



Celebrating Our Magic

**Resources for American
Indian/Alaska Native
transgender and Two-
Spirit youth, their relatives
and families, and their
healthcare providers**





This Toolkit has been authored by **Alessandra Angelino** and was edited by **Julia Crouch, Shaquita Bell, Lenna Liu, and Morgan Thomas**.

Layout and design for the Toolkit was completed by **Jessica Wuensch**.
Artwork by **Marc Boyer** (graphics).

Collaborators: Seattle Children's Hospital Center for Diversity and Health Equity, Northwest Portland Area Indian Health Board

Version 1 Completion Date: May 2019

Please do not reproduce this Toolkit for reasons other than it's intended use.

Copyright pending.

For more information, please contact Alessandra Angelino at gendermagictoolkit@gmail.com. Please direct printed copy inquiries to the above email.

We welcome questions, comments, and suggestions.

TABLE OF CONTENTS

1: Background/Overview

Acknowledgments.....	6
Preface: how to use this Toolkit and for whom it is intended.....	7
Notable Native Figures.....	9
Traditional perspectives on gender.....	10
Health Inequality.....	13
The basics: overview and definitions.....	14

2: Youth – *You are not alone, You are in this world for a reason, You are your best advocate*

Youth Perspectives and Stories.....	23
Traditional perspectives on gender: Native traditions and role models	28
Sharing your identity with family members/friends/schools	30
Interacting with health providers and primary care	39
Roadmap for Transition.....	41
Transition Fast Facts	50
Mindfulness and Meditation	51
Your Sexual Health	53
Your Community	54

3: Families and relatives – *Your child needs you now more than ever*

Celebrating your child.....	59
Commonly asked questions	60
Fostering Resilience	63
Parent perspectives	66
Support groups for families	68
Finding medical care	69
Why is mental health care so important?.....	70
How do I find a mental health provider?.....	71

4: Providers – Acknowledge, Ask, Affirm, Advocate, Address

Understanding your own biases	73
How to begin the conversation with youth	73
Creating a Welcoming Space	74
How to be an Ally and Supporter	78
Engaging Youth and Communities	78
The Transitioning Process	79
The Importance of Primary Care	82
Sexual Health	84
Combating Human Trafficking.....	85
Making Mental Health a Priority.....	85
Trainings and curricula for providers	87

5: General Resources

Crisis Hotlines	89
Selected Native-specific booklist	89
General LGBTQ2S booklist	89
Documentaries	90
Short videos	90
Legal Rights	91
Name Change	91
Other Resources	91
Website Reference.....	92
Text Reference.....	96

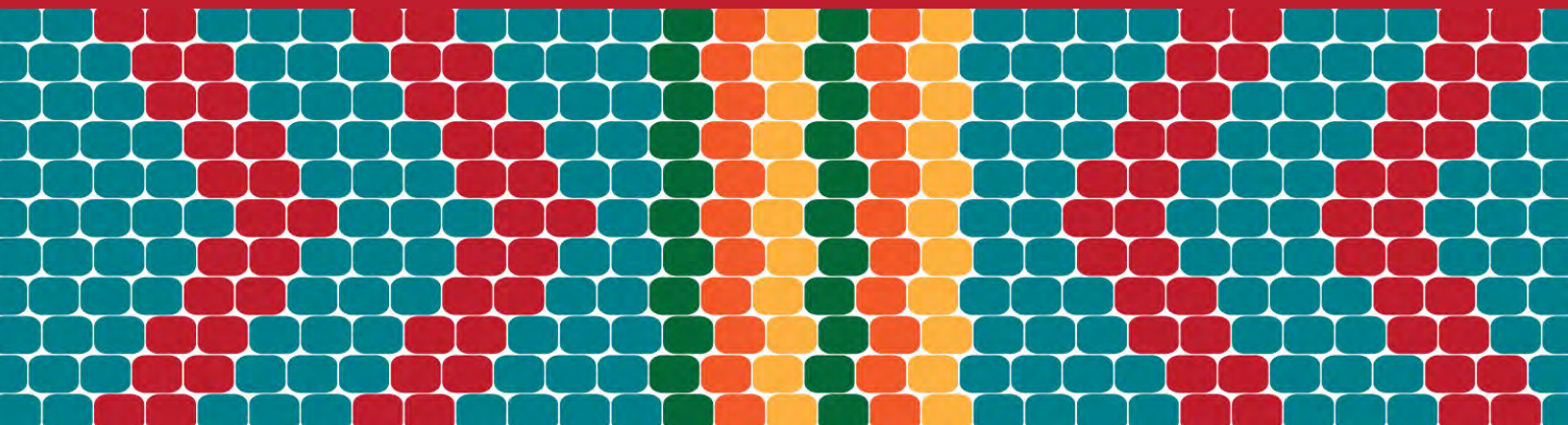


This Toolkit shares many resources and links for your reference. To access these resources, you can either use the clickable link within the text (you may see this icon) or use the website reference list at the end of the Toolkit, on page 92.



Section 1:

BACKGROUND & OVERVIEW



ACKNOWLEDGMENTS

We acknowledge that the project engagements and work towards this Toolkit took place on the lands of the Coast Salish peoples, traditional owners of this land—a resilient group of people who honor and bring light to their ancestral heritage.

