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Culture, Trauma, and Wellness: A Comparison of Heterosexual and Lesbian, Gay, Bisexual, and Two-Spirit Native Americans

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Abstract

In a community-based sample of urban American Indian and Alaska Native adults, 25 lesbian, gay, bisexual, and two-spirit participants were compared with 154 heterosexual participants with respect to sociodemographic characteristics, Native cultural participation, trauma, physical and mental health, and substance use. Compared with their heterosexual counterparts, two-spirit participants reported higher rates of childhood physical abuse and more historical trauma in their families, higher levels of psychological symptoms, and more mental health service utilization. Two-spirit participants reported differences in patterns of alcohol use and were more likely to have used illicit drugs other than marijuana. Discussion and recommendations for health promotion interventions and future research are presented in consideration of an "indigenist" health model and the multiple minority status of two-spirit people.

I've been shot at, my tires have been slashed, they spray painted my car, and I got a broken nose while I was standing in line at the grocery store ... it's a violent life that I lived on the reservation.

—Lo Wallace, Two-Spirit Crow (Quinto, 2003, p. 14)

They've forgotten that a long time ago the two-spirits were accepted ... my grandmother even talked about it. We went up to the mountains to get the center pole for the Sun Dance ceremony and she said, "Lo, you come from a people that people have forgotten. A long time ago they were healers and they led that way of life. They were a beautiful people and you come from that time. You've got to keep that memory alive." So, that's what I am about, keeping that memory alive.

—Lo Wallace, Two-Spirit Crow (Quinto, 2003, p. 14)

This two-spirit movement is of re-establishing our culture. The two-spirit movement if anything is a decolonization process, to support the Native community and to reclaim those roles we used to have. We're doing this not for ourselves, but for those who can't—those who are young and just coming out, and for elders who haven't felt supported throughout their life.

—Raven Heavy Runner, Two-Spirit Blackfeet (Quinto, 2003, p. 15)

On June 17, 2001, Fred Martinez Jr., an openly two-spirit Navajo youth, was bludgeoned to death by a White male in Cortez, Colorado. Navajo locals claimed this was another example of over three decades of race-motivated homicidal hate crimes in which Navajo youths are targeted to be murdered as a rite of passage for White youths (Norrell, 2001). Gay activists raised concerns that this hate crime was, in large part, motivated by bias based on gender (transphobia) and sexual orientation (homophobia; Gay and Lesbian Alliance Against Defamation, 2001). Despite conflicting analyses, the tragic death of Fred Martinez Jr. is a reminder of the high levels of violence and trauma pervading the lives of American Indian and Alaska Native (AIAN) people (or

“Natives”) who also identify as gay, lesbian, bisexual, or two-spirit.

Two-spirit is a contemporary term, adopted in 1990 from the Northern Algonquin word *niizh manitoag*, meaning “two-spirits”; it is meant to signify the embodiment of both feminine and masculine spirits within one person (Anguksuar, 1997). This pan-Indian term is used contemporarily to connote diverse gender and sexual identities among AIAN and Canadian First Nations people. Traditional indigenous values often included respect for sexual and gender diversity, and many two-spirits had sacred and ceremonial roles in their communities. Colonization and compulsory Christianity led to the suppression of two-spirit roles in many Native communities. Today, most two-spirits face homophobic oppression from both mainstream U.S. society and their own tribes and communities. This may be particularly true for Natives who live off their reservation and in urban areas (Walters, 1997). Confronted with racism within lesbian, gay, bisexual, and transgender (LGBT) communities and homophobia in Native communities, two-spirits often are forced to choose between honoring their ethnic identity or their sexual/gender identity, creating unique stressors and health risk factors for this group (Walters, 1997).

Native Mental Health, Substance Use, and Trauma

The 4.1 million AIANs in the United States (U.S. Census Bureau, 2000) are a highly heterogeneous group, representing over 500 federally recognized tribes and over 200 nonfederally recognized tribes. While these tribal groups are culturally distinct and speak over 300 languages, they share the social and historical context of oppression in North America. Currently, over half of all AIANs live in large urban centers (U.S. Census Bureau, 1993), in part due to The Relocation Act (Public Law 959), which forced many Natives off the reservation into urban areas. Findings from the handful of studies on urban Natives suggest that this group may experience unique social stresses (e.g., Grossman, Krieger, Sugarman, & Forquera, 1994).

