such as dances, craft-making, and singing.
- Encourage Trans-people to develop their own cultural identity that works for them – some may be more interested in Aboriginal activities; others may prefer other more contemporary activities. Engagement is the goal.



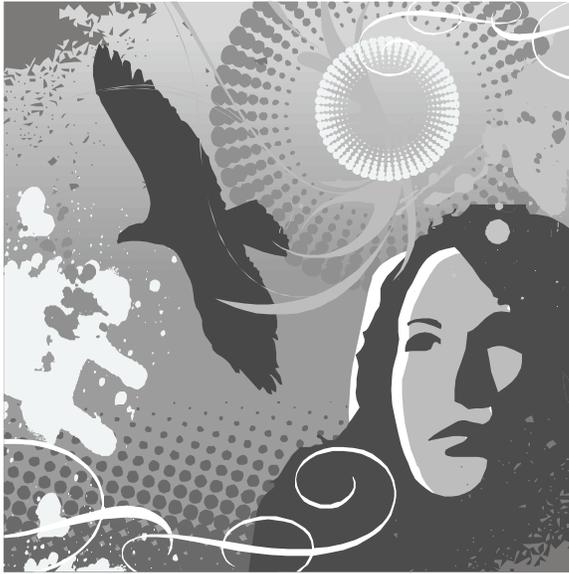
### Confront and Challenge Discrimination, Harassment and Homophobia

- Respond to anti-gay rhetoric by using universally-held beliefs that all people are equal and have basic human rights
- Explore teachings about the traditional roles and responsibilities of Aboriginal Trans-people in professional development workshops or when issues come up in the community or the newspaper – offer a broader, global perspective rather than discuss the issue as ‘strange’ or ‘abnormal’ – Trans-people might be uncommon, but they have existed across continents, cultures, ages, classes, and throughout nature’s domain forever.
- Educate and advocate. Work with others to create peaceful understanding and compassionate environments and communities, in today’s increasingly diverse society. Traditional teachings about inclusion can help support this work – Trans-people and Two-Spirits have always held their places in the circle and there are stories that provide support for inclusion
- Training at the workplace; Trans-Sensitivity Training; Cultural Competency Training
- Education dealing with respect to human rights and providing services in a non-judgmental manner
- Be realistic with expectations as some families and communities may not have the capacity to respond the way we want them to



### Rural and Aboriginal Community Awareness

- Aboriginal communities can plan gatherings for raising awareness of Trans-people’s issues and as a place where information and resources are distributed.
- Educational initiatives;  
Information booths at community events and school health fairs.



#### Support and support groups:

- When requested and possible, attend appointments with Trans-people to provide support. Sometimes a Trans-person might be more comfortable having someone they feel safe with in the examination room with them – the presence of an advocate can encourage Aboriginal Trans-people to seek care when they may not otherwise.

Be prepared to work with Trans-people who are experiencing confusion or distress related to their gender identity. If they are coming to you to talk about it, they trust you – this is significant as Trans-people

have learned that trusting can be dangerous, even life-threatening. ‘Disclosing’ is an unpredictable experience where Trans-people learn how the people they care about and trust the most ‘really’ feel – it can go many ways. Acceptance, celebration, and welcoming does happen but more often, confusion, shunning, abuse, and even homicidal attempts (and successes) characterize Trans-people’s experiences with disclosing. You can be the person that supports, celebrates, and honours their experiences, struggles, and desires.

#### Advocacy

- Offer public and professional education workshops around gender diversity and health. Educate co-workers, health professionals, and broader community about “gender dysphoria” (the condition of being in a state of conflict between gender and physical sex) and recommended protocols for examination of Trans-people. Trans-people who meet with culturally competent service providers say they are receiving better care and are more comfortable during the process and are more likely to respond to care issues, and experience more control over their health.
- Support Trans-people, and advocate on their behalf when necessary, in negotiating an agreement or care plan with the medical professional about how they will conduct the medical examination. Seeking appropriate health care can be very anxiety provoking for Trans-people – just thinking about disclosing their status to someone new can be overwhelming, especially if they have had very negative or hurtful experiences in the past.

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## Housing

- Develop a list of questions that could be asked to get a sense of whether or not a potential living arrangement will be a safe and Trans-people friendly places to live.
- Support Trans-people in developing a strategy for possible disclosure of their Trans status to roommates/landlord.
- Gather information about Trans-tenancy rights and resources and have on hand if tenancy advocacy is needed.
- Attend apartment viewings, lease signings, and other appointments to provide support and increase safety when requested by Trans-people.