We would like to thank Julia Crouch, MPH and Shaquita Bell, MD at the Center for Diversity and Health Equity and Seattle Children’s Gender Clinic for their inspiration, dedication, and support throughout the creation of this Toolkit. We would also like to thank the providers, staff, and tribal leadership at local tribal clinics who advised and supported this project, especially Tessa Commers, MD. This project could not have come to life without the support and creativity of individuals at the Northwest Portland Area Indian Health Board, especially Morgan Thomas and Jessica Leston.

For their artwork and creativity, we would like to thank Marc Boyer and Jessica Wuensch.

For their stories and resilience, we would like to thank the individuals who openly and authentically shared their journeys with us.

PREFACE: How to use this Toolkit and for whom it is intended

Youth are a symbol of the future and represent an opportunity for continuity and growth throughout our lifetimes. There are many vital points in the life cycle where youth can learn from their elders, families, and communities. These points serve as opportunities for education and community strengthening.

This Toolkit hopes to:

- Improve resources and access to healthcare for Native transgender and Two-Spirit youth facing barriers accessing healthcare
- Increase healthcare provider awareness of issues faced by transgender/Two-Spirit youth in Native communities
- Provide youth, families, and providers tools to serve as advocates for their strong and resilient communities
- Reduce disparities in access, create gender-affirming clinic environments, and support positive mental health outcomes
- Increase tribal clinic capacity by creating long-term pathways to care for transgender and Two-Spirit individuals within the tribal health setting

This Toolkit also hopes to honor generations and traditions that have come before us, and to support the needs and strengths of future generations.

This Toolkit was created for: American Indian/Alaska Native (AI/AN) youth who identify as transgender or Two-Spirit, their relatives, and the health providers who care for them.

The Toolkit is broken up into sections for ease of access, but the information is available for all. The resources included are meant to be affirming, inclusive, and sustainable.

"It is our nature to be whole and to be together. We are born into a circle of family, community, living creatures and the land. If we encounter racism, homophobia, sexism or other behaviors that oppress us, the balance may be disturbed and we may lose our place in the circle—but even if we lose our place we can still find guidance in our traditions, histories, memories, and collective experience of this world."

Dr. Alexandria Wilson
Two-Spirit professor from
Opaskwayak Cree Nation

Much of the content and design is based on needs identified by youth and their families, as well as providers working in health centers in the Pacific Northwest. This Toolkit was developed as a result of a comprehensive literature review, community stakeholder and key informant conversations, professional expert consultants, advisory committee and panel reviews at Seattle Children's Gender Clinic, and tribal clinic site visits.

Lastly, this Toolkit was created so that it would be relatable to youth, families, and healthcare providers from different communities. We do however recognize that language use, healthcare, and relationships must be personalized for each individual and their unique journey.

A few notes on word choice:

- We refer to American Indian/Alaska Native people throughout the Toolkit using the abbreviated form AI/AN or by the term Native. These terms are used to include all tribes, peoples, and communities throughout North America, although we recognize that we cannot appreciate the unique characteristics of each community and nation by doing this.
- The word "traditional" is also used throughout this Toolkit to indicate the rich cultural practices and traditions such as language and ceremony that are preserved and passed from generation to generation.
- LGBTQ2S is an abbreviation used for the phrase lesbian, gay, bisexual, transgender, queer/questioning, and Two-Spirit. Two-Spirit, which will be defined in more detail later, is a term that encompasses sexual, cultural, gender, and spiritual identities. It was created in the 1990s to serve as a way to unify AI/AN people who identified in this particular way, and definitions have changed over time.

Please use this Toolkit with respect and in the spirit of improving health access for transgender and Two-Spirit youth.

It is the role of present and rising generations to carry this work forward and share it with the greater community.



Reminder: All URLs and references for resources in this Toolkit can be found on page 92.

NOTABLE NATIVE FIGURES

Ozaawindib



Late 18th century

Nation: Ojibwe, Chippewa

Ozaawindib, also known as "Yellow Head," was an honored Two-Spirit warrior.

Rabbit Tail



1890s

Nation: Shoshone

Rabbit Tail is typically shown wearing hair half up and other half down, representing male and female.

Lozen



1840-1889

Nation: Apache

Lozen was a renowned warrior and medicine woman who identified as male.

Woman Warchief



1850

Nation: Algonquin, Crow

Woman Warchief was a Two-Spirit hero drawn to "male" tribal roles. Woman warchief was also a leader in marksmanship and hunting competitions and had four wives.

We'Wha



1849-1896

Nation: Zuni

We'Wha was a healer, craftswoman, caretaker who traveled to D.C. in 1886 as a Zuni representative.

Osh-Tisch



1870s

Nation: Crow

Osh-Tisch was assigned male at birth but lived as female during peace time and as a third gender in war. They fought in war dressed as a male.

TRADITIONAL PERSPECTIVES ON GENDER

Historically, AI/AN individuals have supported and celebrated expansive definitions of gender and sexual orientation. Sexual orientation, gender identity, and gender roles were often blurred—there was a general acceptance for all gender expressions and lack of need for restrictive definitions. This is demonstrated by the expanse of terminology that exists describing multiple genders and sexual identities in Native communities (Jacobs, Thomas, & Lang, 1997) (Pruden, 2014). Typically used terms “berdache” or “nadleeh” described individuals who were non-binary, although the terms often defined societal roles rather than sexual orientation. With the progression of colonization, these terms began to take on derogatory and demeaning essences. As a result, the term Two-Spirit was created in 1990 by a group of AI/AN activists at an annual Native LGBTQ conference (McLeod, 2004). Two-Spirit terminology provided unifying, positive, and encouraging language that emphasized reconnecting to tribal traditions. It also demonstrated transcendence beyond a colonized view of binary gender.