Native people experience higher rates of personal trauma than Whites. For example, Natives experience violent victimization at 2.5 times the rate of non-Natives, with 70% of victimization incidents perpetrated by assailants of another race—a significantly higher rate of interracial violence than that reported by European Americans or African Americans (Greenfield & Smith, 1999). Walters and Simoni (1999) found high rates of lifetime trauma, particularly interpersonal violence, among urban Native women. There are high rates of childhood abuse and neglect among indigenous populations (National Indian Justice Center, 1990), with Native women being more likely than women in any other racial/ethnic group to be sexually or physically assaulted (National Center for Injury Prevention and Control, 2002). In addition to experiencing these discrete “traumatic events,” Natives suffer from the ongoing cumulative impact of colonization. Given the interconnectedness of most Native tribes and communities, AIAN individuals also vicariously experience the trauma of those who share their community or ancestry.

Viewed in this context, it is not surprising that a series of epidemiologic studies conducted in the 1990s revealed higher rates of mental health disorders among Natives compared with the general U.S. population (Robin, Chester, & Goldman, 1996). Depression was the most commonly reported lifetime disorder. Among Natives, depression is often associated with living in an urban area, substance abuse, and lack of education (Dalrymple, O’Doherty, & Nietschei, 1995). For example, American Indian (AI) elders living in urban settings have significantly higher rates of depressive symptoms (25.4%) in contrast to reservation (17.5%) and rural AI

elders (8.5%; [Curyto et al., 1998](#)). Posttraumatic stress disorder (PTSD) is also more prevalent among AIAN adults compared with the U.S. general population ([Robin, Chester, Rasmussen, Jaranson, & Goldman, 1997](#)). Among AIAN adults, rates of comorbid mental health and substance abuse disorders range from 20% to 63% ([Robin et al., 1997](#)). [Dalrymple et al. \(1995\)](#) found that in examining admissions to acute care among First Nations peoples in Canada, depression was underdiagnosed, and substance abuse problems were integrally connected to economic, social, and cultural dislocation.

While alcohol abuse and dependence among Natives vary significantly by gender, tribe, and age, urban Natives overall are at particular risk for alcohol-related problems ([May, 1996](#)). Compared with their non-AIAN peers, AIANs tend to use alcohol at an earlier age, to use it more often and in higher quantities, and to experience more negative consequences from alcohol (e.g., motor vehicle accidents; [Oetting & Beauvais, 1989](#)). While Natives as a group have high rates of alcohol abuse, they also include large numbers of alcohol abstainers ([May, 1996](#)). Rates of alcohol use disorders were higher than any drug use disorder rates among AI males and females from Southwestern and Northern Plains tribal regions, varying from 12.2 (Southwestern AI women) to 41.1% (Northern Plains AI men); any substance use disorder rates, from 14.9% (Southwestern AI women) to 43.1% (Northern Plains AI men; [Mitchell, Beals, Novins, Spicer, & AI SUPERPPF Team, 2003](#)). Additionally, lifetime rates for marijuana (36.9%–57.5%), cocaine (4.3%–21.5%), and inhalants were the highest drug use rates among Southwestern and Northern Plains AI males and females ([Mitchell et al., 2003](#)). Moreover, lifetime polydrug use disorder rates ranged from 1.2% to 4.5% ([Mitchell et al., 2003](#)). Data on the estimated prevalence of recent illegal drug use by race/ethnicity for 1999–2000 ([National Institute on Drug Abuse, 2003](#)) indicate that AIAN individuals had illicit drug use rates (12%) significantly higher than other populations (<1%–10%).

Two-Spirit Mental Health and Trauma

A notable gap in the literature on Native populations is a focus on two-spirit people. While epidemiologic research on Native populations has revealed high rates of mental health problems, substance use, and trauma, this research generally does not assess sexual orientation, rendering two-spirit issues invisible. Conversely, research on sexual orientation and sexual minorities generally focuses on European American samples. When people of color are included, their numbers are often too small to allow for ethnic-specific analyses. As a result, we know little about the experiences of two-spirits and how their lives differ from those of Native heterosexuals. Research on LGBT samples in the general population suggests that sexual minority status is associated with slightly elevated risk for mental health problems, including depression, anxiety, suicidality, and substance abuse (see review by [Cochran, 2001](#)). LGBT youths and adults also experience higher rates of interpersonal trauma than their heterosexual counterparts ([Balsam, 2002](#); [Corliss, Cochran, & Mays, 2002](#); [Tjaden, Thoeness, & Allison, 1999](#)). LGBT adults also have been found to utilize mental health services at much higher rates than their heterosexual counterparts ([Balsam, Beauchaine, Mickey, & Rothblum, 2004](#); [Cochran, Sullivan, & Mays, 2003](#)).

