



**Aboriginal Two-Spirit and LGBTQ
Migration, Mobility, and Health
Research Project**

Winnipeg Final Report

**Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health Research
Project: Winnipeg Final Report, November 2010**

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The Two-Spirit logo designed for this document symbolizes the merging of three liberation movements: the medicine wheel with the four directions, the pink triangle and the pride flag (Thanks to Albert McLeod for this interpretation).

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This report is also available at www.2spirits.com





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Introduction

Purpose

This qualitative, community-based research project explored the trajectories of migration of Aboriginal people who identify as Two-Spirit, lesbian, gay, bisexual, transgender and/or queer (LGBTQ) and the impact of mobility on health and wellness. Our focus on migration included movement from First Nation reserve communities to urban centres or rural communities (and back and forth) as well as staying or moving within one place. We were interested in the intersection between sexual and gender identities with cultural/Nation and other identities within the historical and present context of colonization in Canada.

More specifically this research project had the following objectives:

- to explore the migration paths and experiences of Aboriginal Two-Spirit and LGBTQ peoples, their experiences of health/wellness in that context, and their interactions with health and social services (including mainstream, Aboriginal and LGBTQ services).
- to generate new knowledge that may lead to future research that will be of direct benefit to LGBTQ and Aboriginal communities, Aboriginal service providers and health/social service agencies.

Research Context

This exploratory, pilot project was a sub-project of “Sexualities, Vulnerability and Resilience” (SVR), a nation-wide research project funded by the Canadian Institutes of Health Research (CIHR) under the direction of Dr. Danielle Julien, UQAM. The Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health project research team consisted of Co-Principal Investigators Janice Ristock (Associate Vice-President Research and Professor, Women’s and Gender Studies Program, University of Manitoba) and Art Zoccole (Executive Director, 2-Spirited People of the 1st Nations, Toronto). This qualitative project was completed in consort with a similar project on migration and health outcomes among LGBTQ refugees under the direction of Shari Brotman, (Associate Professor, School of Social Work, McGill).

In addition to the principal investigators, the research team included Research Coordinators at two sites: Lisa Passante, social worker and MSW student in Winnipeg and Jonathon Potskin, educator at Healing Our Spirit in Vancouver. Each site worked with a community Advisory Committee.

In Winnipeg, Advisory Committee members were Marjorie Beaucage (Community Member), Rosa Colavito-Palao (Therapist, Nine Circles Community Health Centre), Cathy Denby (White Wolf Speaking, Sexuality Education Resource Centre), Kelly Houle (Community Member and Educator), Albert McLeod (Ka Ni Kanichihk Inc. - *Those Who Lead*), Carrie McCormack (Kali Shiva AIDS Services), Peetanacoot Nenakawekapo (Two-Spirit Outreach Worker, Nine Circles Community Health Centre), and Rath Pranteau (Community Member).

This project was carried out in keeping within the principles of Indigenous community-based research (Canadian Institutes of Health Research, 2007; First Nations Centre, 2007). As this project was undertaken in two different Canadian cities, the research processes in each site were responsive to and driven by the differing advisory committees and the differing Aboriginal communities and needs.

Background

Winnipeg is home to the largest urban Aboriginal population in the country. Reported from the latest census results (Statistics Canada, 2008), more Aboriginal people live in the city of Winnipeg than any other major city in Canada on a total number and per capita basis. Winnipeg is home to 68,385 Aboriginal peoples (which is 10.2% of the population of Winnipeg).

In Manitoba, there are 63 First Nations communities, encompassing six of the twenty largest bands in the country. The predominant First Nations linguistic groups in Manitoba are Cree, Ojibway, Dakota, Ojibway-Cree and Dene. There is also a large Métis population, many who speak French as a first language.

Winnipeg is home to 68,385 Aboriginal peoples or 10.2% of the city's population and is the largest urban Aboriginal population in the country - more Aboriginal people live in the city of Winnipeg than any other major city in Canada (Statistics Canada, 2008).

The research approach for this project was designed to create useful knowledge - by working within a community context to elicit peoples' stories and to allow for a variety of experiences to be heard (Kirby, Greaves & Reid, 2006; Ristock & Pennell, 1996). Following principles of community-based research (Canadian Institutes of Health Research, 2007; First Nations Centre, 2007), we used semi-structured focus groups discussions and individual interviews to gather information on experiences of migration and mobility.

This report presents the findings of the research conducted in Winnipeg. Another report documents the findings from the research that was conducted in Vancouver.

Winnipeg Research Process

Community Consultations and Advisory Committee

From the beginning of the project, it was important to engage in a process of collaboration and community building to root this research within Winnipeg and Vancouver communities respectively. Before Advisory Committees were created, and before the research questions and design were finalized, each Research Coordinator engaged in a process of community consultation (Cahill, Sultana, & Pain, 2007; Ristock & Pennell, 1996; Wilson, 2008). Key community members and stakeholders were identified and contacted to identify issues, interests and concerns related to Aboriginal Two-Spirit and LBTQ peoples and migration.

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In Winnipeg we consulted with 28 people from 24 programs across 18 organizations. All consultations occurred in person or via telephone contact. These initial consultations helped inform the questions developed for the research project. Further, some of the community consultants became Advisory Committee members in the Winnipeg and Vancouver sites.

The Winnipeg Advisory Committee consisted of 7 members. The Advisory Committees included those who identify as Aboriginal Two-Spirit and LGBTQ peoples from a number of different agencies as well as service providers that do not identify as Two-Spirit or LGBTQ but who work with and within those communities.

The Research Team and Advisory Committee discussed and adopted the Guiding Principles for Research with Aboriginal Communities and the principles of Ownership, Control, Access and Possession (OCAP) (First Nations Centre, 2007).

The Principles of OCAP are necessary in order for researchers to work with/within Indigenous communities in a respectful way. In accepting these guiding principles, all members committed to working together in producing and sharing meaningful knowledge in a way that respects the integrity and rights of Indigenous peoples and communities (CIHR, 2007; First Nations Centre, 2007; Kovach, 2005; Wilson, 2008). See Appendix A for our agreed-upon principles of OCAP.

Community consultants and collaborating organizations (via representation on the Advisory Committees) assisted with clarifying the research questions, and in the recruitment of participants. The Research Coordinator in Winnipeg liaised with the Principal Investigators and Advisory Committee Members and facilitated the distribution of information about the project for recruitment. In turn, Advisory Committee members helped to promote the study with their community connections. At each stage of the research process, a meeting was held with the Advisory Committee members to offer an update, ask for feedback (and in some cases guidance), and to plan together for the next steps.

Members of the Advisory Committee were also involved in the data analysis process by reviewing preliminary themes identified by the research team, suggesting further themes to look for, and in interpreting the themes to complete the final data analysis.



Literature Review

Defining Terms – Aboriginal and Two-Spirit

For the purposes of this project, we use the term *Aboriginal* to refer to First Nations, Inuit and Métis peoples (as per the *Canadian Constitution Act*, 1982, cited in First Nations Centre, 2007). This definition includes all status, non-status, and people of blended ancestry that choose to self-identify as Aboriginal (Guimond, 2003; Siggner, 2003a and 2003b).

Two-Spirit – “to some ... the term refers to a person with GLBT orientation. To others, it denotes an individual with tribally specific spiritual, social and cultural roles that are not defined at all by sexual orientation or gender role. Still other Natives employ the term in a highly contextualized way. For example, one Navajo activist refers to himself and n’dleeh (in italics) when interacting with other Navajos, as “Two-Spirit” when interacting with non-Navajo Natives, and as “gay” when interacting with non-Native GLBT individuals” (Fieland, Walters & Simoni, 2007, p. 271).

Some Aboriginal people use the term *Two-Spirit* to refer to all sexual and gender variance among people of Indigenous North American descent: in other words, lesbian, gay, bisexual, transgender and/or queer identities. The term *Two-Spirit* has multiple contemporary meanings and also highlights historical elements regarding the possible positions of Two-Spirit peoples in their communities and their place in the sacred circle (Beaucage, 2010; Wilson, 1996). The term was coined at the Third International (Two-Spirit) Gathering in 1990 in Winnipeg, Manitoba (Meyer-Cook & Labelle, 2004, p. 31; Roscoe, 1998, p. 109).

Walters, Evans-Campbell, Simoni, Ronquillo, and Bhuyan (2006) emphasize the political implications for some people who have chosen to use the term Two-

Spirit. The authors indicate that the term is used to reconnect with specific (Indigenous) Nation traditions related to sexual and gender identity; to move beyond Eurocentric binary categories of sex and gender; to state the fluidity and non-linear nature of identity processes; and to fight against

heterosexism in Aboriginal communities and racism in LGBTQ communities. Furthermore, Wilson (1996) emphasizes that Two-Spirit identity affirms the interrelatedness of all aspects of identity - therefore including gender, sexuality, community, culture, and spirituality.

It is important to note that the term Two-Spirit is not easily translated into Indigenous languages and is also not used in a uniform or widely accepted way. Fieland, Walters and Simoni (2007) explain:

To some ... the term refers to a person with GLBT orientation. To others, it denotes an individual with tribally specific spiritual, social and cultural roles that are not defined at all by sexual orientation or gender role. Still other Natives employ the term in a highly contextualized way. For example, one Navajo activist refers to himself and n'dleeb (in italics) when interacting with other Navajos, as "Two-Spirit" when interacting with non-Navajo Natives, and as "gay" when interacting with non-Native GLBT individuals" (p. 271).

Thus, what became important in our research was to ask participants how they self-identify regarding their Aboriginal identity, sexuality, and gender.

Health Concerns of Aboriginal Two-Spirit and LGBTQ Peoples

It is impossible to consider research regarding the health and wellbeing of Aboriginal Two-Spirit and LGBTQ peoples without considering the historical impacts of colonization and its contemporary effects – what Fieland, Walters and Simoni (2007) refer to as “historical and contemporary trauma” that interacts with sociodemographic vulnerabilities to negatively affect the health and wellbeing of Indigenous peoples (p. 268; see also CIHR, 2007; Walters & Simoni, 2002). We must also consider the marginalization, stigma, and ongoing prejudice LGBTQ people experience in their daily lives and in accessing health care. The impact of structural oppression including homophobia, heterosexism and racism are all likely to play a role in the health and well-being of Aboriginal Two-Spirit and LGBTQ peoples (Canadian Rainbow Health Coalition, 2004; Matiaton, 1999).

The impact of structural oppression including homophobia, heterosexism and racism are all likely to play a role in the health and well-being of Aboriginal Two-Spirit and LGBTQ peoples (Canadian Rainbow Health Coalition, 2004; Matiaton, 1999).

Specifically, however, there has been very little health research conducted regarding Aboriginal Two-Spirit and LGBTQ peoples. The most comprehensive review has been done by Fieland et al. (2007) and reflects an American context. However the findings of this review are relevant and are included here.

A Summary of Available Health Research for American Indigenous Peoples and LGBTQ People

In North America, Indigenous peoples suffer from “glaring disparities in health-related resources and outcomes” (Fieland et al., 2007, p. 269). Fieland et al. (2007) have used existing data regarding American Indian and Alaska Native (AIAN) peoples and amalgamated it with research that has been done regarding LGBT health in an attempt to present an emerging perspective on Two-Spirit health. They focus on four key areas: morbidity and mortality; mental health; substance use; and sexually transmitted infections (including HIV). Where data is available, Fieland et al. (2007) intersperse their discussion with a review of determinants of Two-Spirit health.

Morbidity and Mortality - Citing the American Centers for Disease Control and Prevention, Fieland et al. (2007) report that AIAN men have higher rates of chronic disease factors than any other racial or ethnic minority group – including obesity, smoking, heart disease, high blood pressure, cholesterol and diabetes. AIAN women have the highest rates of obesity, smoking, heart disease, and diabetes and the second-highest rates of high blood pressure and cholesterol (after African-American women). AIANs are likely to be diagnosed with diabetes more than two times their white counterparts and related disorders and complications of diabetes occur more often in AIAN populations (such as amputations) (Fieland et al., 2007; citing the Indian Health Service). AIANS have similar rates for most cancers but once diagnosed have the poorest survival rates (Fieland et al., 2007 citing IHS, 1999a; Li et al., 2003 and Ward et al., 2004).

The authors note that when compared to their heterosexual counterparts, lesbian and bisexual women report heavier use of tobacco and alcohol, as well as are more likely to be overweight. (Fieland et al., 2007 citing Aaron et al., 2001; Gruskin et al., 2001 and Mays et al., 2002). The authors also note that lesbians have been found to have significantly higher rates of breast cancer than non-lesbian women (citing Dibble et al., 2004).

Accidents are the second leading cause of death for AIAN men and the third for AIAN women (Fieland et al., 2007 citing the Indian Health Service). AIAN female accidental death rates are higher across all age groups when compared to White and all US females. In turn, when compared to AIAN women, AIAN men are twice as likely to die from fire or burn injuries or a car accident, three times more likely to be murdered and five times more likely to drown (Fieland et al., 2007 citing the Centers for Disease Control and Prevention).