While variety in terminology remains, the unifying term **‘Two-Spirit’** describes an individual who has both a male and female essence. Whether the person was assigned male or female at birth does not matter. The term also expresses traditional Indigenous understanding of a non-female, non-male gender. Two-Spirit individuals are not bound by gender roles, binary gender expression, or sexual orientation, and live according to a fluid and non-linear identity. Many Two-Spirit individuals feel that the term embodies all aspects of identity including sexuality, culture, gender, and spirituality. It also highlights how each part of identity is interrelated (K. Walters et al., 2011). Beyond the term ‘Two-Spirit’, there are many more identities and concepts that language (and literal translations) cannot explain (Jacobs et al., 1997) (Pruden, 2014).

Traditional societal roles

Two-Spirit individuals were honored in traditional society. They were viewed as the most skilled decision makers because they had the ability to see arguments from multiple perspectives. They also recognized that all aspects of identity, including sexuality, culture, gender, and spirituality, are interrelated (K. Walters et al., 2011). As a result, Two-Spirit individuals served as mediators, medicine people, warriors, peace makers, and teachers.

Colonization

Colonization experienced by AI/AN people systematically removed this acceptance from Native communities, despite historical traditions celebrating diversity in gender and sexuality. The period known as the boarding school era in the US (1880-1930) contributed to discrimination and stigma. Large numbers of Native children were taken from their homes on reservations and

Colonization (continued)

sent to boarding schools where they were treated with disrespect and restricted from their own cultural practices (Evans-Campbell, Walters, Pearson, and Campbell, 2012). In a gender-binary environment, and surrounded by brutality, torture, and discrimination, it became harder for transgender and Two-Spirit individuals to express themselves openly. This added to the already problematic historical and intergenerational trauma present among Native communities.

Historical Trauma

Historical trauma is a term used to describe cumulative emotional and psychological wounds that span time and generations. These wounds result from large scale group trauma, perpetrated on a group of people who share a specific group identity—AI/AN individuals in this case (K. Walters et al., 2011). Traumatic wounds can occur in the form of loss of culture, land, language, ways of life, and family. While each individual reacts differently to historical trauma, AI/AN individuals and communities may respond with shame, anxiety, low self-esteem, anger, depression, suicidality, and rejection of culture.

Trauma becomes perpetuated when it is repeated over generations. Historical trauma impacts people directly and also indirectly across generations. For example, a colonized mentality of homophobia led to rejection of transgender and Two-Spirit identity among many AI/AN communities. Stigma was normalized, and discrimination and homophobia continued. As a result, new generations were further exposed to homophobia, and people who identified as transgender or Two-Spirit often had no choice but to hide their true selves (Maas & Tom, 2008; Yellow Horse Brave Heart, 2003). Traditional acceptance and support of Two-Spirit individuals was replaced with hatred and condemnation. This has created an environment where Native transgender and Two-Spirit individuals are at increased risk for struggles with identity, mental health, and physical health (K. Walters et al., 2011).

Resilience

Cultural factors, Indigenous worldviews, and Indigenous approaches to healing and coping (such as tribal sweat lodge ceremonies and tribal social capital) have created resilient communities and individuals. This resilience is built from three main parts: individual level resilience (the mind), collective resilience (the body), and cultural resilience (the spirit). All three can potentially contribute to strength and acceptance among transgender and Two-Spirit individuals and their communities (Elm, Lewis, Walters, & Self, 2016).

A selection of traditional terms for Two-Spirit individuals

The following are based on Will Roscoe's work with the San Francisco Bay Area Gay American Indians organization and his book "Living the Spirit: A Gay American Indian Anthology" (Roscoe, 1988).

Table 1: Traditional terms

Nation	Term	Loose translation to English (assigned sex assigned at birth)
Blackfoot	Aakii'skass	"acts like a woman" (Male)
	Saahkomaapi'aakiikoan	"boy-girl" (Female)
Cherokee	nudale asgaya	"different man" (Male)
	nudale agehya	"different woman" (Female)
	asegi	"both male and female assigned" (Male or Female)
Cheyenne	He'eman (singular) He'emane'o (plural) (hee="woman")	(Male)
	Hetaneman (singular), Hatane'mane'o (plural) (hetan="man")	(Female)
Crow	Bote/Bate/Bade	"not man, not woman" (Male)
Lakota (Teton Sioux)	Winkte	"wants or wishes to be like a woman" (Male)
	Bloka eglawake	"thinks she can act like a man" (Female)
Navajo	4 levels 1) Female 2) Male 3) Nadleehe (singular), nadleehe (plural)—feminine male 4) Dilbaa—masculine female	3 and 4 translate to: "one in a constant state of change", "one who changes", "being transformed"
Omaha, Osage, Ponca	Mixu'ga	"instructed by the moon" or "moon instructed" (Male)

HEALTH INEQUALITY

2015 U.S. Transgender Survey Report on the Experiences of American Indian & Alaska Native Respondents [\(LINK\)](#)

Study participants were 18 years old and older and identified as both transgender and AI/AN. They reported the following.

Note: the AI/AN results listed are compared to non-AI/AN transgender individuals surveyed in parentheses.