The few existing studies on two-spirits suggest that compared with LGBT European Americans and heterosexual Natives, two-spirits may be at particularly high risk for victimization. In a pilot study of 14 two-spirit individuals, [Walters, Simoni, and Horwarth \(2001\)](#) found relatively high rates of sexual orientation victimization. Every one of the participants reported being verbally assaulted for their sexual orientation, 36% reported being physically assaulted, and 29% reported being sexually assaulted.

These rates are higher than estimates among non-Native LGBT women (e.g., [Herek, Gillis, Cogan, & Glunt, 1997](#)). [Morris and Balsam \(2003\)](#), in a nonrandom sample of 2,483 lesbians from across the United States, found that compared with African American, Latina, Asian American, and European American lesbians, two-spirit females reported the highest rates of physical and sexual abuse and assault, both in childhood and adulthood. [Simoni, Walters, Balsam, & Meyers \(2004\)](#) found higher rates of physical and sexual assault among urban two-spirit men than among their heterosexual urban Native peers. We could find no data on mixed-gender samples comparing two-spirits and Native heterosexuals. Furthermore, although higher victimization rates might suggest that two-spirits have elevated physical and mental health problems, we found no studies addressing this topic.

[Walters, Simoni, and Evans-Campbell \(2002\)](#) conceptualized Native health within an "indigenist" stress and coping model. According to this model, cultural buffers moderate the relationship between sociocultural stressors and health outcomes. Cultural buffers are hypothesized to include family and community social support, enculturation, identity attitudes, spiritual coping, and participation in traditional ceremonies and health practices. In a qualitative investigation, traditional values and healing practices were found to play an important role in the lives of urban Natives with HIV/AIDS ([Brassard, Smeja, & Valverde, 1996](#)). However, no empirical data exist on the prevalence of these buffers in the lives of urban Natives in general or among two-spirits specifically. Conflicts between sexual/gender and ethnic identities make these issues particularly salient for two-spirits. For example, [Saewyc, Skay, Bearinger, Blum, and Resnick \(1998\)](#), in a study of Native youths, found that two-spirit males and females were more likely to have run away from home, perhaps as a result of family rejection or social stresses.

The present article presents interview data from almost 200 urban Natives on sociodemographic variables, Native cultural variables, trauma, physical and mental health status and utilization, and substance use. On the basis of similar research with largely European American samples, we hypothesized that two-spirits would report more traumatic life experiences, greater mental health and substance abuse problems, and greater mental health utilization than their heterosexual counterparts.

Method

Sampling Procedure

According to the [U.S. Census Bureau \(1993\)](#), 24,822 AIANs were living in the greater New York City metropolitan area in 1990. Given the difficulty in randomly sampling indigenous populations in urban settings for reasons such as their lack of clustering by neighborhood, we devised a means for obtaining a roughly representative sample. Our sampling plan utilized a multiple-wave sampling approach with modified respondent-driven sampling, chain referral, and targeted sampling. The first wave consisted of 108 respondents. Eighty-eight were those eligible from the 100 selected by stratified random sampling (based on their sex and residence in proportion to the Native population as defined by the 1990 census) from a Native organization's membership list. The remaining 20, a nonrandom sample of volunteers who were affiliated with other Native organizations, were included so that we might examine and control for differences in network structures. Once enrolled, each of these 108 initial "seeds" provided a list of other AIANs they knew well (defined as someone they would feel comfortable calling on the phone) who lived within a 70-mile radius of New York City. From each of the respondents' network list, we randomly selected 4 network members to enroll in our study using a predetermined computerized random number table. We achieved an 82% overall response rate.

Interview Procedure

A research assistant contacted potential participants by telephone. During the call, the research assistant prescreened each potential participant according to a structured protocol and obtained contact information. Subsequently, interviews were scheduled by either the research assistant or the interviewer. Trained interviewers, primarily Native American, followed up with eligible participants and scheduled an interview at the participant's chosen location (most often a private residence). Interviews followed a standardized protocol and lasted approximately 3 hr. Generally, interviewers read questions from a printed questionnaire and recorded participants' responses. For sexual behavior items, the participant could opt to privately record responses on the interview form. Participants received compensation for their time and, if appropriate, for travel expenses. At the end of the interview, the interviewer completed a one-page process evaluation of the interaction with the participant, which included an estimation of the validity and reliability of the responses. Additionally, the research assistant scrutinized each completed interview packet for missing or inappropriate responses and, when possible, recontacted participants for clarification.