Overall, Fieland et al. (2007) report that suicide rates by AIANs are 1.5 times greater than for the overall US population. Within specific age groups, the rates are much more discrepant – among women 25-44 years old, AIANs had the highest suicide rate in 2000; while men under 19 years had suicide rates two to eight times higher than their non-Native peers. Attempted suicide is higher for AIAN men and women when compared with non-Native peers across all age groups. Fieland et al. (2007) emphasize that LGBT youth and adults exhibit higher rates of suicidality and attempted suicide ranging from 2.5 – 3 times higher than the rates for non-LGBT across both men and women (Fieland et al., 2007 citing Monette et al., 2001; Morris et al., 2001 and Paul et al., 2002). These combined statistics draw our attention to the vulnerabilities of Two-Spirit and Aboriginal LGBTQ specifically.

Mental Health - AIANs are more likely than non-Natives to report mental health problems including anxiety and depression, as well as post-traumatic stress. In interpreting the latter, Fieland et al (2007) emphasize that AIANs are as likely as their non-Native peers to develop PTSD, but because they are exposed over their lifetimes to more single and cumulative traumatic incidents, AIAN rates increase (Fieland et al., 2007 citing Robin et al., 1996; Gilman et al., 2001 and Meyer, 2003). They note that co-morbidity of anxiety and mood disorders is four times higher in GB and LB populations than in their heterosexual counterparts (Fieland et al., 2007 citing Cochran et al., 2003). One study reviewed by the authors that is specific to Two-Spirits is that of Balsam et al. (2004). This urban community-based sample indicated significantly more anxiety and symptoms of posttraumatic stress than their Native (sic) heterosexual counterparts, although rates of depression were comparable.

Substance Use - Fieland et al. 2007 (citing Gary & Ny, 2001; May & Smith, 1998; May, 1995) also reviewed substance use rates among tribal nations and urban AIAN communities. They noted a bimodal drinking pattern with high rates of both abstainers and heavy drinkers (50.7 % abstainers vs. 35.1 % for whites; yet the highest binge (26.2%) and heavy drinking (7.2%) rates). AIAN males have higher rates of chronic and abusive drinking than AIAN females, and alcohol is involved in 27% of all AIAN deaths among males. AIANs are overall five times as likely to die from causes related to alcohol (as compared to non-Natives). The authors draw our attention again to the work of Balsam et al. (2004) who compared Two-Spirit people with other Native people. In this study, Two-Spirit people reported their first drink at an earlier age and also reported drinking to manage moods, relax, make friends and deal with feelings of inferiority. The two groups however did not differ in rates of current drinking status (in Fieland et al., 2007).

Although Fieland et al. (2007) indicate that there is very little US data on illicit drug use by AIANs, they do indicate that the limited data points clearly to greater use by AIANs than non-Natives, with correspondingly higher rates for drug-related deaths than for people from other ethnic groupings. In regards to Two-Spirit people, higher drug use rates for drugs other than marijuana have been reported (Fieland et al., 2007 citing IHS, 1999a; Walters et al., 2002; and Balsam et al., 2004).

Sexually Transmitted Infections (STIs) - Fieland et al. (2007) note that there is little research on sexuality and sexual orientation among AIANs. The authors review that Native youth are more likely than non-Natives to report LGBT and 'unsure' sexual identities and that AIAN LGBT youth indicate high levels of early sexual activity onset, unprotected sex, and history of abuse. These factors all place AIAN youth at greater risk for exposure to HIV and other STIs. LBT AIAN girls are also just as likely as their heterosexual counterparts to become pregnant and AIANs report low levels of condom use. In regards to STIs, AIANs have the second-highest infection rates among all ethnic groups for gonorrhea and Chlamydia infection. As well, AIANs infected with HIV are also more likely than non-Natives to be infected with other STIs. Further, the relationships among trauma, substance use/abuse and riskier sexual behaviours has been established among AIANs (Fieland et al., 2007 citing Saewyc et al., 1996 and 1998 a, b and Tafoya & Rowell, 1998).

This information about AIAN health concerns, although rooted in an American context, has relevance for a Canadian context. While we do not yet have comparable Canadian data, we believe the research findings are likely similar and consistent with Canadian outcomes.

Health Concerns of Canadian Aboriginal Peoples

The life expectancy for First Nations Manitobans is eight years shorter than that of other Manitobans. First Nations are four times more likely to have diabetes and sixteen times more likely to have an amputation as a result (Currie, 2002). Further, registered First Nations people have a premature mortality rate twice the Manitoba average. They are much more likely to die young – 2.5 times higher for males and 3 times higher for females. Hospitalizations due to injury are more than three times higher. Registered First Nations people have twice the general rate of hospitalizations and more visits/year to their doctors, and at the same time are less likely to be referred to specialists. There were differences across health authorities that merit consideration. This combination of increased health problems and unique use of or access to services indicates the need for a closer look at what impacts health for First Nations peoples (Currie, 2002).

Further, registered First Nations people are much more likely to die young – 2.5 times higher for males and 3 times higher for females. Hospitalizations due to injury are more than three times higher, twice the general rate of hospitalizations and more visits/year to their doctors, and at the same time are *less likely* to be referred to specialists (Currie, 2002).

A more recent summary of a study on healthcare status and use of healthcare services by the Métis in Manitoba shares a similar picture (Houlden, 2010). Overall, Métis people 19 years of age and older are more likely than all other Manitobans to live with a chronic disease (like diabetes, heart disease and arthritis). With diabetes, Métis people are more likely to have an amputation as a complication of their illness. Métis people are 21 per cent more likely to die before the age of 75. Of note, those people having continuity of care (seeing the same physician more than half of the time over a two year period) were more likely to receive preventative and screening services, thereby enhancing their health outcomes. This factor has important implications for our focus on migration and health.

We now turn to a review of the relevant Canadian literature on health related concerns for LGBTTQ communities.

LGBTTQ Health Concerns

The Canadian Rainbow Health Coalition (CRHC) was established in 2001 as an outcome of a cross-Canada conference on health and wellness in LGBTTQ (Lesbian, Gay, Bisexual, Transgender, Two-Spirit and Queer) communities. In its background document (2004), the CRHC asserts that the GLBT community experiences a range of health and wellness concerns out of proportion in

comparison with the general population. The CRHC asserts that these issues have come to be as a result of homophobia and heterosexism within society and within the medical fields (see also Padilla, del Aguila, & Parker, 2007). (Please note – although we are using the terms Two-Spirit and LGBTQ in this document, the CRHC offers information that focuses more on GLBT – to be accurate, this section uses the identifiers that the CRHC reports on.)

Although there is little comprehensive data on the health of sexual and gender minorities, and much of the research that exists is on specific, limited populations - such as LB women in an urban setting,

LGBTQ reported higher incidences of suicide, smoking, substance abuse, depression, low self-esteem, unemployment, experiences of violence, homelessness and HIV/AIDS than their peers (Canadian Rainbow Health Coalition, 2004).

or GB men who access specific health services - the CRHC has attempted to coalesce the existing information that exists in Canada. In their review, the CRHC reports higher incidences of suicide, smoking, substance abuse, depression, low self-esteem, unemployment, experiences of violence, homelessness and HIV/AIDS among LGBTQ than their peers. They state that studies suggest that the average life span of gay men in Canada is 20 years less than that for the general population. They note the limitations in the literature and state,

Review of current published literature on health shows that the majority of research is on gay men and focuses on STD/HIV, addiction and mental health. Health research on lesbians, bisexuals, transgendered and two-spirit (sic) people is relatively invisible with little Canadian data. This lack of data does not allow us to fully comprehend the complexities of the issues and work towards the development of initiatives to adequately address the problems (CRHC, 2004, p. 5).

Of note, even when studies do exist, comparisons are difficult to make because the way in which people are asked about their sexuality or gender identity is not congruent across studies. To complicate matters, a person's sexual identity may be different from their sexual behaviour – and behaviours are what impact on health (see Bauer and Jairam, 2008).

The CRHC also emphasizes that access to adequate primary care is a problem for many LGBT people, and the health concerns of LGBT are often not seen in their collectivity by care providers, resulting in compartmentalized care that fails to attain a holistic picture of wellbeing and also fails to account for the real, lived experiences of homophobia and heterosexism. Further, stereotypes and misrepresentations result in misperceptions among the larger public, for instance, that HIV is the leading cause of death among gay men, when in fact, the CRHC states “While thousands of gay men have died from AIDS or are infected with HIV, many more die prematurely each year from smoking and suicide” (2004, p. 3). The experiences of LGBT people from non-European cultures and ethnicities are further marginalized within the gay community, in their access to health care (Coalition for Lesbian and Gay Rights in Ontario [CLGRO], 1997) and in risk factors associated with holding multiply

The experiences of LGBT people from non-European cultures and ethnicities are further marginalized within the gay community, in their access to health care and in risk factors associated with holding multiply stigmatized identities (Coalition for Lesbian and Gay Rights in Ontario, 1997).

stigmatized identities (in the impacts of racism and colonization) (CRHC, 2004; see also Herek et al., 2007; Kanuha, 1998).

Many GLBT will postpone using services for fear of prejudice, discrimination or misunderstanding, many will not come out even though this constitutes not sharing important health-related information, and in other cases, health professionals focus their energy on fixing their patient's orientation or identity instead of taking care of the presenting concerns (CRHC, 2004; CLGRO, 1997).

GLBT people have to interact with the health care system at one point or another, for reasons that may or may not be connected to their gender identity or sexual orientation. Many GLBT people will postpone using services for fear of prejudice, discrimination or misunderstanding, many will not come out even though this constitutes not sharing important health-related information, and in other cases, health professionals focus their energy on fixing their patient's orientation or identity instead of taking care of the presenting concerns. Although most doctors, nurses, social workers and other health-care providers don't think of themselves as homophobic, most would be able to relate to feelings of unease, inadequacy or awkwardness when working with GLBT people. Many GLBTs share stories of institutionalized homophobia and heterosexism in health-care encounters that resulted in feeling their lives and families were disrespected, unvalued, and that they received a lack of appropriate, knowledgeable care (CRHC, 2004; CLGRO, 1997).

In addition to the report from the CRHC, a report on a needs assessment of health services for transgender and Two-Spirit people in Manitoba and Northwestern Ontario" (Taylor, 2006) indicates that trans and Two-Spirit people "are at high risk for serious threats to health, quite apart from the need for access to sex-reassignment procedures" (p. ii). Health concerns reported include suicidality, depression, isolation, experiences of discrimination and violence, STI and HIV infection, access to appropriate care, as well as issues in employment, housing, education and job training. Further, the report states that: "trans and transition-related health care is chronically under-resourced even in large cities that have gender clinics because they tend to have correspondingly larger trans populations (including people who have left smaller communities) who need services" (p. ii). Finally the study makes a link between mobility and health issues when they report that several participants moved locations as a result of verbal abuse, social pressure, and physical violence that was linked to their trans identity.

Trans and Two-Spirit people are at high risk of health concerns including suicidality, depression, isolation, experiences of discrimination and violence, STI and HIV infection, access to appropriate care as well as issues in employment, housing, education and job training (Taylor, 2006).

Summary

Considering the review of existing research on LGBTQ and Aboriginal health issues we can see that both communities face significant health disparities that have not yet been adequately measured or understood. These disparities produce health risks and challenges that are the result of marginalization embedded in historical and contemporary contexts of colonization, heterosexism, racism and patriarchy.

We know that both Indigenous and LGBTQ individuals move as a result of their marginalization. In the next section we review the relevant literature as it relates to mobility and health and well-being.

Forced Mobility

The history of Indigenous peoples in Canada is ripe with stories of involuntary or forced mobility, thus before considering recent studies that address mobility it is important to consider the historical context of mobility that existed as a result of colonization practices enacted against Indigenous nations. For the purposes of this discussion, we will address residential schools and experiences of foster and adoptive care in the child welfare system, although forced relocation of entire communities has also been well-documented (EnviroNics Institute, 2010).

Residential Schools

Ray (2005) states, “The most draconian assimilation scheme the government imposed on Native people involved the use of schools” (p. 235). He reviews the development of day, boarding and industrial/practical residential schools as an attempted means to train, civilize, and Christianize Aboriginal children. Ray indicates that Aboriginal responses to the schools were mixed – some felt

Many Residential School survivors report experiences of sexual, physical and emotional abuse resulting in shame about their Indigenous identities (Dickason, 2006; Ray, 2005).

their children needed a white education to adapt and hold their own in the new economic order. Others emphasized providing education to Indigenous students was the responsibility of the government as outlined in the treaties with most communities requesting *day-schools on reserves* within that context. Many had concerns about their children being removed from their family and cultural ties and influence. There were stipulations for non-interference with the religion of Native children in schools. Ironically, this was requested by Aboriginal peoples in Christianized communities. As time passed, it became clear instead that schools were largely Christianizing and assimilationist in their efforts, with an emphasis on physical, farm labour and white European-Canadian language (English), culture, practices and mores (Dickason, 2006; Ray, 2005).