- 23% unemployed (vs. 5%)
- 41% living in poverty (vs. 12%)
- 21% experienced homelessness in the last year due to gender identity (vs. 12%)
- 21% have lost their job because of being transgender (vs. 13%)
- 65% have been sexually assaulted due to their gender identity (vs. 47%)
- 50% have had at least one negative experience with a healthcare provider related to being transgender (vs. 33%)—includes refusal to treat, verbal harassment, physical or sexual assault, or need to teach provider about transgender people in order to get treatment
- 37% did not see a doctor when they needed to because of fear of mistreatment as transgender person (vs. 23%)
- Respondents were 35% transgender men, 35% transgender women, 28% non-binary

The Honor Project: Two-Spirit Health Study

This was a 5-year multi-site national study (2002-2007) that involved interviews of Native LGBT and Two-Spirit individuals. These folks shared information about physical health, mental health, traumatic experiences, life events, cultural and ceremonial practices, and LGBT and Two-Spirit culture and connectedness.

- Two-Spirit individuals who attended boarding schools reported higher rates of alcohol abuse. They were more likely to attempt or think about suicide compared to non-attendees (Evans-Campbell et al., 2012).
- Two-Spirit people raised by boarding school attendees were more likely to have anxiety, PTSD, and suicidality in their lifetime (Evans-Campbell et al., 2012).
- Two-Spirit women reported increased risk of childhood trauma, including physical or sexual assault (K. Walters, 2010).
- Mental health issues and suicidality can be decreased if Two-Spirit individuals are connected to their culture and traditions, and understand the impacts of colonization (Hunt, 2016).

THE BASICS: Overview and definitions

This section defines important terminology. Understanding these definitions will help you support the Lesbian, Gay, Bisexual, Transgender, Queer/questioning, and Two-Spirit (LGBTQ2S) individuals you interact with—yourself, your friends, your relatives, or your patients.

Terminology may evolve over time to become more appropriate and accepted, so what you see here may change. Individuals may also identify using multiple terms or unique terms not listed here, so this list of terms is not all-inclusive. It is always important to ask individuals how they self-identify.

Terms related to identity

LGBTQ2S: Inclusive abbreviation for Lesbian, Gay, Bisexual, Transgender, Queer/questioning, and Two-Spirit (may also be seen as LGBTQ2+)

Gender: Gender is socially defined and tends to dictate an individual's place and role within the community.

Gender identity: The gender that a person identifies with, or how they perceive themselves. Gender identity can be described as the sense of being male, female, both, or another gender(s). An individual's gender identity may be different from their assigned sex at birth and is separate from their sexual orientation. Gender identity may change over time.

Gender expression: The manner in which an individual expresses their gender identity, typically through clothing, body shape, body language, hairstyle, makeup, voice, etc. Gender expression may change over time and can be fluid.

Gender-expansive: A wider, more flexible range of gender identity and/or expression than typically associated with binary gender system.

Cisgender: Someone whose gender identity is the same as the sex they were assigned at birth.

Transgender: Someone whose gender identity is different than the sex they were assigned at birth.

- Transfemale/transfeminine: someone assigned male at birth who now identifies (gender identity) as female (male to female, MTF)
- Transmale/transmasculine: someone assigned female at birth who now identifies (gender identity) as male (female to male, FTM)

Two-Spirit: a unifying term that describes an individual who has one spirit with both masculine and feminine characteristics or animate and inanimate characteristics; a term that encompasses spiritual, sexual, gender, and cultural identity. The term also relates to an individual's role in their tribe and contribution to their community.

- Other Indigenous peoples and cultural groups worldwide have varying views of gender that are expansive and non-binary; these may be similar to the concept of Two-Spirit but do not qualify as Two-Spirit since the term is AI/AN specific.

Non-binary: An individual whose gender identity is not completely male or female.

Sex: Medical classification of individuals assigned at birth as male or female, based on anatomy at birth. Chromosomal identification also plays a role in this classification.

Intersex: The terms "intersex" or "hermaphrodite" describe infants born with genitals that do not appear male or female, or those who have anatomy that doesn't match with chromosomal sex.

- These terms have been replaced with the diagnostic category "disorders of sex development" (DSD) to serve as an umbrella category to describe individuals with these conditions. There are some criticisms of DSD's use as a term and so medical community and advocacy groups are working to reach a consensus on terminology.

Sexual orientation: Who an individual is attracted to and makes intimate emotional and romantic attachments/relationships with. It is independent from a person's gender identity or expression of gender. Some associated common sexual orientations include:

- **Heterosexual:** A person who is physically, emotionally, sexually, and/or spiritually attracted to people of the opposite gender.
- **Homosexual:** A person who is physically, emotionally, sexually, and/or spiritually attracted to people of the same gender.
- **Lesbian:** Refers to a woman attracted to a woman in the characteristics described above. Some lesbian individuals may refer to themselves as gay or queer, or may not identify as such at all.
- **Gay:** Refers to a person attracted to a person of the same gender in the characteristics described above.
- **Bisexual:** A person who is physically, emotionally, sexually, and/or spiritually attracted to both male and female identifying individuals.
- **Pansexual:** A person who is physically, emotionally, sexually, and/or spiritually attracted to multiple genders.

- **Questioning:** The process through which individuals question their gender identity, gender expression, and sexual orientation. These individuals may be exploring their identity or may not want to conform or define themselves as one identity.
- **Queer:** Used by individuals of both sexual and gender minorities who do not identify as heterosexual or cisgender.

Note: There are aspects of sex and sexual orientation that may not seem congruent (in other words, they may not seem to "add up"). For example, a bisexual male may only have sexual relationships with females, even though he is attracted to male individuals as well. There is often variation in ways individuals express their attraction and orientation.