Participants

From the 197 self-identified AIAN adults residing in New York metropolitan area who completed an interview, we have data on sexual orientation for 179. Participants with missing data on sexual orientation were significantly older than other participants; however, they did not differ on gender, education level, household income, or work status. Subsequent analyses include only the 179 participants with nonmissing sexual orientation data. For the purposes of analyses, participants self-identifying as mainly lesbian/gay (8.4%), mainly bisexual (2.2%), or "unsure" (3.4%) were classified as *two-spirit*, and those self-identifying as mainly straight or heterosexual (86.0%) were classified as *heterosexual*.

Participants ranged in age from 18 to 77 years, with a median age of 44.0 years and a mean of 41.9. Forty-four percent were male and 56% female; none self-identified as transgendered. Education level ranged from 6 to 17 years of formal schooling, with a mean of 14. Participants' income levels were quite low. Among those who provided the information on income, the annual household income ranged from \$0 to \$250,000, with a mean income between \$30,000 and \$49,999. Twenty-two percent of participants reported a household income under \$10,000 per year; only 28.8% reported an income of over \$50,000. Forty percent of participants reported working full time at the time of the interview. Others were working part time (17.0%), working "on and off" (15.4%), unemployed or laid off permanently (9.7%), retired (5.7%), in a school or training program (10.8%), or disabled or unable to work (13.0%). Only 1.7% of participants reported that they had never worked for pay.

With respect to Native blood quantum, 20.3% were full-blooded, 17% were between three quarters and full, 24.8% were between half and three quarters, 32% were between a quarter and half, and 5.9% were less than a quarter. Over half (58.8%) of participants were born in cities; 41.2% were born in rural areas or reservations. In the past 5 years, 59% had visited a reservation (total number of visits ranged from 1 to 200). In the past 12 months, 14.3% of participants had lived on a reservation.

Most of the participants were sexually active, with 73.7% reporting engaging in some kind of sexual behavior in the previous

year. Among these participants, 12.9% had sex only with same-sex partners, 78.0% had sex only with opposite-sex partners, 4.5% had sex with both same-sex and opposite-sex partners, and 6% did not respond to this question. Regarding relationship status, 37.4% of participants categorized themselves as single and 40.2% as being in a long-term relationship (marriage [22.3%] or long-term domestic partnership [17.9%]). The rest were widowed (3.4%), divorced (13.4%), or separated (5.6%). Fifty-four percent of the total sample reported being currently romantically involved.

Among participants who responded to questions about out-of-home placements in childhood, 10% reported that they had boarding school experience, 10% had been adopted, and 14.5% had been in foster care. Forty-nine percent reported that their parents or other adults who raised them as children had been in a boarding school.

Measures

Participants responded to measures of cultural participation, trauma, physical and mental health, and substance use.

CULTURAL PARTICIPATION

We assessed cultural location, participation in cultural activities, healing practices, and spirituality. Cultural location was assessed by asking participants how they see themselves in relation to the Indian versus White "way of life." To assess the extent of participation in cultural activities, we asked participants if they had taken part (yes or no) in any of 25 Native cultural and social activities, including daily prayers or meditation, pow wows, memorial feasts, and ceremonies. Scores, computed as the total number of activities in which they participated, ranged from 0 to 22 ($M = 9.4$; $[\alpha] = .88$). Ninety-four percent had participated in at least one activity. Respondents were asked whether they had been to a traditional healer in the last year. Finally, they indicated the importance of traditional tribal beliefs on spirituality and how much time they spent on religious or spiritual practices.

TRAUMA

Exposure to traumatic events (yes or no) was assessed using a modified version of the Lifetime Traumatic Events Questionnaire (Fullilove et al., 1993), consisting of 14 events (e.g., combat experience, rape, child sexual abuse). Total scores were computed as the sum of events. Additionally, participants responded to the Historical Trauma Scale (Walters & Evans-Campbell, 2004), which was developed specifically for the present study to assess exposure (yes or no) to 13 traumatic events that are specific to AIAN experience across tribal nations (e.g., forced relocation, flooding of traditional homelands, desecration of burial grounds). Participants indicate the experience of each event for themselves, as well as their parents, grandparents, great-grandparents, and great-great grandparents.

PHYSICAL AND MENTAL HEALTH

We assessed perceived health, emergency room visits, inpatient and outpatient mental health or substance abuse treatment utilization, current psychological distress, and current PTSD symptoms.