## ***Conclusions***

### ***(Change is Never-ending):***

The purpose of this booklet was to show Aboriginal and non-Aboriginal service providers how to go beyond their comfort zones, and look within themselves to see what biases or lack of understanding they hold with regard to Aboriginal Trans-people.

Aboriginal traditional teachings support the view that we are all related. We also believe that the Creator put us here for a reason and made us exactly the way we are to share our unique gifts with our communities.

While it may be challenging for a non-Aboriginal service provider to truly understand the various cultures that come through their doors, there are some basic approaches which allow for people from Aboriginal cultures to feel safe and not judged. A Wise Practices list is offered, which provides some practical tips for service providers. The appendix also offers some scenarios for discussion to take the temperature of your agency on issues affecting Aboriginal Trans-people. A more complete reference document is available on the website of 2-Spirited People of the 1<sup>ST</sup> Nations.



It is possible to make a difference – even if the change occurs just within you!

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## ***Building Your Own Trans-Friendly Policies***

Here we offer

- Framework to guide decision making;

May be general statements about priorities, guidelines, procedures or standards to be achieved, or written regulations and may also be informal or unwritten but widely recognized practices.

Purpose:

To educate communities on Aboriginal Trans-issues; to have mandatory training for service providers; to protect the rights and privileges of Aboriginal Trans-people; and to provide safe environments for Aboriginal Trans-people.

### ***Some Scenarios to Help You Understand***

These case scenarios are provided for agencies to discuss their ability to properly serve Trans-people. Sessions would certainly need to be a facilitated discussion with Trans people as experts.

#### ***Case Scenario #1:***

A thirty-two year old Aboriginal Trans-woman is denied access to the women's washroom at her place of employment. She does not feel comfortable going into the men's washroom where men are standing, using the urinals. She is also afraid that she will get stares and be mocked. Her manager defends this by explaining that some female staff expressed discomfort in her using the female washroom.

Questions to consider:

- What are the employee's rights to access the washroom/change rooms that match their lived gender?
  - How can staff concerns be resolved?
  - How can future harassment and discrimination be prevented?
- Should there be mandatory training/education for all staff?

### ***Case Study Scenario #2:***

An Aboriginal Trans-woman is strip-searched by two male officers. She has repeatedly asked to have a female officer present to conduct this type of search. The police service says that a male officer must be involved in the search because the complainant has not had sex reassignment surgery. The Trans-woman feels helpless, embarrassed, ashamed, humiliated and all alone. The police service said a male conducted this search because the complainant wasn't fully "woman."

Questions to consider:

- Should the Trans-person detainee be given an option of who (male/female) will strip-search them?
- Did the Trans-woman in this scenario seem to have any rights at all? Aren't we all, as human beings, suppose to have equal rights and opportunity?

### ***Case Study Scenario #3:***

After school one day, a fifteen year old Aboriginal Trans-girl was walking home by herself, minding her own business, when three bullies (two guys and one girl) started taunting her. The Trans-girl ignored them and kept walking. The bullies started throwing stones at her and she walked faster. As she started to pass by a park, the bullies ran after her, grabbed her and threw her down by the park gates. They beat her – punching and kicking. The Trans-girl tried yelling for help but nobody was around. After the beating, the bullies left her there bleeding, barely moving. She slowly got herself up and continued to walk home.

Questions to consider:

If the Trans-girl came running into a service provider after what just happened...

- How should a service provider respond?
- What are some of the questions the service provider should ask?
- Can you give her the answers she needs? If not, are you able to refer her?

**Case Study Scenario #4:**

A 30 year old Inuk man, who spent three years in prison, has now been released and is living in a large urban center. He feels inside that he is a woman, yet continues to live as a man because he finds few other Inuit who are open about being gay. He didn't think he could be open about being a Trans-person. He knows some First Nations people who use the term Two-Spirit and has seen Trans-people among them, but does not feel that really applies to his culture. He used to shoot up drugs using needles which resulted in him turning HIV-positive, which further complicates his willingness to talk about himself and his identity. He is depressed, and longs to go back up north, but feels there is nobody there to support him if he does. He knows of an Inuit group that does HIV work, is interested in but is scared to do public speaking. He speaks some English but his mother tongue is Inuktitut.

Questions to consider:

- What kind of support needs would he have?
- How would you work with him to help him along on his journey, and maybe one day help him to do public speaking?

Where would you call to get information for his support?

**Personal Notes**

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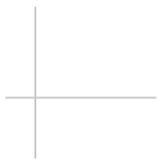
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