These types of church-run education institutions were most common in the 1800s and early-mid 1900s. Although the last residential school closed its doors in 1996 (Assembly of First Nations, n.d.; Blackstock, Trocmé, & Bennett, 2004), stories continue to flow forward from people that attended

the schools as children. In the most benign consideration, children were removed from their families, prohibited from speaking their first language, and taught ways and customs alien to their home communities. This culture shock would have been difficult enough even when school offered the best intentions (as some purport). At worst, many survivors report experiences of sexual, physical and emotional abuse resulting in shame about their Indigenous identities, an interruption in cultural development and functioning, and a substandard education to that received by non-Aboriginal children (Dickason, 2006; Ray, 2005).

Since the public has become aware of the worst instances of abuse children endured, residential schools have become synonymous with abuse. Ray (2005) indicates that some sociologists maintain that the legacy of these educational institutions is dysfunctional families and communities, chronic alcoholism and very high levels of teenage suicides. We learn to parent for instance through our experiences of being parented. Residential schools disrupted natural familial and community parenting practices and did not offer a stable alternative for generations of children (Steckley & Cummins, 2008).

Foster Care and Adoptions

The “Sixties Scoop” is a term used to describe the removal of ‘neglected’ or disadvantaged Aboriginal children and placement of these children with white families, either in foster care or as adoptees (Dickason, 2006, p. 229). This practice was very common in the 1950s and culminated in the 60s and 70s with as many as 15, 000 Indigenous children adopted into non-Native families, 3000 from Manitoba alone. Although Aboriginal peoples counted for only 4% of the population at the time, 30-40% of legal wards at the end of the 1960s were Aboriginal. These children were placed in locales across Canada and the US, with some sent even further (Dickason, 2006).

This forced mobility began to taper off in the 1980s as it became clear that the practice was producing people that were more often than not unrooted in both their Indigenous and the larger mainstream/Euro-Canadian cultures. This loss of identity has been implicated as a further source of difficulty and dysfunction that has been passed from one generation to the next (Dickason, 2006).

Mobility

Beyond the history of residential schools and foster care, a considerable amount of research has explored experiences of urban Aboriginals in Canada. Yet Newhouse and Peters (2003) note that historical assumptions about Aboriginal experience have shaped public policy by framing Aboriginal and urban cultures as incompatible. Further, within Aboriginal communities, movement to the city

Over half of Aboriginal peoples today live with their feet (or hearts) in both an urban centre as well as their original communities.

was often seen as a move towards assimilation and a letting go of one’s culture and community (Anderson, 2003). All the same, many First Nation communities have provided support for their individual members to come to the city to attend colleges and universities, and over half of Aboriginal peoples today live with their feet (or hearts) in both

an urban centre as well as their original communities.

Obviously, we know that Aboriginal people moving to cities contend with some of the same challenges as people moving from other countries or rural and northern communities to new cities – issues such as integrating into urban economies, interacting with different people from many places, and finding suitable housing and education. Similar to the experiences of other people who immigrate to a new city or country, many Aboriginal people also maintain close links to their communities of origin. What is notably different however is that Aboriginal people are moving within their traditional territorial lands. Many have expectations that their Aboriginal identities and rights will affect the ways they plan and live their lives in urban centres (Newhouse & Peters, 2003).

This is evident in burgeoning urban Aboriginal community-development and service sectors, networks, institutions, and community projects. In this way, Aboriginal community boundaries are being extended beyond geography and original/home territory to emphasize the cultural and social bond among members that transcends urban relocation (Levesque, 2003). Newhouse and Peters (2003) state that making sense of and clarifying Aboriginal rights in urban areas, especially rights dealing with self-government, is a major contemporary task for both Aboriginal and non-Aboriginal governments.

A study by Maxim, Keane and White (2003) looks at urban Aboriginal settlement patterns and found that Aboriginal peoples in most major communities are “reasonably well integrated into the geographical urban landscape” (p. 89). That said, they also indicate that Winnipeg, Regina, and Saskatoon exhibit some concentration and degree of centralization, with Winnipeg having the highest value of residential segregation of Aboriginal people (p. 86). Maxim et al. (2003) note that Aboriginal people were also more highly segregated overall than other visible minorities in all of the urban areas examined. These findings raise questions about how it comes to be that Aboriginal peoples in Winnipeg exhibit this higher degree of residential clumping, and what their experiences are of this clumping (i.e. positive, close-knit community, or refuge from discriminating others?).

Most recently, the *Urban Aboriginal Peoples Study* (UAPS) constitutes a large-scale enquiry about the values, experiences, identities and aspirations of urban Aboriginal peoples in Canada (EnviroNics Institute, 2010). 2614 in-person interviews were conducted with First Nations, Inuit and Métis people across 11 Canadian cities. A telephone survey was done with more than 2500 non-Aboriginal Canadians.

Although not focused specifically on migration, there are some key findings from the UAPS relevant for this discussion that do consider mobility. These findings focus on home, connections with a community of origin, degrees of urbanization, reasons for moving and perceptions of racism.

For most respondents, the current city of residence is considered home (71%). Many urban Aboriginal peoples report staying connected to their communities of origin – though only a minority has ever returned or plan to return. Those within that minority most likely to move back and forth frequently or planning to return some day are Status First Nations and Inuit peoples who strongly identify as Aboriginal (this includes students who move back seasonally, as well as people with family incomes of \$80,000 or more). Therefore financial costs impact one’s ability to visit home and thereby stay connected to a home community. Those living in the city 5 years or less are least likely to consider the city home.

Most UAPS respondents have lived in their city for 10 years or more and are also first generation residents, meaning they were born and raised in another community, town, city or reserve (Environics Institute, 2010).

Urban Aboriginal peoples and groups differ significantly in their degree of urbanization – the most urbanized groups include Non-Status First Nations peoples and Métis (most likely to have lived in their city 20 years or more) with the least urbanized being the Inuit and Status First Nations. Aboriginal peoples move to the city for family, education, and work opportunities, as well as the amenities and services available. One gender difference that was exhibited among UAPS participants was that women noted family and education more typically as reasons for moving along with leaving to escape a bad family situation. Men on the other hand cited moving to the city for work (Environics Institute, 2010).

Urban Aboriginal peoples care about being a significant and visible part of the urban landscape – similar to their non-Aboriginal counterparts. Most respondents indicated that they feel their cultures have become stronger in the past five years – the city has become a venue for the creative development of Aboriginal culture. Correspondingly, participants shared confidence in their abilities to retain their cultural identity in the city. Urban Aboriginal peoples aspire to “the good life” which includes family, financial independence, a good job, and a balanced lifestyle. Mentors and role models play an important role in supporting success among other community members. Inuit and status First Nations indicated more strongly (than non-status and Métis) about the importance of a strong connection to one’s Aboriginal identity, background, and in living in a traditional way (Environics Institute, 2010).

Almost all participants stated that they believe they are consistently viewed negatively by non-Aboriginal people. Most report that they have first-hand experiences of discrimination (Environics Institute, 2010).

Regarding health, the UAPS asked urban Aboriginal peoples to rate their health, the factors they feel are significant in determining health, and access to traditional healing practices. Most participants (79%) said their health is excellent, very good, or good (an indicator of perceptions of health rather than an objective measure of health status). Not surprisingly, perceptions of health are higher for younger participants, more educated participants and those with higher incomes. As well, participants in Halifax, Vancouver, Calgary and Montreal were slightly more likely than average to say they are in excellent-to-good health (Environics Institute, 2010).

Almost all UAPS participants stated that they believe they are consistently viewed negatively by non-Aboriginal people. Most report that they have first-hand experiences of discrimination
(Environics Institute, 2010).

The UAPS emphasizes the strong, vital contemporary ways that First Nations, Inuit and Métis peoples are participating in and contributing to urban life while honouring their heritage and in many cases practicing traditions (Environics, 2010).

The UAPS findings are supported by other literature that focuses more directly on migration and offers further insights. Norris and Clatworthy (2003) note that reasons and factors associated with the decision to move provide insight into the dynamics of the economic and social determinants underlying demographic observations and outcomes. For instance, there are variations in migration

There are different *push* and *pull* factors: women move more and are more likely to move to the city and more likely to cite family reasons while men are more likely to move from city to reserve and when they move to the city they cite housing, education, employment and/or economic reasons (Norris & Clatworthy, 2003).

patterns by origin-destination that suggest that there are different “*push* and *pull* factors” between reserves and non-reserve communities and cities that affect women differently than men. Similar to the UAPS findings on gender differences, they note that women move more often and are more likely to move to the city for family reasons while men are more likely to move from city to reserve. When men do move to the city they cite housing, education, employment and/or economic factors.

While the UAPS findings are generally positive, one qualitative study conducted with Two-Spirit youth indicates a different reality - identifying some of the specific push and pull factors operating for Two-Spirit youth. In an article entitled “River of life, rapids of change”: Understanding HIV vulnerability among Two-Spirit youth who migrate to Toronto”, Teengs and Travers (2006) discuss some of the reasons why youth migrate (avoiding oppression and seeking a better life); the challenges of life in a big city (finding housing and employment, dealing with racism and exploitation and barriers in accessing services); and how historical colonial experiences impact feelings of isolation, loss of cultural identity, and vulnerability (see also Cannon, 2004). Thus unlike the large UAPS study conducted in 2010 there is some evidence that for some Aboriginal Two-Spirit and LGBTQ peoples the urban experience is not always positive.

Teengs and Travers (2006) cite homophobia and lack of access to health services as motivating factors for migration to cities and away from home communities. They also discuss the positive effects migration can have on Two-Spirit identity formation, while introducing other tensions such as dealing with oppression, poverty, and violence.

In our study then, we hoped to hear about Aboriginal Two-Spirit and LGBTQ peoples’ experiences of moving and the accompanying positive and/or negative impacts on health.



Methodology

The Aboriginal Two-Spirit and LGBTQ Migration, Mobility and Health research project was a qualitative, community-based research project following feminist, and Indigenous approaches to research (Kovach, 2005; Ristock & Pennell, 1996; Wilson, 2008).

Criteria for participation in our project included people 18 years of age or older who self-identified as Aboriginal (including First Nations, Inuit and Métis); and who self-identified as Two-Spirit, and/or LGBTQ, or as women who sleep with women (WSW) or men who sleep with men (MSM); with experiences of migration/moving; and a minimum of conversational English. We recruited through Advisory Committee Members, posters at key organizations; handbills distributed by Advisory Committee members and the Research Coordinator at community events (like the Transgender Day of Remembrance) and through word-of-mouth.

Individual interviews were held in private rooms at a local library and focus groups were held in Aboriginal community organizations. After securing consent, participants completed a set of background demographic questions (see Appendix B) including age, education, sex, gender, ethnicity, types of moves, numbers of moves, travel to a home community, experiences of relationship violence, residential schools, child welfare, sources of livelihood, and connection to traditional practices.

Thereafter, a semi-structured set of interview questions was used to help facilitate the interviews or focus group discussions (see Appendix C). These questions focussed more specifically on participants' experiences of migration and factors that motivated them to move or stay in place,

**We asked about:
impacts of moving on health and wellbeing,
use of services, and
recommendations regarding services for
Aboriginal Two-Spirit and LGBTQ peoples.**

including experiences of home, community and belonging. We asked about impacts of moving on health and wellbeing, as well as use of services, and finally for recommendations regarding services for Aboriginal Two-Spirit and LGBTQ peoples. The guides offered a semi-structured framework, yet enough flexibility to allow participants and the

research coordinator to engage in a mutual conversation (Kirby et al., 2006).

Participants were provided with the questions at the beginning of the interview along with a map of Manitoba First Nations communities to facilitate getting started. All interviews and focus groups were audio recorded. A list of community resources was provided after each interview or focus group to offer support if needed after participation. Honoraria were provided at the end of each interview/focus group.



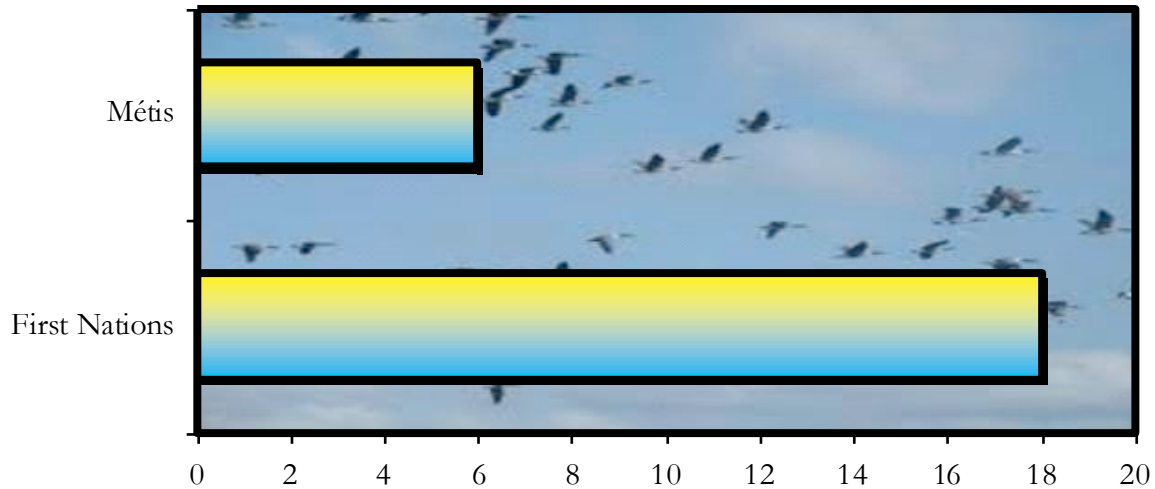
Research Findings

I. Demographic Information

Participants

In Winnipeg, we spoke with a total of 24 participants. This included conducting 13 individual interviews and 3 focus groups (one for Transgender, one for Youth and one group that included gay men and lesbians).