Participants rated their current health status from 1 (*poor*) to 5 (*excellent*). With one item each, participants were asked if they had been to an emergency room in the past month (yes or no) and if they had ever received inpatient or outpatient treatment for mental health or substance abuse problems (yes or no).

Overall presence and severity of symptoms of psychological distress was measured using the Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). The BSI is a 53-item self-report scale designed to measure a wide range of symptoms associated with psychopathology. Each of the 53 items represents one symptom (e.g., nervousness and shakiness inside), and nine possible subscales (e.g., depression, anxiety) as well as one composite score (Global Severity Index) can be computed. Participants rate how much discomfort they have felt as a result of that symptom over the past week on a 5-point Likert scale from 0 (*not at all*) to 4 (*extremely*). In the present study, the Global Severity Index ($[\alpha] = .96$), depression ($[\alpha] = .91$), and anxiety ($[\alpha] = .84$) subscales were utilized.

Symptoms of traumatic stress were assessed using the Impact of Events Scale (IES; Horowitz, Wilner, & Alvarez, 1979), a 15-item self-report questionnaire that assesses both symptoms of intrusion and avoidance on a scale of 0 (*not at all*) to 4 (*often*). The scale asks the participant to identify the most stressful life event he or she has experienced and then assesses the frequency of symptoms pertaining to this event. The scale has good internal reliability (intrusion $[\alpha] = .78$ and avoidance $[\alpha] = .82$) among non-Indian populations and has been widely used in studies of PTSD. The reliability was .96 in the present sample.

SUBSTANCE USE

In addition to asking age of first alcohol use, we assessed lifetime use of illicit drugs, current drinking status, and alcohol use involvement. Respondents indicated (yes or no) if they had ever tried the following illicit drugs outside of ceremonial settings: marijuana, crack or cocaine, crank, inhalants (glue, poppers, gasoline, aerosols, etc.), amphetamines or speed, barbiturates, heroin, opiates (codeine, opium, morphine), hallucinogens (LSD, mushrooms, peyote), and Ecstasy (MDMA). Alcohol drinking status was measured with one item: "These days, do you think of yourself as a nondrinker, a light drinker, a moderate drinker, or a heavy drinker?" To assess different levels of alcohol involvement, we used the Alcohol Use Inventory (Horn, Wanberg, & Foster, 1990). We used 7 of its 24 subscales, for which alphas ranged from .43 to .86.

Results

We compared two-spirit and heterosexual participants on all dependent measures using *t* tests for continuous dependent variables and chi-square tests for categorical variables. Results are reported as statistically significant for analyses in which $p < .05$. Additionally, given the small number of two-spirit participants in the sample and the resulting low statistical power, analyses yielding a p value between .05 and .10 are reported to identify differences requiring further investigation.

Sociodemographics

Comparisons of two-spirit and heterosexual participants with respect to gender, age, education level, income, employment status, gender of sexual partners, and relationship status revealed only a few significant differences. Although two-spirit and

heterosexual participants were equally likely to report that they were currently in a long-term partnership or marriage, two-spirit participants were less likely to report a current romantic relationship (28.0% vs. 58.0%, $p < .01$). The only group difference on the Native-specific demographic variables we examined (i.e., blood quantum, born in city vs. rural area/reservation, number of times visiting reservation in the past 5 years, living on reservation in past year, out-of-home experience as a youth) was that more two-spirit than heterosexual respondents reported that a parent or other adult who raised them had been in a boarding school (78.9% vs. 44.0%, $p < .01$).

Cultural Participation Variables

There were no statistically significant differences between the two groups with respect to any of the cultural variables examined. In terms of their cultural location, responses were "White man's world only" (5.2%), "Mostly White man's world, some Indian" (25.9%), "Equally Indian and White man's world" (24.7%), "Mainly Indian, some White man's World" (37.9%), and "Indian only" (3.4%). Despite potentially conflicting allegiances to the LGBT and Native communities, two-spirit participants in the sample participated in cultural and spiritual AIAN-related activities to the same extent as heterosexuals. From a list of 25 ceremonial and cultural activities, two-spirit participants reported regularly engaging in a mean of 9.7 activities, compared with 7.6 for heterosexual participants ($p = .085$). Both groups rated spirituality as important in their lives; 83.3% of two-spirits and 91.3% of heterosexuals endorsed "very important" or "somewhat important" on this question. Similarly, the majority of participants in both groups (65.3% of two-spirits, 58.3% of heterosexuals) reported that their traditional spiritual tribal beliefs or cultural practices are "very important."