Related terms, in alphabetical order:

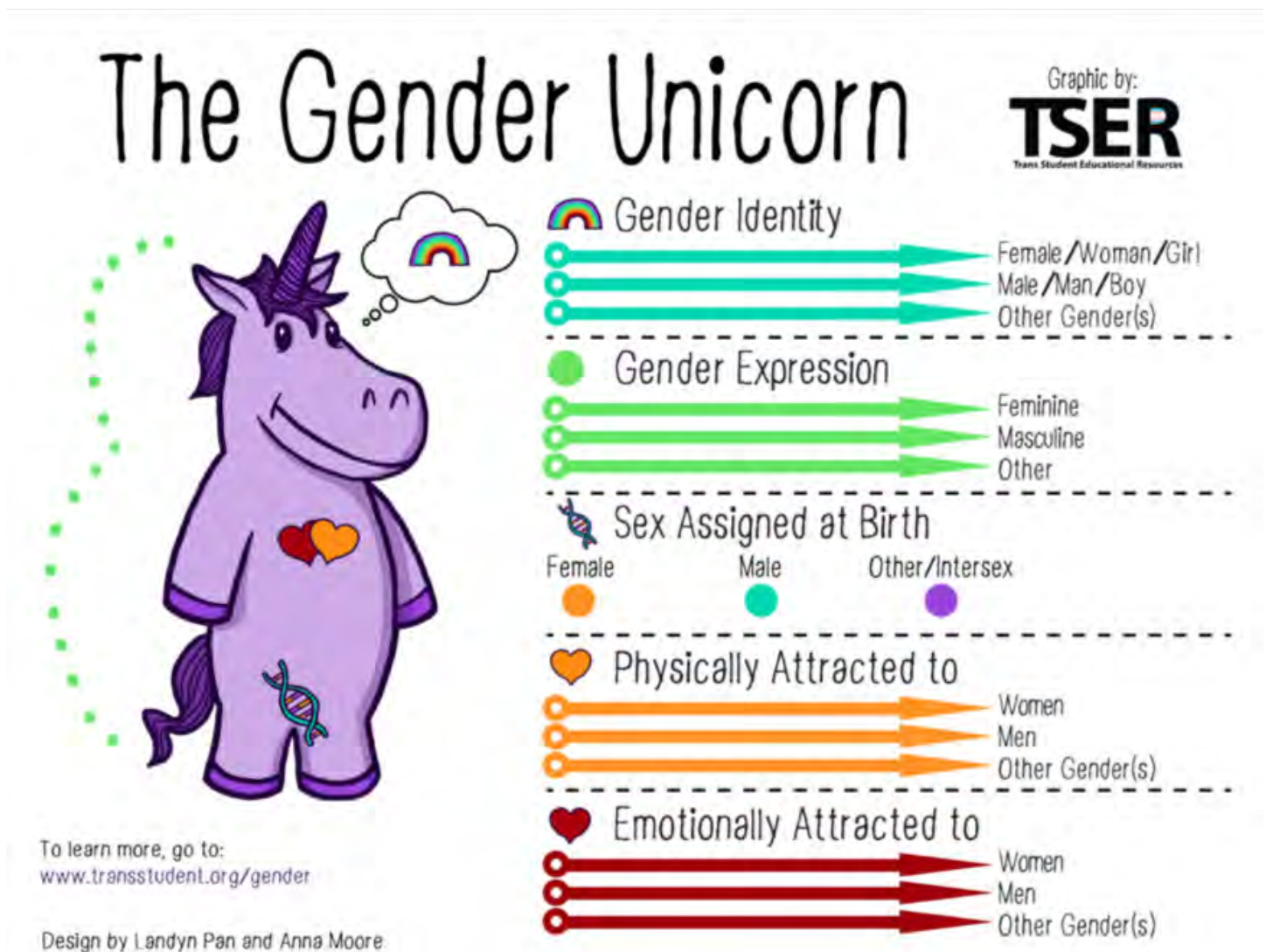
Ally: A person who is not LGBTQ2S but demonstrates support for LGBTQ2S people; they may promote equality and advocate for LGBTQ2S individuals in a variety of ways.

Coming out: The process in which an individual acknowledges, accepts, and appreciates their sexual orientation or gender identity and shares it with others. Some AI/AN folks call this process "coming in." This reflects sharing and celebrating one's true self rather than changing it.

Transition, gender-transition: The process of working towards more closely aligning one's internal knowledge of gender identity with their outward appearance. Some people socially transition to another gender through changing how they dress and using new names and pronouns. Others may undergo physical transitions that involve bodily modification through medical intervention.

Gender Unicorn: The Gender Unicorn is a graphic that helps portray the distinction between gender, sex assigned at birth, and sexuality (Figure 1). Each category is shown with an arrow to illustrate that terms operate along a spectrum, and that different cultures and individuals within them may operate differently (Pan, 2018). An individual can identify with multiple identities in each category. Detailed instructions about how to fill out your own Gender Unicorn can be found on the listed TSER website.

Figure 1: The Gender Unicorn



Detailed instructions about how to fill out your own Gender Unicorn can be found on the listed TSER website.

Pronouns

A pronoun is a word that refers to the person or people talking (such as I or you). It can also refer to someone or something that a person is speaking about (such as she, it, them, this). Gender specific pronouns such as she, he, they, and ze refer specifically to the individual someone is referring to.