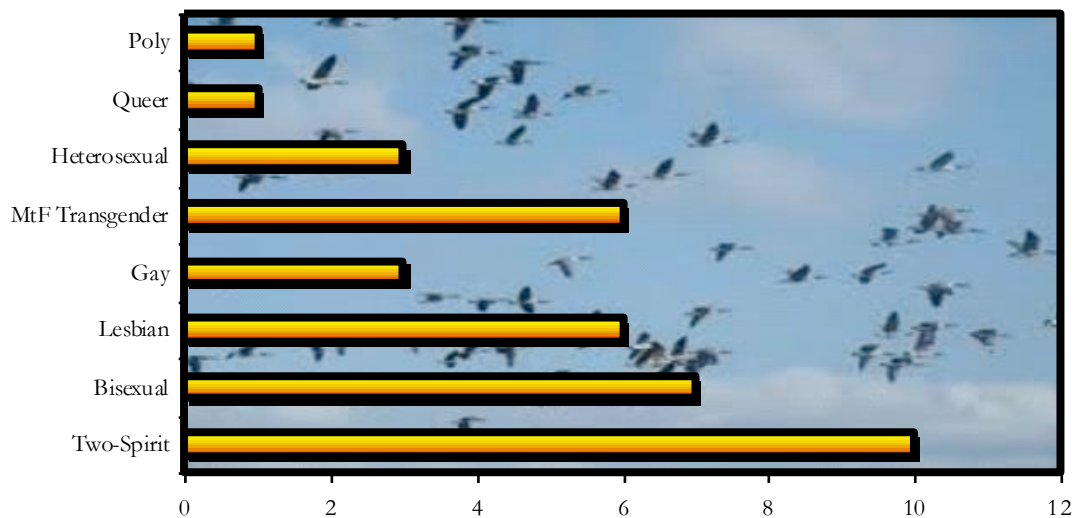
Aboriginal Identity



Six participants identified themselves as Métis, while the remaining 18 identified as First Nations. Fifteen indicated that English was their first language, while three participants said they learned a local Indigenous language along with English (Salteaux, Ojibway, Cree). Three reported that their first language was an Indigenous one (Cree, Oji-Cree and Ojibway) with English as their second language.

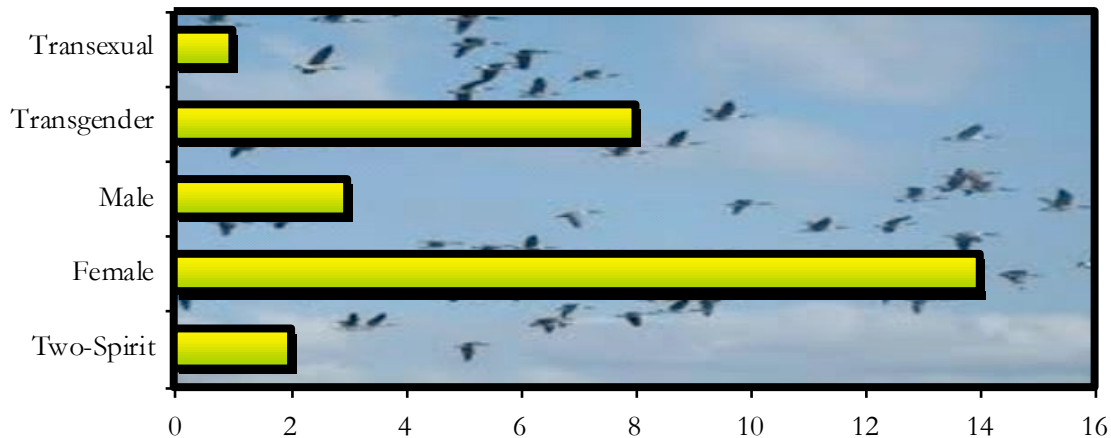
Sexuality

When asked about their sexuality, ten participants identified themselves as Two-Spirit, seven as bisexual, six as lesbian, six as MtF transgender, three as heterosexual, three as gay, one as queer and one identified as “poly”. (Participants were able to select more than descriptor for their sexuality).



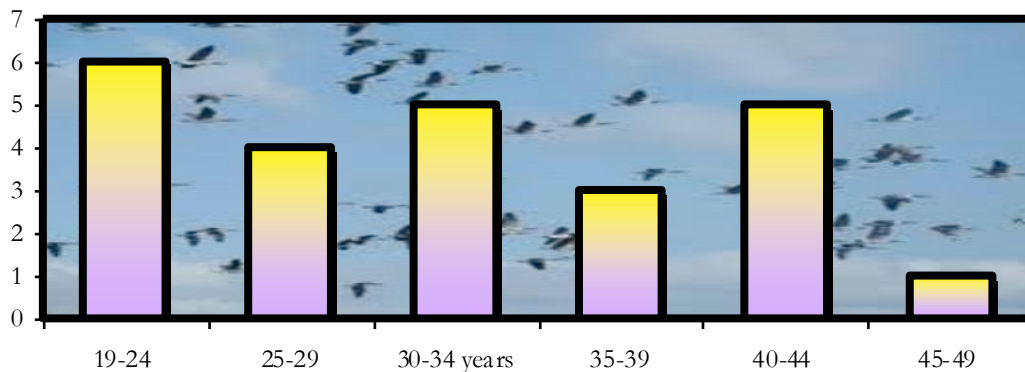
Gender Identity

When reporting their gender identity, fourteen identified as female, eight identified as transgender, three as male, two as Two-Spirit, and one as transsexual. (Participants were able to select more than descriptor for their gender identity).



Age

Participants ranged in age from 19 - 47 years. The average age was 31 years.



Where do you live most of the time?

A majority of respondents said that Winnipeg is their primary home (20) while the remaining participants identified another city (2), a town (1), and a reserve community (1) respectively.

Where do you live some of the time?

When asked about where they live some of the time, of those that responded six Manitoba First Nation reserve communities were named, one rural town was named, and Winnipeg was named by four people.

Current Housing

Twelve participants rent a house or apartment, one owns a home, one lives in a rooming house and two reported being homeless or living on the street. Five indicated that they live with relatives, three live alone, three live with friends. Six reported living with a partner and most indicated that they do not have children living with them (17). Four participants did report having children living with them with another three have children living with them some of the time.

Mobility

The majority of participants (17) have moved from an Aboriginal community (or Métis settlement) to the city. Of those, eight moved 1-4 times and two moved 5-9 times. Four others indicate they have moved 10 or more times. All of these moves were identified as adult moves.

Eight participants indicated they have been forced out of their community because of their sexual or gender identity.

Regarding moves within the city, seven participants said they have moved 1 - 4 times, four have moved 5 - 9 times, four have moved 10 - 15 times and one has moved more than 20 times.

One third of participants indicated they have been forced out of their community because of their sexual or gender identity.

When reporting on their experiences as children under 16, participants also indicated having moved many times, with four indicating 1 - 4 times, three indicating 5 - 9 times, one indicating 10 times, three indicating 10 or more times.

Half of the participants (12) have moved from a different province to the city at one time or another, with nine moving 1 - 4 times and one moving yearly. Four (of the 12) identified moving from another province as a child. Only two participants reported moving to Winnipeg from another country, with one moving as a child and one as an adult.

Eleven of the twenty-four participants travel back to their home community. Some go for specific reasons (for example death in the family, or when invited) while others go often or regularly (8 saying they go at least once per year).

Forced Mobility – Child Welfare and Residential School Experiences

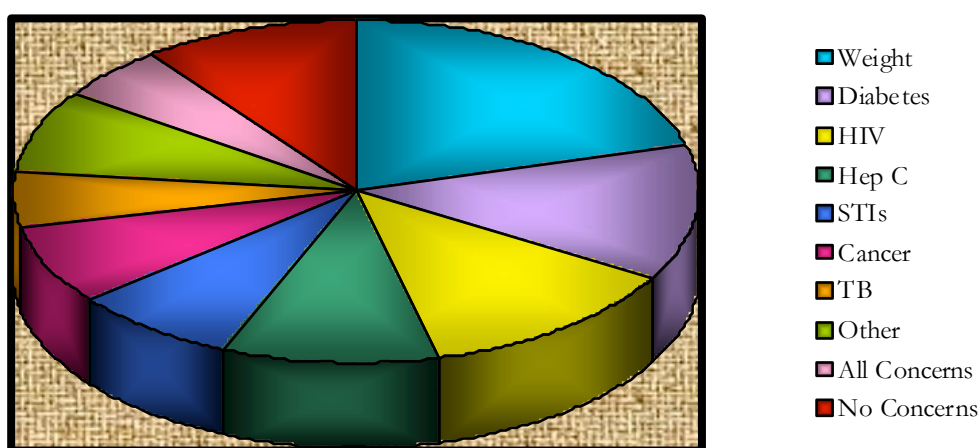
Thirteen participants in our study responded that they had been taken from their biological parents. Of those, four were adopted (two by family members) and nine were placed in foster care. Of those in foster care, five were placed 1 - 3 times, one was placed 4 - 5 times and three were placed 6 or more times.

Only three participants indicated that they attended a residential school, however sixteen indicated they have relatives that attended, including parents (10) and grandparents (7) and other relatives (9).

Education

A range of educational levels was reported, with two participants having some grade school, twelve with some high school, four with a high school diploma, four with some college or University, two with a university degree and one with a specialty certificate.

Health Concerns



When asked about their short or long-term health concerns: Eight identified weight concerns, five indicated diabetes, five indicated HIV, four identified Hepatitis C, three identified STIs, three identified cancer, and two identified TB. In the “other” category, two specified high blood pressure and one indicated a brain aneurism. Two participants indicated concerns about everything on the list, while four indicated no health concerns.

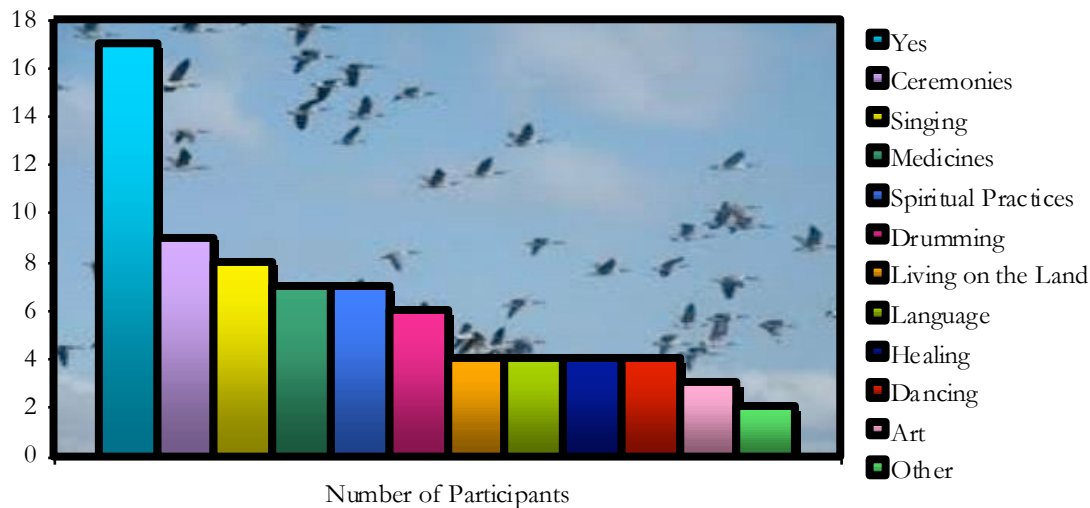
Violence

Nineteen participants reported they have experienced some form of violence in a same-sex relationship.

How do you make a living?

Participants described a range of ways of making a living: ten participants indicated state-sponsored assistance, and one specified Disability benefits. Four engage in full-time work, four in part-time work and three in casual work. One receives student aid, and one lives with parents. Nine supplement their income with the sex trade, six with the drug trade, and one by panhandling.