Trauma

[Table 1](#) shows the percentages and means for two-spirit and heterosexual participants with respect to the trauma variables. Two-spirits were significantly more likely than heterosexuals to report experiencing childhood physical abuse by a parent or adult caregiver. There were no statistically significant differences between the groups on their responses to the other interpersonal trauma variables, the total number of types of interpersonal trauma, or the total number of historical trauma events experienced. However, two-spirit participants reported significantly more historical trauma experienced by their parents, grandparents, and great-grandparents than heterosexual participants.

TABLE 1 Traumatic Experiences of Two-Spirit and Heterosexual Natives

<i>Trauma indicator</i>	<i>Two-spirits</i>	<i>Heterosexuals</i>	<i>Statistic</i>	
			$\chi^2(1)$	<i>t</i> (171)
Childhood physical abuse	40.0%	20.0%	4.86*	
Childhood sexual abuse	40.0%	25.8%	2.14	
Lifetime sexual assault	48.0%	35.1%	1.53	
Lifetime physical abuse by partner	29.2%	29.1%	0.00	
Lifetime physical assault by other acquaintance	28.0%	23.8%	0.20	
Lifetime experience of being robbed, mugged, physically attacked	60.0%	48.3%	1.17	
No. of historical trauma events experienced by:				
Self	1.71	1.45		-0.60
Parent	2.00	1.17		-2.09*
Sibling	0.46	0.49		0.13
Grandparent	2.88	1.45		-2.24*
Great-grandparent	2.92	1.44		-2.00*
Great-great-grandparent	2.79	1.29		-1.85†

† $p < .10$. * $p < .05$.

TABLE 1 Traumatic Experiences of Two-Spirit and Heterosexual Natives

Physical and Mental Health

Table 2 shows the percentages and means for two-spirit and heterosexual Native participants on physical and mental health indicators. Participants did not differ in their self-reported current health level or emergency room visits in the past year, in ever receiving outpatient substance abuse treatment, and in hospitalizations for mental health or substance abuse problems. As predicted, two-spirit participants were much more likely than heterosexual to report ever receiving mental health care.

TABLE 2 Physical and Mental Health Indicators Among Two-Spirit and Heterosexual Natives

<i>Variable</i>	<i>Two-spirits</i>	<i>Heterosexuals</i>	<i>df</i>	<i>Statistic</i>	
				χ^2	<i>t</i>
Perceived health			4	7.36	
Excellent	8.3%	20.9%			
Very good	37.5%	24.8%			
Good	25.0%	32.7%			
Fair	29.2%	15.0%			
Poor	0%	6.5%			
No. of emergency room visits	0.72	2.80	1		0.31
Mental health treatment ever	87.5%	52.6%	1	10.34***	
Outpatient substance abuse treatment ever	37.5%	22.9%	1	2.38	
Inpatient mental health or substance abuse treatment ever	29.2%	22.2%	177	0.56	
BSI General Symptom Inventory	0.86	0.63	177		-1.97†
BSI Depression	0.91	0.62	177		-1.54
BSI Anxiety	0.91	0.60	177		-2.03*
Posttraumatic stress symptoms	1.20	0.81	163		-1.97*

Note. BSI = Brief Symptom Inventory.

† $p < .10$. * $p < .05$. *** $p < .001$.

TABLE 2 Physical and Mental Health Indicators Among Two-Spirit and Heterosexual Natives

With respect to mental health symptoms, two-spirits scored higher than their heterosexual counterparts on the Global Severity Index, the anxiety subscale of the BSI, and symptoms of posttraumatic stress as assessed by the IES. There were no significant differences on the depression

Substance Use

As shown in Table 3, the substance use analyses revealed some differences between the sexual orientation groups. Two-spirit participants, on average, had their first alcoholic drink at a younger age than heterosexual participants and scored higher than their heterosexual counterparts on two subscales: (a) drinking to improve sociability, relax, make friends, and decrease feelings of inferiority and (b) drinking to manage their moods, manage feeling down or depressed, forget, or relieve tension.