Table 2 shows examples of gender pronouns. The first four rows show the most commonly used pronouns (bolded), but there are many other pronouns used (non-bolded).

Table 2: Common pronouns

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is looking. I looked at her. The basket is hers.
He	Him	His	Himself	He is looking. I looked at him. The basket is his.
They	Them	Theirs	Themselves	They are looking. I looked at them. The basket is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself	Ze is looking. I listened to hir. The basket is zirs.
e/ey	Em	Eir	Eirs	eirself
Ve	Ver	Vis	Vis	verself
Xe	Xem	Xyr	Xyrs	xemself

How to use pronouns

Why are pronouns important?

Pronouns are important to a person's identity. Pronouns allow people to be truly seen and heard in all settings (home, school, work, sporting events, a doctor's office, etc.) You cannot always assume pronouns based on how someone looks, so it is always best to ask them which pronouns they prefer. Asking about someone's pronoun is also a sign of respect. Using the wrong pronoun or forgetting to ask for someone's pronouns might cause people to feel ignored or alienated.

It's okay to feel uncomfortable asking about pronouns at first. It will take some time to make this part of your routine, but pronouns will help to make others feel comfortable. They can also help you form more trusting relationships.

What are some ways to ask about which pronouns someone uses?

- Keep it simple!
- Introduce yourself using your chosen name and pronouns.
- "What name do you go by?" and "What would you like to be called?"
- "What pronouns do you use?" and "I use she/her/hers pronouns."
- Be respectful and non-judgmental.
- Some individuals may not use pronouns or identify with any gender in particular. These people may not wish to provide any pronoun. Instead, they may ask that you call them by their name only. Asking questions will help you understand what is most appropriate.
- This may feel uncomfortable or awkward at first, but it can help you create an inclusive and affirming environment.

For clinic and health provider information on pronouns, [see page 73](#).

What happens when you make a mistake?

We are all human and make mistakes from time to time. When you realize you have made a mistake about someone's name or pronouns, the best thing to do is apologize and ask questions (if the timing and setting are right) so you can learn for next time. You can ask clarifying questions right away or later on. The important thing is that you learn from your mistake and show that you are acting with respect.

The importance of chosen name

Using a person's chosen name is another way to show that you respect and understand their identity. For individuals who are socially transitioning, using a new name can be a powerful step.

Using a chosen name has great impact on health! In one research study, youth who were able to use their chosen names in more than one place (school, home, work, and/or with friends) had lower rates of depression and suicidal thoughts (Russell, Pollitt, Li, & Grossman, 2018). There was also a **56% decrease in suicidal behavior!**

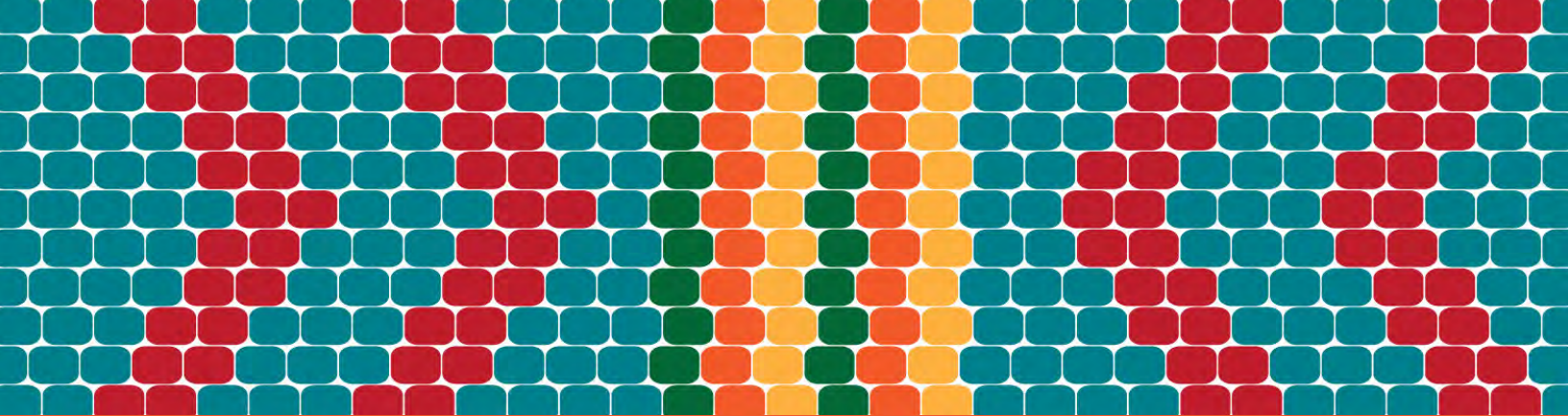
Friends, families, teachers, and health providers can all help support this positive trend by calling everyone by their chosen names and using the appropriate pronouns!