Participation in Traditional Cultural Practices



A majority of people that we spoke with said they participate in traditional cultural practices (17). When specifying what kind of practices, nine said ceremonies, eight indicated singing, seven reported medicines, seven identified spiritual practices, six said drumming, four indicated living on the land, four stated language, four said healing, four said dancing, three identified art, one added cooking and one added pow wows. Two indicated that they practice all of the listed ways, while one said all but the medicines.

II. Main Themes from Qualitative Interviews/Focus Groups

In this section we report on the main themes that emerged from our interviews and focus group discussions. These include participants' views of their identities, the types of moves participants made, the negative impacts of moving, the positive impacts of moving, and a theme of resilience.

Description of Identities

Participants in our study describe many layers and complexities when speaking about their identities. For example a 20-year-old Two-Spirit, First Nations man described his struggles in determining an identity:

Participants describe many layers and complexities when speaking about their identities.

Well, you know, I'm trying to find myself. I'm trying to live, but it's hard because I don't have a place to live and I don't have a place to grow and I don't have a drawn out line yet. Which is why I'm cookie dough, because I need to, I think that's also what I need to do, is to find who I can be right now so that I could be ready to be who I have to be in the future. It's complicated being me right now (20 years, First Nations, Two-Spirit, male, gay).

A number of participants spoke about what it means for them to be Two-Spirit. The term is described as a word to describe gay people and to ground sexual and gender identity in spiritual and Indigenous/Aboriginal worldviews. People mentioned the healing and positive power of being Two-Spirit and how the term is not connected to what some considered the negative trappings of mainstream gay community (bars and/or bathhouses).

Two-Spirited people are, are a word for the Indian people, you know, like but bisexual, it could be a Caucasian word, but as a Two-Spirit, like a Native word, a Native thing. My granny said, “You

My granny said, “You have two strengths, my boy. You’ve got two strengths. You’ve got one of a woman and one of a man, put together”

(24 years, First Nations, Two-Spirit, male, gay).

have two strengths, my boy. You’ve got two strengths. You’ve got one of a woman and one of a man, put together”. I said, yeah, you know, to use it like that, no I don’t think that people look at you different. They say you have two spirits. ... “Like I have the gentleness of a woman and the sensitivity of a woman but the masculinity of a man (24 years, First Nations, Two-Spirit, male, gay).

One woman spoke about her history in the Two-Spirit movement.

Participant: *Well I think one of the real problems in our Two-Spirited community is the addictions and a lot of the people that I met had already started to kind of heal from that, you know, from their addictions and they were looking to, Two-Spirit is a very, very new term. It only came to light in 1991 and prior to that people really didn’t have a reference point as to how we wanted to identify because we weren’t gay and we knew that we weren’t gay. ‘Gay’ is too, it’s too broad. It doesn’t really define who you are as a person and one of our elders, one of our Aboriginal elders now, had a vision that, she was told this is what we would be called and she gave it to us. And she said, how this gonna come about is that if you are Aboriginal and you are gay, you can identify as Two-Spirited. That’s what we were in the traditional sense of who we are as people, as Aboriginal people, in our community. It’s we are the Two-Spirited people. So prior to that, nobody really had a reference point on how we could identify because gay meant, gay for us meant going to gay bars, getting high, being drunk, going to bath houses and all that stuff and it had nothing to do with being spiritual, being Two-Spirited.*

“Nobody really had a reference point on how we could identify because gay meant, gay for us meant going to gay bars, getting high, being drunk, going to bath houses and all that stuff and it had nothing to do with being spiritual, being Two-Spirited” (40 years, First Nations, Two-Spirit, transwoman).

Interviewer: *Yeah. Or being Aboriginal.*

Participant: *Or being Aboriginal, so we couldn't really kind of identify with that. And so a lot of us took on the term Two-Spirit because we wanted to be identified as Aboriginal men and women. Yeah, but gay is too, it had nothing, the gay lifestyle had absolutely nothing to do with our spiritual sense of being. Yeah, so for us, for a lot of us that were there in the 80's and early 90's it was finding a place and a name for ourselves, to identify ourselves. And so, you know, I was talking about the poster earlier, it said 20 years, and I was at the second gathering. So that's really saying something, after 20 years, that they're still, we're still actually getting together and congregating. Yeah. And a lot of the movement, for the Two-Spirited movement has moved away from the gay bars and, you know, all that stuff. It's not how I'll personally define myself. I'm not defined by gay bars or bath houses or you know, all that stuff, that doesn't define me (40 years, First Nations, Two-Spirit, transwoman).*

In addition to being Aboriginal (First Nations, Métis) with a minority sexual and/or gender identity participants also described their identities in numerous other ways. They identified themselves as: Catholic, Christian, dog owner, hockey player, information techno weenie, straight, Aboriginal woman, cultural person, Traditional, Native, anarchist, activist, Seguan (an Aboriginal gay person transforming into a trans person).

Types of Moves

Participants spoke about moving to the city from reserve or rural communities. This occurred with parents, alone, or with a partner. People also said that they moved to reserve communities from the city because of family or partner connections. We heard about movement back and forth between city and First Nation reserve communities and/or rural communities or a Métis settlement. Finally, we also heard about movement within the city multiple times. The latter may have been in addition to the earlier types of moves, or for some, multiple urban moves compose the extent of their migration experiences.

Reasons for Moving: Push and Pull

Participants spoke about push and pull factors affecting their migration (Norris & Clatworthy, 2003) – such as moving away from negative circumstances or experiences such as violence, discrimination and abuse, and moving towards hopes for something better. One woman stated,

Like I wanted to literally commit suicide out there because nobody accepted me because of the way I thought about women. Out here everything changed for me, like I used to be really dark, and like

Participants spoke about *push* and *pull* factors (Norris & Clatworthy, 2003) - such as moving away from negative circumstances or experiences such as violence, discrimination and abuse, and moving towards hopes for something better.

Winnipeg, basically this is a bit forward or too much, but like saved my life, almost, yeah (19 years, Métis, bisexual).

Another shared her story of seeking recovery.

Well actually like my reasons to come to Winnipeg, I tried moving back home to _____, you know, for - it was sort of like, I had a lover who was really unstable and we were into lots and lots of drugs and we had a situation where I was in real danger and I kinda had that moment where, I was like, if I wasn't doing like mountains of cocaine, I wouldn't be in this situation. Like I need to change everything and so ...I moved home and stayed there for nine months (29 years, Métis, Two-Spirit, bisexual, poly, queer, female).

Another participant spoke about being bullied in his reserve community for being too feminine:

“I knew that I had a secret ... I'm gonna go and stay with people who want me”
(20 years, Two-Spirit, male, gay).

Another participant spoke about being bullied in his reserve community for being too feminine. He says that he coped with this by being invisible. He presents coming back to the city from the reserve as motivated by being with other gay/Two-Spirit people.

Yeah, yeah, and I was, I definitely by that time knew I wasn't like every other boy. I knew I was um, I knew that I had a secret. So moving was like okay, sure whatever. Let's go. And then I thought I'd be better, you know, my people, I'm gonna go and stay with people who want me (20 years, Two-Spirit, male, gay).

Participants also spoke about moving to seek community and make sense of themselves. In this way they were pulled into moving toward something positive or hopeful. In this, we heard people talk about moving “to be myself”, “to find myself”, “to find people like me”, and “to find a partner”. In addition to identity and affiliation seeking, Two-Spirit people spoke about the draw of a big city like Winnipeg where there is a visible LGBTQ community and the city is big enough to be anonymous. Others talked about accessing voluntary or involuntary services (like medical and addictions treatment, incarceration or being in foster care.) Others moved for reasons of work or study.

We heard people talk about moving “to be myself”, “to find myself”, “to find people like me”, and “to find a partner”.

The following participant came to the city when she was 16 or 17. She knew at the time she was one of two lesbians in her community. Despite this, she indicated that she moved:

For other reasons.... In fact, I got sent to, I don't know what they call it, it was a group home or treatment. Because in that year there, there was like a lot of shit happening, you know, my brother got killed and all that bad stuff (31 years, First Nations, lesbian).

Push factors compel people to move away from something – often seeming like being literally pushed away from/out of their home or community. Examples include getting evicted, overstaying

one's welcome, falling out with friends/roommates, experiences of discrimination and resulting feelings of isolation.

One participant spoke about how a friend suggested moving to the city for support. This example illustrates how it is possible to have both push and pull factors operating to influence a Two-Spirit person's mobility.

Participant: *Okay, I, as a teenager I actually started having suicidal thoughts because I didn't know what my sexuality was or what it meant or what it was about. People weren't actually willing to talk to me about it because actually nobody knew. And I started actually, I actually started having like anxiety attacks, depression, suicidal thoughts because I couldn't figure out what was wrong with me. And that's how I felt, what is wrong with me? I don't understand what's going on.*

Interviewer: *And no one knew how to ...*

Participant: *Tell me how to deal with it, so. Something came to me, I guess, when I was about 16, 15 already 16, I had met people that had actually lived in Winnipeg and they said, you really should consider moving to Winnipeg because one of my friends told me, you're gonna die here if you don't leave. And that was just by my own hand, you know, because I was having already suicidal thoughts at that time. I didn't know where to go for support (40 years, First Nations, Two-Spirit, transwoman).*

Small community in-fighting can also be a factor that becomes complicated by the intersections of identities and the dynamics of both relationship and community violence. For example, one woman spoke about her partner being abusive towards her, and also getting her friends to go after her. This participant was assaulted physically by her partner's friends, which included homophobic slurs being used against her as part of the assault. She then sought to move away from the violence.

Negative Impacts of Moving

Under any circumstances, moving is a change and can be a difficult transition. For those that moved to the city from reserve or rural communities, the culture shock experienced cannot be minimized. For example, issues such as finding a place to live, having limited social support networks, as well as

Moving is a change and can be a difficult transition impacted by negative experiences of racism and transphobia in the gay community.

dealing with the loss of their home community and connections are just some of the specific issues that people confront after making a significant move. Participants also spoke about the stress of moving and the ways they tried to mediate the difficult adjustment. For example some spoke of using alcohol or drugs – sometimes as a coping mechanism and sometimes in the context of too much partying.

Feelings about moving were further impacted by negative experiences of racism and transphobia in the gay community:

Yeah, like you know, it's, the community is like, there's a lot of like, I don't know how to put it, there's like, they hate on us Two-Spirited trannies. Like the gay community and I don't understand that? (23 years, Aboriginal, Two-Spirit, transwoman).

In participants' stories, we also heard about the secondary impacts of moving - like getting involved in the sex trade, seeing friends die (due to sex trade, drug use, murder, HIV), dropping out of school, and homelessness.

Participant: *Yeah, it was actually because the reason I drank, the reason I drank was because I couldn't deal with being gay. Like I couldn't deal with it. Oh, I really hit the jackpot when I came out here because when I came out, AIDS came out. And AIDS was killing people left, right and centre. And I was like, holy crap! What's the world, and it's like, people are dying around you, like, it was like, I don't know, like but the thing was the only way I knew how to deal with it was drink and forget about it, like just drink myself into oblivion. Because people I was meeting were dead like a month later and it was like, okay, like what's going on here. So there was a lot of fear and a lot of confusion.*

Interviewer: *I was gonna say. That's an emotional bit. So even though there was good stuff happening in the city, then you also encountered this fear of illness.*

Participant: *Really, really negative side, yeah. And because everybody was dealing with it in a way they knew how to deal with it, I just didn't know how to deal with it. I was like really confused, really afraid and really scared. And I thought, if I drink, then I won't have to deal with it, you know, because there was a lot of fear. And I think, like the first time I went into depression was the first time that I heard about it and what it was doing to gay people, because I kinda had a sense that I might be gay. I might be gay, but you know, and they said gay men are dying of AIDS. And that's when I really fell into depression when I was a teenager and started looking at killing myself because I thought, oh my god, is this what I'm looking to go into, you know? Is this my life? Is this it? Am I gonna go to a city and die of AIDS? Like is that it? (40 years, First Nations, Two-Spirit, transwoman).*

Negative Impacts on Health

In asking about experiences of migration, we invited participants to share the impact of movement on their health (physical, emotional and spiritual). People spoke about encountering physical and sexual assaults on the street, as well as the physical manifestations of stresses on the body: trouble sleeping, homelessness, drug use, survival

People spoke about encountering physical and sexual assaults on the street, physical manifestations of stresses on the body: trouble sleeping, homelessness, drug use, survival sex work, HIV and fatigue.

sex work, HIV and fatigue. Living in poverty can be difficult at best and dangerous at worst:

I know. (All laughing) I don't have to watch TV. I just open my curtains and watch outside. (All laughing) That's how dangerous it is on _____ (street) in the North End. Um hum. So I just stay at home or I'm usually at my friend's, where I'm comfortable and on the res. On the week-ends, I usually take off. I'm never at home (41 years, First Nations, Two-Spirit, straight, transsexual, female).

Participants also shared emotional and spiritual strains of moving, like feelings of loneliness, isolation, and stress exacerbating any existing mental health issues and/or relationship issues.