TABLE 3 Substance Use Among Two-Spirit and Heterosexual Natives

Variable	Two-spirits	Heterosexuals	df	Statistic	
				χ^2	t
Age of first drink in years	12.6	14.7	2		2.38*
Current drinking status			144	1.59	
Nondrinker or abstainer	57.1%	43.7%	144		
Light drinker	23.8%	37.0%	144		
Moderate to heavy drinker	19.0%	19.3%	144		
Alcohol Use Inventory subscales			144		
Drinking to improve social skills	3.39	2.07	144		-2.32*
Drinking to manage mood/tension	3.61	1.98	144		-3.04**
Drinking in social settings/bars	4.74	5.12	144		0.70
Drinking obsessively	1.13	0.62	144		-1.62
Sustained daily drinking	3.35	3.41	144		0.13
Negative consequences of drinking	4.00	2.84	144		-1.39
Quantity of alcohol consumed	3.13	2.38	144		-1.31
Ever used marijuana	95.8%	84.2%	1	2.30	
Ever used any illicit drugs for nonceremonial purposes (excluding marijuana)	78.3%	56.0%	1	4.08*	

* $p < .05$. ** $p < .01$.

TABLE 3 Substance Use Among Two-Spirit and Heterosexual Natives

However, two-spirit participants did not differ from heterosexual AIAN participants with respect to their current self-identified drinking style or lifetime marijuana use. Two-spirit participants were more likely than their heterosexual counterparts to have used illicit drugs other than marijuana.

Discussion

This community-based survey of 179 urban Natives living in New York City provided some of the only data in the literature on sexual orientation subgroups in this population. Sociodemographically, two-spirit and heterosexual Natives looked quite similar. This finding differs from the results of comparable studies of largely European American samples (e.g., Rothblum, Balsam, & Mickey, *in press*; Rothblum & Factor, 2001), in which LGB participants consistently reported higher levels of education than their heterosexual counterparts. The multiple minority status of two-spirits, who must contend with oppression based on race/ethnicity as well as sexual orientation, may impact their educational opportunities compared with their non-Native LGBT peers.

Despite potentially conflicting ethnic and sexual identities and potentially heterosexist treatment by other Natives, two-spirit Natives did not differ from their heterosexual counterparts with respect to any of the cultural variables assessed in this study,

including identification with the Native way of life and participation in cultural and spiritual events and practices. Indeed, the majority of two-spirit participants rated their traditional spiritual tribal beliefs or cultural practices as "very important" in their lives. Future research should examine how two-spirit adults make sense of and integrate their participation in both AIAN and LGBT communities and cultures and in what if any social and cultural contexts sexual orientation becomes salient, either in a problematic or empowering fashion.

As predicted, two-spirit participants reported experiencing childhood physical abuse at the hands of their caretakers at a rate nearly twice as high as the other AIAN participants. This finding is important, given that childhood physical abuse by a caretaker has been found to have a greater impact on adult psychological functioning than other types of childhood trauma in AIAN samples (Hobfoll et al., 2002) and in the general population (Varia, Abidin, & Dass, 1996). Higher rates of childhood abuse among LGBTs have consistently been found in European American samples (e.g., Corliss et al., 2002; Tjaden et al., 1999) as well as women of color living with HIV (Cooperman, Simoni, & Lockhart, 2003). One potential explanation for this finding is that adults who are already predisposed to violence may target a child who appears gender-nonconforming or otherwise socially different from his or her peers. Such violence may be blatantly homophobic in nature or more subtle. Another potential explanation is that two-spirit individuals, who may have experienced family rejection upon disclosure of sexual orientation, may look back on their childhood through a negatively biased lens and thus may be more likely to recall and report maltreatment by parents or caretakers.

Contrary to our hypotheses, two-spirit participants did not report significantly higher rates of other types of interpersonal trauma than heterosexual AIAN participants, although the percentage who had experienced childhood sexual abuse, lifetime sexual assault, and lifetime instances of being robbed, mugged, or physically attacked were higher than those for heterosexual participants and quite high compared with other populations (e.g., 40% vs. 25% for childhood sexual abuse). The small sample size resulted in low statistical power to detect even moderate differences that may be statistically different with larger samples. Alternatively, the elevated overall rates of trauma may have created a ceiling effect. It is clear that traumatic experiences are common in the lives of urban American Indians of all sexual orientations.

Two-spirit participants reported significantly more Native-specific historical trauma occurring in the lives of their parents, grandparents, and great-grandparents. This finding is intriguing and deserving of further attention in research. Given that this is a self-report study, it is unclear to what extent these findings are due to differences in actual experience or in the awareness of what actually occurred. However, anecdotal evidence and discussions with two-spirit elders reveal that in some tribes two-spirit individuals play an important storytelling role; they serve as the living memory of the people. This knowledge may provide an important link to a time when their community embraced alternative models of sexuality and gender (Lang, 1997). This may be particularly important for urban two-spirit people who are less geographically connected to their ancestral homes and are subject to greater pressures to acculturate and adopt urban, Eurocentric values (Walters, 1997). At the same time, it may increase the subjective sense of traumatization among two-spirits.