Terms to avoid

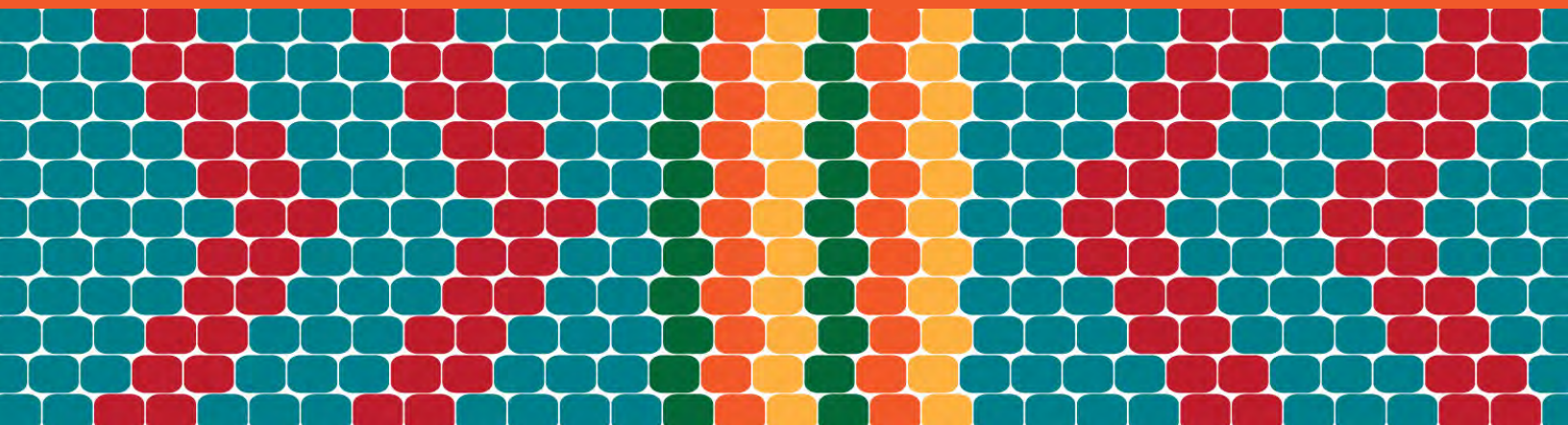
The following terms may be offensive to individuals identifying as transgender or Two-Spirit. Terminology is constantly changing so we should remain aware of our word choice and how we use language.

- X Transgendered, transgenderism
- X 'a transgender'
- X Tranny
- X Cross-dresser, transvestite, or drag queen (if not the case or wrongly attributed)
- X He-she, she-male, referring to someone as "it"
- X Phrases such as "She was a man before" and "He's really a woman"





Section 2:
YOUTH



YOU ARE NOT ALONE.

YOU ARE IN THIS WORLD FOR A REASON.

YOU ARE YOUR BEST ADVOCATE.

***Each person's
experience is unique
and beautiful.***

The advice and information in this Toolkit may not always apply to your life, your relatives, and your community. Follow your intuition as you read through this material, just as you trust yourself throughout your gender-affirming journey.



Before we get started:

If you or a friend needs any mental health support or is having a mental health crisis and/or suicidal thoughts, the following resources are available. They are all LGBTQ2S friendly!

TRANS LIFELINE: 877-565-8860

Crisis line staffed by transgender folks, for transgender folks; toll-free

THE TREVOR PROJECT: 866-488-7386

Crisis intervention and suicide prevention available 24/7 from counselors trained in supporting LGBTQ youth

CRISIS TEXT LINE: text HOME to 741741

Text at any time to start texting with a crisis counselor

YOU ARE NOT ALONE: Youth Perspectives and Stories

"I trust that my ancestors would still call me magic."

Arielle Twist

Two-Spirit writer and sex educator from George Gordon First Nation, Saskatchewan

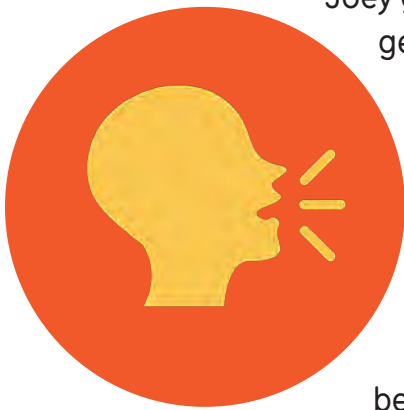
"I feel like I am really part of the circle, like I belong to something bigger...things seemed to make sense once I found the Two-Spirit community. It was and is healing. Two-Spirit is healing."

Dr. Alexandria Wilson

Two-Spirit professor from Opaskwayak Cree Nation

During the creation of this Toolkit, we had the opportunity to speak with a young person who was excited to share their gender journey. Some aspects of their story, including their name, have been changed to keep their identity anonymous. We do not claim to own their experience or mean to trivialize their rich journey. Instead, we hope to share their story so that you can read through it and gain support and comfort through a peer's lived experience.

Joey's Story



Joey grew up on a reservation in the Pacific Northwest. Early on in his gender-affirming journey, Joey isolated himself and hid his gender identity because on the reservation, "you're kind of family with everyone." He was worried about how people might react to his new identity as transmasculine and wasn't sure whom to tell first. Once he found the words to describe his identity and was able to say them to himself, it took Joey about one year to share his identity with others. He first began to socially transition at school with friends because that was the most comfortable. Once Joey became more confident and certain of his identity,

he slowly shared his identity with his teachers and other friends. Over time he felt better about telling his parents and relatives, and so he was able to share his identity with them. "Everyone I've known that I've told still love me. They still respect me. That's never changed."

Finding a therapist really helped Joey along his journey. "If you can get a therapist, I definitely encourage you to do that. Do not just settle. Find a

therapist for you. If you do have to settle, make sure your therapist understands you. And if you can't get a therapist, I would talk to a school counselor."

"Talk to them as often as you can, even if it's just little conversations or if you saw something that was absolutely ridiculous but made you laugh... they can help you get through your current tough situation."