One of the things that people don't realize, like for me, that isn't realized until, you know, much too late in life, but that there really is a sense of loss in having to leave somewhere and you carry that with you, you know, until you find a place where you can actually let it go. And I think that family and friends, the family and friends that I have, have really allowed me to voice that, and people encouraged, and people have encouraged me to talk about that experience, you know (40 years, First Nations, Two-Spirit, transwoman).

Loneliness can also cause people to stay in or return to relationships they know they don't really want. Suicidality, anxiety, depression, stress and isolation were also reported.

At that point, I guess I was pretty young and infatuated and of course I was gonna go wherever my partner was going. Very selfish and not thinking about my family in that way. I, definitely it did, I don't think physically it did a lot to me. Mentally being away from my friends, it was hard. The people that I talk to and were close, and knowing they didn't necessarily approve of who I was with and the things I was doing, so, that did make me feel very disconnected and to be there and things not to be that good with my partner, it was a very hard time (34 years, Métis, lesbian, female).

Positive Impacts of Moving

In addition to the difficulties identified, participants also spoke about many positive aspects of their moves. For example many accessed valuable resources in the areas of health, social services, culture.

... when I was coming to Winnipeg, I joined this organization called _____ and one of the programs in there is _____ and I've been in there for 2 years now, and I've just been touching, cause my family's not traditional in any respect, so it's different coming from my family who has no religious views and spiritual views. It's out of their lives now.

“You just have a sense of pride and that feeling is something that I cherish more so than anything else” (20 years, Two-Spirit, gay, male).

And then coming here and feeling you know, again like my parents, they're scared of it. They're scared of our teachings and I think that's a whole other issue about my family and my past that I don't have any control over. So I really felt like I needed to reclaim something I lost because they lost it. And I wanted to, and when you hear, I mean you hear more information about your people and you just get, you just have a sense of pride and that feeling is something that I cherish more so than anything else (20 years, Two-Spirit, gay, male).

In addition to the exhilaration of a new place, we heard about finding a specific community and a positive peer group (such as trans, gay and Christian, HIV +).

Finding a particular community was part of the process for some participants of refining their identity (i.e. from gay to trans). For example, in the city, some transwomen were able to meet other transwomen and get help with dressing and transition.

But then, I came out and everyone's like, yeah, we knew you were gay. You can sort of tell. And then I didn't start dressing up until like 3 years ago. I met my first trannie. Her name is _____. She's a tall, pretty girl and it was like, she had these big boobs and everything and wasn't afraid, like to flaunt them off or show them off, and she showed me like where the surgery had been, like told me the pain, like the feeling of the skin stretching and everything. Yeah, so she dressed me up and so I could be a very pretty girl, so like, hey. And yeah, I've been dressing up ever since and I like it. I feel more comfortable dressed like this than wearing baggy clothes. It's like, this is who I am. I try wearing something that's baggy and loose. I just don't feel right (19 years, First Nations, female, transwoman).

Other positive impacts identified included moving away from abuse or discrimination, reuniting with previously estranged family members, and accessing Two-Spirit cultural teachings (fundamentally important for those who mentioned this).

"You just go around and around and you stop where you feel accepted" (41 years, First Nations, Two-Spirit, straight, transsexual).

For one participant, the fear of contracting HIV/AIDS in the city was countered by meeting healthy, supportive people. This participant is now sober for 14 years and says that she can't even believe she survived some of the things she did.

People spoke about how finding home and community fuels *not* moving, informs staying in place or within a close geographical area.

You just go around and around and you stop where you feel accepted. Like there's places here. You'll stop there. You won't stop there because you're discriminated there. You go here (41 years, First Nations, Two-Spirit, straight, transsexual).

Some participants coped with transition by getting involved and connecting with people in a volunteer/leadership capacity, thereby creating the community they need.

Intersecting Identities

Some participants spoke about the difficulty they feel bringing all of the various components of their identities with them (i.e. the Indigenous and the LGBTQ among others). One young

Some participants spoke about the difficulty they feel bringing all of the various components of their identities with them (i.e. the Indigenous and the LGBTQ among others).

woman said she finds having her different identities confusing and in conflict – she even used the word “war” to describe her feelings about being Métis, bisexual and Catholic.

And I’m just like which one should I lean to? Because each one is telling me that this is wrong. This is wrong. I’m just like, what? There’s this big war going on in my head, and I don’t know what to do (19 years).

Ignorance, misinformation, discrimination and lack of visibility about sexuality, ethnicity or spirituality mean people feel much more that they need to hide parts of themselves (for example the invisibility of bisexuality and positive spirituality in the queer community). Along these lines, one participant spoke about not being accepted in her religious community, and also being invisible in the LGBTQ and larger Indigenous community as a Métis person.

...the word ‘passing rights’ came up and that, it’s very easy for me to do, I’m not visibly flamboyantly gay, you know, so unless I’m dating people, or women, and had it visible that we’re dating, you know, that wasn’t something that was that visible, and I guess, in a sense too, a lot of ways I feel I have a lot of ‘passing rights’ too with the Aboriginal I have in me. You know, like I said, I do get a fair amount of people come up and ask me what I am, but that doesn’t come up day to day and they don’t, you know, I’ve never felt visibly discriminated by just people just looking at me and treating me different. So, you know, I guess I’m not overall whole. I figure those parts are with me and I guess I definitely do let parts out more so, yeah, I grew up my mom taking us to church right from a baby. I was baptized as a baby. I went right through all the, you know, Sunday School, you can go through right to being confirmed and that has been important to me, but I know there has been times in my life where I’ve been very discouraged by it, to the point now where I guess I consider myself being spiritual. I don’t use the word religious so much anymore. And so I guess at this moment in my life, in the past couple of years, I don’t really feel like I have much of an actual spiritual community as a sense of people (35 years, Métis, bisexual, woman).

The same participant stated that when she went away to school she found a different experience:

And when I went away to Alberta, I think I was about 26, I could be really open. I’d met gay people who were Christians and Christians, and even pastors who were okay with people being gay, and yeah, I didn’t really care that it was, you know, would upset someone to the fact that they would kick me out of their family or spiritual community, so I really felt I could be me. And I think that’s truly what kept me there for 3 years (35 years, Métis, bisexual, woman).

Another participant spoke about being sexually abused by an older brother, but also being regularly beaten by his father, who was a minister. Both of these experiences complicated his ability to be open with himself and others about his sexual orientation.

Participant: *Yeah. And my dad, I had it rough. I had it rough. A day never, I hate to say this, you know, but a day never went by without me being ...*

Interviewer: *Being bit.*

Participant: *Yeah, so I kinda had, over the years, I kinda like hid my sexuality, prior, because being a kid and being a gay now, especially, you know, my father being Pentecostal. Yeah, yeah* (42 years, First Nations, Two-Spirit, gay, male).

Another participant spoke about the need to be honest with family and community members about his identity and health issues. This participant experienced his sharing in very positive ways – it strengthened his relationships.

But it's like, if they don't know that you're positive and you're gay, how can you fit in? How could they accept you? You know, so, when I found out I was positive, I was, what am I gonna do? You know, my whole family just turned around on me because I didn't say anything, but they knew. So I started telling them and saying things, saying it, eh, and they finally said, okay, he's accepting it. He's understanding it. He knows what he's doing. You don't have to be worried about touching him or shaking his hand, you know, so now they know, and they're all just hugging me and that, you know, and people that I see, you know, they say, how you doing? Taking your pills and stuff, and staying straight? I says, not staying straight. (All laughing) I'm gay every day. But that was a big part (24 years, First Nations, Two-Spirit, gay, male).

We spoke with participants who identified in a variety of ways and who are “out” about their identities in differing capacities. All participants, regardless of the complexity of their identities, sought safe places to live within the context of caring community members.

Resilience

Some participants emphasized the positive impacts of moving on their emotional and spiritual wellbeing. In these stories, we heard the theme of resilience.

... so to me, now, it's not so important to find somewhere where I fit as a whole. You know, it's to stay connected with all my parts [Bisexual, Two-Spirit, Métis, Female, Christian] through the different places. So I guess support has changed what it meant cause for the longest time I was searching to fit somewhere and find that support network. Well now I have support networks all over, and to me that's much more, and helps me build as a person (35 years, Métis, bisexual, woman).

Another participant spoke about his wonder at what he has learned about Two-Spirit traditions in coming to the city.

Yeah. For me, the little bit I know about Two-Spiritedness, is that we were, we were special. We were pillars in the community for all facets of the tribe. We were there for everything. We were multi-taskers, is what we were, so and I look back, I look back at my family or people in the community who are making changes, social change or whatever, I feel like I'm not doing enough. I feel like I have to be living up to what I am. I think as a Two-Spirit, there's so much more I need to know about my culture. So much I need to know, so much that needs to be found (20 years, Two-Spirit, gay, male).

“The little bit I know about Two-Spiritedness, is that we were, we were special. We were pillars in the community for all facets of the tribe. We were there for everything” (20 years, Two-Spirit, gay, male).

Despite living through very difficult circumstances in some cases, the participants have embraced their identities in positive ways.

Well for myself, I'm comfortable with who I am. I don't care if people judge me about who I am, you know. This is me and I'm not gonna change for anybody. I'm just happy with myself, even though I'm going through a lot of shit right now, you know, I manage (31 years, First Nations, lesbian).

... I kinda decided when I disclosed about the sexual abuse to Child and Family Services when I was 16 that I wouldn't be hiding anything ever again because it makes me sick. I had allergies that were like really, really bad, I think as a result of like lying for a lifetime, you know, and hiding things. So it was kind of, it was kinda like a deal I made with myself, was like, if I tell just one more secret, there ain't gonna be any more secrets ever, you know. So I'm a pretty open book. Like I don't hide the fact I'm queer from anyone, even if I'm fairly confident they're gonna be homophobic, I'd rather challenge that and accept it, you know. I always disclose that I'm Métis I don't feel at home anywhere. It's just I bring all my parts with me, for sure (29 years, Métis, Two-Spirit, bisexual, poly, queer, woman).

“My worldview is the earth. It’s the sky. It’s the animals. It’s trees. It’s the elements of the world, of the earth and why they come to us and what we learn from them” (40 years, First Nations, Two-Spirit, transwoman).

Some participants have experienced and witnessed much violence (in their family and/or community). For one transwoman in particular, healing from this and imagining a life violence-free was a huge task that has changed her life for the better. This woman now feels a responsibility to share what she has learned culturally and this has resulted in volunteer work in the community. In hearing her story, she gains a sense of confidence and competence from these teaching and sharing roles.

For some participants, despite moving and growing away from their first communities, their resilience shines through as they continue to have strong ties to their Indigenous identity and worldview. The following participant spoke of the power of having an Aboriginal worldview and culturally-based supports for well-being.

Yeah, cultural teachings, sweat lodges, because Aboriginal people need a reference or a place where they can identify with a past. Okay, you know, everything comes to me in my life because I'm Aboriginal. That's why it comes to me, because I'm Aboriginal. I don't have a white way of seeing the world. I don't have a European way of seeing the world, because I was brought up in the language, and in the language, therefore it's a culture, Cree. So I don't understand the European worldview because that's not my worldview. My worldview is the earth. It's the sky. It's the animals. It's trees. It's the elements of the world, of the earth and why they come to us and what we learn from them. And that's all in our language and that's how my parents raised me. So when I came here and people were like, you know, all this stuff, in English, and I was, okay, this makes absolutely no sense to me. I don't understand it. I don't understand what it is to be a welfare client. I don't understand what it is to be in the system. It's really foreign to Aboriginal people, because when we need help, we go to a neighbour and say, can you help us? And that neighbour will. And we don't fill out forms... that hasn't been our experience (40 years, First Nations, Two-Spirit, transwoman).



Analysis

Two overarching themes stand out from our findings for this study on the trajectories of migration and the impact on health and well-being: a theme of seeking home, community and belonging and a theme of disconnection.

Seeking “Home”, Community and Belonging

Everyone in our study described the sense of belonging that can come with community. Community is rooted in relationships and the connections that people have with each other and with geography. For example:

Well, the good thing about moving was I found like _____ (a gay club), so I got more introduced to the gay scene and stuff and found out that there was actually more people like myself. Because when I was younger, I always thought, why am I like this? And how come I don't see anyone else? And then I always felt like I was alone. So moving to Winnipeg and seeing, it was just like wow (23 years, First Nations, Two-Spirit, transwoman).

As well, all participants shared the importance of chosen family (Weston, 1991) - friendship connections that became family connections, outside of blood relations.

But it's, I've come to realize that I am not the only person. Like that's, that's, that's the big issue for me. I'm not the only person. I have lots of people that I care about deeply and I, you know, like people come and go. Yes they do, but when you form relationships and family, family is very important to me. It's something I didn't have as a kid. I kinda made my own family as I went along. Like my children, and then, you know, my friends along the way. That's my family. Yeah, it's family that keeps me here (25 years, First Nations, straight, transwoman).

As well, some people learn about ceremonies and participate in traditional practices as a product of their mobility – which fosters their spiritual sense of community and development.

Participants moved in search of something and in order to create community and a feeling of belonging.