Indeed, the present study suggests that two-spirit identity appears to be associated with a greater subjective sense of being

traumatized, as evidenced by the higher levels of PTSD symptoms in this group. A limitation of the present study is that victimization based on sexual orientation was not assessed. It is likely that these experiences are not uncommon and that they impact the well-being of two-spirits. In European American samples, victimization perceived to be related to sexual orientation is a stronger predictor of negative mental health outcomes than other types of victimization (Herek, Gillis, & Cogan, 1999). However, unlike European American LGBTs, two-spirits may interpret experiences of victimization or discrimination as being related to sexual orientation, ethnicity, or a combination of the two.

Regarding substance use, two-spirits had significantly higher rates of lifetime illicit drug use compared with their heterosexual peers. This finding also parallels findings regarding sexual orientation and substance use among European American samples (e.g., Cochran, 2001; Hughes & Eliason, 2002). Given the comorbidity between PTSD and substance abuse (Robin et al., 1996), future research should examine links among lifetime and historical trauma, PTSD, and substance use among two-spirits. With respect to the Alcohol Use Inventory, in previous small-scale studies, urban American Indians had higher mean scores on these scales compared with reservation-based American Indians (Lewis, Wanberg, & Foster, 1979). However, in our sample, mean scores were lower on all scales compared with previous reservation and urban-based Native samples with the exception of sustained drinking patterns. Specifically, our urban Native sample had higher levels of sustained drinking ($M = 3.40$, $SD = 1.95$) than Lewis and colleagues' (1979) reservation-based sample ($M = 2.19$, $SD = 2.04$). Within our sample, two-spirits were more likely to use alcohol to increase sociability/decrease feelings of inferiority as well as to manage their mood and relieve tension. Previous work on sexual orientation and substance use has focused on both sociocultural norms (e.g., socializing with other LGBT people in bars) and the need to cope with the stress of homophobia as explanatory factors for substance problems (Hughes & Eliason, 2002). Future research should examine these issues further in a two-spirit sample.

This study has important implications for the provision of culturally sensitive services. Similar to their non-Native LGBT peers (Balsam et al., 2004; Cochran et al., 2003), two-spirit adults are frequent users of mental health services. Practitioners are likely to encounter two-spirit clients and need to be prepared to address their needs. A culturally sensitive approach to working with two-spirits means understanding the individual in historical, sociopolitical, and cultural contexts. For example, assessment of trauma history should include not only individual experiences of traumatic events but also a broader assessment of cultural and historical trauma to the client, his or her family, and his or her community. Two-spirit clients may present with PTSD and other psychological symptoms that are not clearly linked to discrete events but traumas experienced vicariously through their family and community. Developing historical trauma timelines or soul wound genograms can help AIAN clients visualize how the intergenerational traumas are subsequently passed on and manifested across generations. Moreover, including discriminatory events based on sexual orientation could further illuminate potential sources for healing for this group.

Practitioners should also be attuned to the extent to which AIAN cultural and spiritual practices may be important to the client. These practices may play an important buffering role against the stresses experienced by this client. Even if a two-spirit client is highly integrated in "out" LGBT communities, this does not preclude participation in AIAN community events. Walters (1997) proposed that practitioners assist two-spirits in the development of bicultural competence by teaching adaptive coping strategies that allow them to manage their multiple identities and roles. For two-spirit clients, this may mean integrating culturally relevant

approaches to healing from substance abuse, mental health problems, and trauma. Previous research established that AIANs presenting for Western medical services also are likely to be using some form of traditional health care (Buchwald, Beals, & Manson, 2000), and the present study suggests that this is equally true for two-spirits. Inquiring about and openly discussing a client's participation in traditional healing practices can assist the client in making treatment choices that are best suited to his or her needs and to utilize multiple forms of healing in ways that are complementary rather than mutually exclusive or competitive.

This initial and preliminary investigation of the lives of urban two-spirit adults demonstrates that they have much in common with their heterosexual peers. At the same time, they are subjected to stressors such as elevated rates of childhood physical abuse and intergenerational trauma that may be partly responsible for their greater use of illicit substances. Researchers and practitioners working with two-spirits need to be attuned to their unique stressors to ensure proper assessment and treatment. However, as when working with other LGBT of color, they must never overlook the considerable cultural and personal strengths that enable them, despite battling the dual oppressions of racism and heterosexism, to endure.

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- American Indian/Native American; two-spirit; gay; lesbian; trauma; substance abuse; mental health; physical abuse

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