Most participants reported that they have a good sense of home, community, and belonging in their current context and wouldn't change their circumstances right now. Moving helped them discover and clarify what matters to them. Thus, participants in this study moved in search of something and in order to create community and a feeling of belonging. As the results show, some were very successful in building new families, in finding and offering support, in developing richer relationships and strong multi-layered identities. Yet interwoven with this positive trajectory is the experience of disconnection.

Disconnection

A larger context of colonization, abuse and discrimination can cause Aboriginal people to be disconnected from Indigenous languages, culture and positive Aboriginal and Two-Spirit history. This context can lead to disconnection in themselves as LGBTQ and as Aboriginal peoples. Two examples:

One of the things that people don't realize, like for me, that isn't realized until, you know, much too late in life, but that there really is a sense of loss in having to leave somewhere and you carry that with you, you know, until you find a place where you can actually let it go (40 years, First Nations, Two-Spirit, transwoman).

One of the things that is very significant to me personally is the absence of home. This is my perspective as an urban Aboriginal person who has always lived in an urban context. I have no connection to a land base or to Aboriginal community (38 years, First Nations, lesbian).

Some participants spoke about the loss and grief they experienced from leaving their home and others about the sense of loss in not having a connection to Aboriginal community. These stand out as examples of the historical and cultural costs of colonization for the Two-Spirit and LGBTQ Aboriginal peoples we spoke with. Teens and Travers' (2006) bring these elements of analysis together with relevance for Aboriginal Two-Spirit and LGBTQ people when they state,

Aboriginal communities experience a wide range of challenges including poverty, violence, suicide and hopelessness. The legacy of residential schools has also left many with negative assumptions about same-sex attraction. The widespread sexual abuse that occurred makes it difficult for many to have a healthy view of sexuality. Instead, sexuality has become a source of shame and pain. Complicating matters is that community members might even perceive people with same-sex attractions to be potential perpetrators (p. 23).

This legacy of abuse, pain, and shame, and the potential misattribution of blame (in identifying Two-Spirit and LGBTQ as ‘potential perpetrators’) results in further stigma, experiences of discrimination, and compels people to move away from their original communities. In their new places, Aboriginal Two-Spirit and LGBTQ peoples may be ill-prepared for life in an expensive city and shocked to experience racism (in housing and employment for example and in the larger LGBTQ community), homophobia in Aboriginal circles, sexual exploitation and isolation (as reflected in this present study, and in Teengs and Travers, 2006).

This legacy of abuse, pain, and shame, results in further stigma, experiences of discrimination, and compels people to move away from their original communities.



Recommendations

Participants made a number of important recommendations for services in the city (i.e. in Winnipeg) and for work to be done in reserve communities. Participants made suggestions based on their experiences (i.e. transwomen made specific recommendations for inclusion in women’s services) or the experiences of people close to them. Participant recommendations are included here and are followed by a section on recommendations from Advisory Committee members.

In the City

The need for supports that are culture and sex/gender sensitive.

Participants spoke positively about coming to the city and finding services that opened a door to cultural teachings they were unable to access in their home communities. Additionally, participants spoke about the need for sensitive workers in services like child welfare, education, health and housing.

I think there still has to be work done in the treatment centres. They don't accept people, like doctors, clinics. The doctors are scared to touch us, and they just go, 'oh', without touching me. You're, alright'. (All laughing.) They don't even ask us to put a gown on (41 years, First Nations, female, straight, transsexual).

If I ever become a social worker, which I will, and I'm gonna, I'm gonna tell right away who's gay, talk about it and say it's okay. Cause my workers never understood me. They made me stay with a man, like a man, a straight guy. I said, what the hell are you guys doing? Like it was totally wrong to put me in a foster home, being transgendered with a straight guy (19 years, First Nations, Two-Spirit, transwoman).

The need for transition services to assist people when they first move to the city.

Numerous participants suggested having a safe 'transition' house and LGBTQ centre for people to come to when they first come to the city to connect with their culture, their sexuality and to access resources (housing, employment) – to prevent people from being on the streets.

The need for documentation, research and understanding about Two-Spirit people, issues and interests.

Participants spoke about feeling misunderstood in many places and hiding parts of their identities – resulting in isolation and lack of appropriate referrals to positive and supportive services.

The need for many other services.

Participants made specific suggestions such as Two-Spirit housing services, an Aboriginal worker at the Rainbow Resource (LGBTQ) Centre, Métis-specific services, a long-term substance treatment service open to transwomen, a gay group home/foster-care, and a gay jail. The last three recommendations came from participants who had experiences of being in treatment, in foster care, or incarcerated. As if these kinds of experiences are not difficult enough, these participants spoke about how they did not fit within these settings, and did not feel safe or accepted because of their sexual and/or gender identity.

Participants identified a need for community activities and events that are not alcohol or bar-based, that include cultural components and are respectful of sex and gender diversity.

Participants spoke about how the bar is often the first entry point to an urban gay community (see also Teengs and Travers, 2006). Over time, the bar may become a source of substance abuse, and unhealthy relationships. Aboriginal Two-Spirit and LGBTQ participants said they want places to gather and activities that are safe, healthy and promote positive connections and community well-being.

They spoke of the need for a shift away from client services to a focus on creating collective community well-being offerings.

These suggestions included spiritual resources, Two-Spirit positive teachings and Two-Spirit Elders and mentors, as well as respect and inclusion of relations and building other inter-generational connections.

In Reserve Communities

Specifically in relation to reserve communities, participants suggested community workers who can talk about gender and sexuality, address anti-homophobia and diversity education, and ensure gay or transgender representation on council.

For those living in the city and feeling estranged from their First Nation communities, these changes might help them feel more comfortable returning to their home communities.

Participant: I still really don't, like, accept myself sometimes. When I walk down the street, I look down, and like I hope those people, sometimes I want to be invisible. And like just walking down the street, I don't like somebody seeing me in a weird way. Oh my god.

Interviewer: You wish you were invisible or which part do you wish were invisible? What are the parts that you're not comfortable with?

Participant: I don't know. It's just sometimes people say comments, look at that guy. Sometimes I want people to see me as a woman, not as a guy wearing women's clothing. I want to be a woman. I'm a woman on the inside. And just to like let people know, like this is not, like we don't do this so we can have fun. This is just who we are and every time I go home, they tell me 'just don't dress like a girl, you are going to embarrass us' (19 years, Two-Spirit, First Nations, transwoman).

Recommendations from Advisory Committee Members

In reviewing the recommendations from participants, we discussed at length as an Advisory Committee how best to ensure that participant stories are heard and are used to make things better for Aboriginal Two-Spirit and LGBTQ people:

- Aboriginal Two-Spirit and LGBTQ participation in city and other committees is needed (ex. police services, health, community advisory councils and specific program committees whose service base includes Aboriginal Two-Spirit and LGBTQ).
- Sensitivity and awareness training offered by experts within the community on Aboriginal Two-Spirit and LGBTQ concerns is needed for community agency staff, school personnel and child welfare workers (including foster-parents and adoptive families).
- Educational work is also needed that targets First Nations and Métis leadership (Elders, band councils, leaders etc.)
- Further research is needed to follow up on the results from this pilot project. For example, many participants reported experiencing some form of violence in a same-sex relationship—

work is needed to understand the nature of these experiences and to create appropriate responses.

- People need to become aware of several Aboriginal Two-Spirit and LGBTQ-specific resources that have already been developed such as the following web pages and resources:
 - 2-Spirited People of the 1st Nations (www.2spirits.com)
 - Institute for Sexual Minority Studies and Services (www.ismss.ualberta.ca)
 - *Deb-we-win Ge-kend-am-aan, Our Place in the Circle* (NFB film by Lorne Olson)
 - Canadian Rainbow Health Coalition (www.rainbowhealth.ca)
 - Jacobs, S. E., Thomas, W & Lang, S. (Eds.). (1997). *Two-spirit people: Native American gender identity, sexuality and spirituality*. Chicago, IL: University of Illinois Press.



Conclusions

Colonization is sometimes presented in public policy discourse as a thing of the past (i.e. it's "done"). This results in the concerns and interests of contemporary Indigenous peoples being rendered invisible and current enactments and effects of colonization being ignored and even enabled. Similarly, some people may underestimate the effects of homophobia given the advances that have been made in Canada regarding same sex rights. Yet the results from this study clearly show the continuing impact of colonization, racism and homophobia on many people's lives. We have attempted to bring forward the voices of Aboriginal Two-Spirit and LGBTQ people so that we can learn from their experiences of identity, movement and health. Overall, the words of the participants speak powerfully and we hope the findings we have presented will provide the impetus for action. The recommendations from participants indicate that there is a desire for visible and accepting services in cities and in First Nations and Métis communities to address the specific needs of Aboriginal Two-Spirit and LGBTQ peoples and to widen sacred and spirit-based understandings of gender and sexuality.

This study was exploratory in nature and has many limitations including the fact this is based on a small and non-representative sample. Future research is needed in a number of different areas: to

further explore the identities and experiences of Aboriginal Two-Spirit and LGBTQ people who live in their original (reserve or rural) communities; to explore the ways positive spaces are being created and expanded for Two-Spirit and LGBTQ to receive and share Two-Spirit teachings and participate in ceremonies; to explore on a larger scale Aboriginal two-Spirit and LGBTQ experiences of movement and migration and the impact on health in communities across Canada. In facilitating community-based research, we can ensure that Aboriginal Two-Spirit and LGBTQ peoples' lives are acknowledged, valued and understood while also documenting the specific recommendations they have to share.

We hope these findings can be used so that Aboriginal Two-Spirit and LGBTQ moving to the city have help with this difficult transition and can more easily find a place to call home, people and places to call community, and can belong.

The findings and recommendations offered in this report, based on participants' experiences, are lessons in building good and safe communities for everyone, so that all members can participate and fulfill their place in the sacred circle. We hope these findings can be used so that Aboriginal Two-Spirit and LGBTQ people moving to the city and within can have help with difficult transitions and can more easily find a place to call home, find people and places to call community, and can feel a sense of belonging.

References

- Anderson, K. (2003). *A recognition of being, reconstructing Native womanhood*. Toronto, Ontario: Sumach Press.
- Assembly of First Nations. (n.d.). *Fact sheet*. Retrieved from <http://www.afn.ca/article.asp?id=766>
- Bauer, G.R. and Jairam, J. A. (2008). 'Are Lesbians Really Women Who Have Sex with Women (WSW)? Methodological Concerns in Measuring Sexual Orientation in Health Research'. *Women and Health*, 48, 4, 383-408.
- Beaucage, M. (2010). Personal conversation, after the proceedings of the Community Consultation Forum of the Aboriginal Two-Spirit and LGBTQ Migration Mobility and Health Research Project. April 1, 2010. Winnipeg, MB.
- Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women*, 10(8), 901-916.
- Cahill, C., Sultana, F., and Pain, R. (2007). "Participatory ethics: Politics, practices, institutions". *ACME: An International E-Journal for Critical Geographies*, 6 (3), 304-318.

- Canadian Institutes for Health Research (CIHR). (May 2007). *CIHR guidelines for health research involving Aboriginal people*. Ottawa, Ontario: Her Majesty the Queen in Right of Canada.
- Canadian Rainbow Health Coalition (CRHC). (2004). *Health and wellness in the gay, lesbian, bisexual, transgendered and Two-Spirit communities, a background document*. Retrieved online at www.rainbowhealth.ca, May 2010.
- Cannon, M. (2004). The regulation of First Nations sexuality. In J. McNinch and M. Cronin (Eds.) *I could not speak my heart, education and social justice for gay and lesbian youth*. Regina: University of Regina Publications.
- Coalition for Lesbian and Gay Rights in Ontario (CLGRO). (1997). *Systems failure: A report on the experiences of sexual minorities in Ontario's health care and social services systems*. Toronto, ON: Health Canada, Health Promotion and Programs – Ontario Region.
- Currie, R. J. (2002). A summary of the report of *The health and health care use of Registered First nations people living in Manitoba: a population-based study* by Patricia Martens, Ruth Bond, Laurel Jebamani, Charles Burchill, Noralou Roos, Shelley Derksen, Marcella Sanderson and the Health Information and Research Committee of Assembly of Manitoba Chiefs.
- Dickason, O. P. (2006). *A concise history of Canada's first nations, adapted by Moira-Jean Calder*. Toronto, ON: Oxford University Press Canada.
- EnviroNics Institute. (2010). *Urban Aboriginal peoples study, main report*. Retrieved online September 2010 at <http://www.uaps.ca/>.
- Fieland, K. C., Walters, K. L., & Simoni, J. M. (2007). Determinants of health among Two-Spirit American Indians and Alaska Natives. In I. H. Meyer and M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York, NY: Springer.
- First Nations Centre. (2007). *OCAP: Ownership, Control, Access and Possession*. Sanctioned by the First Nations Information Governance Committee, Assembly of First Nations. Ottawa: National Aboriginal Health Organization.
- Guimond, E. (2003). Fuzzy definitions and population explosion: Changing identities of Aboriginal groups in Canada. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 4, 35-49. Retrieved from Indian and Northern Affairs website, October 2007.
- Herek, G. M., Chopp, R., and Stroh, D. (2007). Sexual stigma: Putting sexual minority health issues in context. In I.H. Meyer and M.E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York, NY: Springer. Ch. 8, 171-208.
- Houlden, M. (2010). A summary report of *Profile of Métis health status and healthcare utilization in Manitoba: A population-based study* by Patricia Martens, Judith Bartlett, Elaine Burland, Heather

- Prior, Charles Burchill, Shamima Huq, Linda Romphf, Julianne Sanguins, Sheila Carter, Angela Bailly. Manitoba Centre for Health Policy & Manitoba Métis federation.
- Kanuha, V. (1998). *Stigma, identity, and passing: How lesbians and gay men of color (sic) construct and manage stigmatized identity in social interaction*. Ann Arbor, MI: UMI.
- Kirby, S. L., Greaves, L., & Reid, C. (2006). *Experience research social change: Methods beyond the mainstream, Second edition*. Peterborough, ON: Broadview Press.
- Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.), *Research as resistance - Critical, indigenous, and anti-oppressive approaches*, 19-36. Toronto, Ontario: Canadian Scholars' Press.
- Levesque, C. (2003). The presence of Aboriginal peoples in Quebec's cities: Multiple movements, diverse issues. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 3, 23-34. Retrieved from Indian and Northern Affairs website, October 2007.
- Matiation, S. (1999). *Discrimination, HIV/AIDS and Aboriginal people (Second edition)*. Montreal: Canadian HIV/AIDS Legal Network.
- Maxim, P. S., Keane, C. & White, J. (2003). Urban residential patterns of Aboriginal people in Canada. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 6, 79-92. Retrieved from Indian and Northern Affairs website, October 2007.
- Meyer-Cook, F. & Labelle, D. (2004). Namaji: Two-Spirit Organizing in Montreal, Canada. *Journal of Gay and Lesbian Social Services, Vol. 16, (1)* 29-51.
- Newhouse, D. R. & Peters, E. J. (2003). Introduction. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 1, 5-10. Retrieved from Indian and Northern Affairs website, October 2007.
- Norris, M. J. & Clatworthy, S. (2003). Aboriginal mobility and migration within urban Canada: Outcomes, factors and implications. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 5, 51-78. Retrieved from Indian and Northern Affairs website, October 2007.
- Padilla, M. B., del Aguila, E. V., and Parker, R. G. (2007). Globalization, structural violence, and LGBT health: A cross-cultural perspective. In I.H. Meyer and M.E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York, NY: Springer. Ch. 9, 209-241.
- Ray, A. J. (2005). *I have lived here since the world began: An illustrated history of Canada's native people, Revised Edition*. Toronto, ON: Key Porter Books.

- Ristock, J. L. & Pennell, J. (1996). *Community research as empowerment: Feminist links, postmodern interruptions*. Toronto, ON: Oxford University Press.
- Roscoe, W. 1998. *Changing Ones, Third and Fourth Genders in Native North America*. New York: St. Martin's Griffin.
- Siggner, A. J. (2003a). The challenge of measuring the demographic and socio-economic conditions of the urban Aboriginal population. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 8, 119-130. Retrieved from Indian and Northern Affairs website, October 2007.
- Siggner, A. J. (2003b). Urban Aboriginal populations: An update using the 2001 Census results. In D. Newhouse and E. Peters (Eds.) *Not strangers in these parts, urban Aboriginal peoples*. Government of Canada Policy Research Initiative ISBN 0-662-67604-1. Chapter 2, 15-22. Retrieved from Indian and Northern Affairs website, October 2007.
- Statistics Canada. (Released January, 2008). *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census*. Retrieved from <http://www12.statcan.ca/census-recensement/2006/as-sa/97-558/p3-eng.cfm#01> May 2010.
- Steckley, J. L., & Cummins, B. D. (2008). *Full circle: Canada's First Nations, Second edition*. Toronto, ON: Pearson Education Canada.
- Taylor, C. (2006). *Nowhere near enough: A needs assessment of health and safety services for transgender and two spirit people in Manitoba and Northwestern Ontario, Final report*. Winnipeg, Manitoba: Crime Prevention Branch, Public Safety and Emergency Preparedness Canada.
- Teengs, D. O. & Travers, R. (2006). "River of life, rapids of change": Understanding HIV vulnerability among Two-Spirit youth who migrate to Toronto. *Canadian Journal of Aboriginal Community-Based HIV/AIDS Research*. Volume 1, Summer. 17-28.
- Walters, K. L., Evans-Campbell, T., Simoni, J. M., Ronquillo, T., and Bhuyan, R. (2006). "My spirit in my heart": Identity experiences and challenges among American Indian Two-Spirit women". Retrieved online at <http://www.tandf.co.uk/journals/haworth-journals.asp> May 4, 2010. The Haworth Press Inc.
- Walters, K. L. & Simoni, J. M. (2002). "Reconceptualizing Native women's health: An "Indigenist" stress-coping model". *American Journal of Public Health*, Vol. 92 (No. 4), 520-524.
- Weston, K. (1991). *Families we choose - Lesbians, gays, kinship*. New York: Columbia University Press.
- Wilson, A. (1996). "How we find ourselves: Identity development and Two-Spirit people". *Harvard Educational Review*. Vol. 66, (No. 2. Summer) 303-317.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Winnipeg, Manitoba: Fernwood Publishing.

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Appendix A: Guiding Principles: Ownership, Control, Access and Possession

The research team and advisory committee agree to the following principles:

- Members of the research team acknowledge and respect the Aboriginal right to self-determination, including the jurisdiction to decide about research in their communities. In doing so, the research process shall be built upon meaningful engagement and reciprocity between the research team and Aboriginal communities. Further, the research team agrees they will strive to respect the privacy, dignity, culture and rights of Aboriginal peoples.
- The research team will strive to include meaningful and equal participation with Aboriginal community members. Therefore, the parties agree that Aboriginal community members will be involved from beginning to end in the research process, from research question formulation, through data collection, analysis and sharing of research findings.
- The research team agrees that they will collectively make decisions with the advisory committee about the research questions, recruitment of participants, data collection and interpreting results.
- The research questions must not only reflect academic interests but ensure that the research is meaningful, relevant and beneficial to Aboriginal communities.
- In sharing the findings of the research with Aboriginal communities, the research team agrees that the language and manner of sharing research will be appropriate.
- The purpose of the research project will be explained to all stakeholders (interview/focus group participants and advisory committee members) in a language that is appropriate to the Aboriginal community. Likewise, the research team will explain potential risks and benefits in a similar manner.
- The research team agrees they will not sensationalize problems in Aboriginal communities. Rather, they will strive to present a balanced portrait that also focuses equal attention on more positive aspects. As such, the research team understands that they will collaboratively prepare draft findings with input from the advisory committee. The parties agree to review findings in a timely manner (e.g. two weeks).
- Given that all members of the research team and advisory committee will be provided the opportunity to review and comment on findings, any one member of the research team may not, particularly once initial dissemination has occurred, further analyze, publish or present findings resulting from the above mentioned research project unless the entire research team reaches a consensus.
- The Principle Investigator is responsible for maintaining the integrity of all data collected, such as storing participant consent forms, etc. However, once privacy and confidentiality of participants has been demonstrated, data sets in the form of computer files may be shared

with all members of the research team. In cases of disagreement over transfer of data sets (as described above), the research team will strive to achieve a significant degree of consensus.

- The research team agrees to provide meaningful and appropriate research capacity-building, as indicated by the advisory committee.
- The research team agrees that Aboriginal communities have the right to follow cultural codes of conduct and community protocols. However, rather than end a research relationship, in situations where Aboriginal community members are in disagreement, the research team will strive to resolve conflict towards achieving a significant degree of consensus.
- The research team agrees that it may be necessary for Aboriginal community members (investigators and participants) to seek advice and support from community elders and other community leadership. The involvement of Aboriginal elders in the project will be discussed and decided by each advisory committee with the research team.

Appendix B: Winnipeg Background Demographic Questions

1. What is your status as an Aboriginal person?

Inuit _____

Innu _____

Métis _____

First Nations (status) _____

First Nations (non-status) _____

Other (please specify – e.g., Bill C-31, etc.) _____

Non-Aboriginal _____

2. What is the first language you learned to speak?

3. What term would you use to best define your sexuality?

(Check all that apply.)

Heterosexual (straight) _____

Gay _____

Lesbian _____

Bisexual (like both sexes) _____

Transgender (male to female) _____

Transgender (female to male) _____

Two-Spirit _____

Queer _____

Unsure of my sexual orientation _____

Other (please specify) _____

4. What word best describes your gender? (Check all that apply.)

Female _____

Male _____

Transgender _____

Inter-sex (born with sex parts of both male and female) _____

Other (please specify) _____

5. What year were you born? (Please specify.) _____

6. Where do you live? (City, town, Aboriginal community etc.)

Most of the time _____

How long have you lived there? _____

Some of the time _____

How long have you lived there? _____

7. What is your current living arrangement? (Check all that apply.)

rooming house _____

living with friends _____

rent house or apartment _____

living with relatives _____

emergency shelter _____

living alone _____

own a house or condo _____

living with a partner _____

homeless/live on the street _____

Other: _____

8. Do you have children who live with you?

Yes _____ No _____ Some of the time _____

9. Have you moved from an Aboriginal Community (reserve, rural community or town)/Métis Settlement/Inuit Hamlet to the City (i.e. Winnipeg or other city)?

Yes _____ No _____

If yes, how many times as an adult? _____

How many times as a child (under 16)? _____

10. Have you moved within the city?

Yes _____ No _____

If yes, how many times as an adult? _____

How many times as a child (under 16)? _____

11. Have you moved from a different province to the city?

Yes _____ No _____

If yes, how many times as an adult? _____

How many times as a child (under 16)? _____

12. Have you moved from a different country to the city?

Yes _____ No _____

If yes, how many times as an adult? _____

How many times as a child (under 16)? _____

13. Do you travel to your home community?

Yes _____ No _____

If yes, how many times per year? _____

14. If you do travel back and forth, how much does it cost to do this travelling?

15. Have you ever been taken from your biological parents?

Yes _____ No _____

If yes, adopted _____ or

placed in foster home _____ How many times? _____

16. Did you attend a Residential School?

Yes _____ No _____

If yes, for how long? _____

17. Did your parents, guardians, grandparents or other relatives attend a Residential School?

Yes _____ No _____ Don't Know _____

If yes, who attended?

Mother _____

Father _____

Guardian(s) _____

Grandparents _____

Other relative _____

18. Have you ever been forced out of your community because of your sexual or gender identity?

Yes _____ No _____

19. What are your short or long term health concerns?

None _____

Diabetes _____

Hepatitis C _____

HIV _____

Cancer _____

Tuberculosis _____

Weight Concerns _____

STIs _____

Other _____

20. Have you ever experienced domestic violence in a same-sex/LGBTQT relationship?

Yes _____ No _____

21. What is your highest level of education?

some grade school _____

some high school _____

high school diploma _____

some college/university _____

university/college degree _____

graduate degree (M/Ph. D.) _____

20. Do you participate in traditional cultural practices?

Yes _____ No _____

If yes, please check all that apply:

dancing _____ drumming _____
singing _____ spiritual practices _____
medicines _____ living on the land (hunting/gathering) _____
ceremonies _____ language _____
art _____ healing _____
Other _____

21. How do you make money? (Check all that apply to you.)

State Sponsored (E.I., Social Assistance) _____
Disability Benefits (CPP, MPI, Worker's Compensation, other) _____
Full-time Work _____
Part-time Work _____
Casual Work _____
Student Funding (Band funding, Student Loan) _____
Sex Trade _____
Drug Trade _____
Other _____

Appendix C: Qualitative Interview and Focus Group Questions

Discussion Questions

➤ WE WANT TO HEAR ABOUT YOUR EXPERIENCES

1. Where were you born and where are some of the places that you have lived?
2. Why did you decide to move? (What are the reasons you have moved?)
3. How did you decide to come to Winnipeg?
4. Have you had any problems while living in Winnipeg?
5. What are some good/positive things about living in Winnipeg?
6. How do you define community?
7. What communities do you belong to in Winnipeg? (gay/lesbian? Aboriginal? Women's, other communities etc.)
8. Do you feel you can move freely through different communities in Winnipeg? Are you the same person in each community?
9. Where do you experience a feeling of belonging?
10. How do you define "home"?
11. How have your moves influenced the way you make sense of where you belong, where you find "home"?
12. What do you see as the impacts on your health and well-being (positive or negative)?
13. What are some of the ways you have coped with moving?
14. Does your family support you?
15. What are some services that would be helpful to you and other Aboriginal Two-Spirit/lgbtq people? (housing, healthcare, education)
16. Is there anything else you would like to add to help us understand your experiences of moving as an Aboriginal lgbttq person?