Great friends helped along Joey's journey too. "Talk to them as often as you can, even if it's just little conversations or if you saw something that was absolutely ridiculous but made you laugh...they can help you get through your current tough situation."

"Everyone I've known that I've told still love me. They still respect me. That's never changed."

"Being Native is a really big part of who I am."

It took Joey a long time to realize that all of these people were always there for him. He encourages others to find those supports and to trust in them. Joey also shared how his culture and traditions are related to his identity. "Being Native is a really big part of who I am." Growing up, Joey regularly participated in Pow Wows and ceremonies that separated boys and girls. These events contributed to how he now understands himself and his role in his community.

Throughout his journey, Joey also found it helpful to reach out to community and tribal members. Joey hasn't yet been able to find any information recorded in his tribal language related to Two-Spirit people. Even so, he has been able to talk with his elders and community members about traditional perspectives related to gender. He has found even more loving support through this process.

There were definitely moments when Joey felt unsure, alone, and upset. These feelings were especially present during the time he was keeping his identity to himself. In those moments, to get through the tough times, he kept thinking about the little things that he enjoyed. He thought about what he would miss out on if he left or tried to change who he was.

Today, Joey attends college at a tribal affiliated university, and is passionate about helping others. He is a great example of the great things that can happen when you trust yourself and love yourself along your gender-affirming journey.

The Native Youth Sexual Health Network
Healthy Sexuality and Fighting Homophobia
Native Youth Photography Project
www.nativeyouthsexualhealth.com



**I AM
PROUD
TO BE TWO
SPIRIT**



The Native Youth Sexual Health Network
Healthy Sexuality and Fighting Homophobia
Native Youth Photography Project
www.nativeyouthsexualhealth.com



**THIS IS OUR
SISTER,
DON'T MESS**



YOU ARE NOT ALONE: Native traditions and role models

Do my ancestors celebrate me?

YES!

Native traditions have honored Two-Spirit and gender non-conforming relatives for their commitment to serving the community!

“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.”

– Two-Spirit First Nations member

Everyone has a unique journey towards gender acceptance and affirmation. An important part of this journey is embracing your true self. Think about who you are and why you love yourself so you can share this with others. Many Two-Spirit and transgender individuals feel that this leads to “coming in” rather than “coming out” as a new individual. Be yourself and embrace your journey, rather than trying to fit into a pre-existing identity or label.

“We become self-actualized when we become what we’ve always been...They are just being, that is the way the Great Mystery made them. They come out in to this world like that. And they are living their lives...”

– Two-Spirit individual

By embracing who you were meant to be, you can fill important roles in your community as an empowered transgender or Two-Spirit individual. You can share your gifts with others and make your ancestors and community proud.

How could your ancestors not celebrate you?

Who can I look up to?

Your identity is complex and develops over time.

Reading stories and listening to experiences of Native transgender and Two-Spirit activists from different nations may help you find inspiration in reclaiming and embracing your own identity. Talking with your tribal elders, relatives, and other transgender or Two-Spirit people through online support groups or talking circles can also be helpful.

These interactions draw upon your strengths and the strengths of your ancestors to build your confidence and self-esteem. They can also help you better understand the unique resilience found among AI/AN communities, especially among transgender and Two-Spirit individuals.

The following Indigenous individuals identify as LGBTQ2S. Their stories, experiences, & dreams are healing medicine.

- Geo Neptune (Passamaquoddy), artist
- Susan Allen (Lakota), politician
- Chrystos (Menominee), poet, artist, & activist
- Beth Brant (Mohawk), writer & activist
- Qwo-Li Driskill (Cherokee), writer & educator
- Felipe Rose (Lakota), musician & performer
- Shawnee Talbot (Mohawk, Six Nations Grande River), singer
- Jack Jackson (Navajo), Senator
- Trudie Jackson (Navajo), transgender advocate
- Howie Echo-Hawk (Pawnee), comedian
- Sharice Davis (Ho-Chunk), 1st Lesbian Native American in Congress
- Travis Goldtooth "Buffalo Barbie" (Dine, Navajo)
- Raven Heavy Runner (Pikunii Blackfeet), Two-Spirit advocate & social worker
- Hiram Calf Looking (Pikunii Blackfeet), Two-Spirit advocate, community & family educator

Cree physician Dr. Makokis could be another great role model for you to look up to. Dr. Makokis is Two-Spirit and cares for transgender patients!



[Learn more about Dr. Makokis in this video.](#)

[Read an article about Dr. Makokis here.](#)



Reminder: All URLs and references for resources in this Toolkit can be found on page 92.

YOU ARE NOT ALONE: Common questions about sharing your identity with relatives, friends, and school



I am transgender and want to tell my friends and family, but I am not sure how to. I have felt like this for a while now, but I am finally feeling ready to share my identity with others. What should I do to prepare myself?

Hello there! This is a great question!

It is so great you are ready to share your gender identity with your friends and family. You are so brave! How and when you share your identity is unique to your special journey—it depends on your comfort, readiness, and safety in your environment. Taking things step by step and remembering to stay true to yourself will help you share your identity with others! ***This is who you were meant to be!***

The first thing you may want to think about is who you will tell first. Sometimes it can be easier to start sharing your identity with the people you know will support you no matter what. These may be your relatives, friends, team members, teachers, doctors, or religious or spiritual leaders. Sometimes the people who are closest to you (like your parents or siblings) are actually the hardest to tell, and that's okay too. Once you decide who you want to tell, you can start thinking about how you will tell them. There are a number of ways you can do this, and the choice is entirely yours. You can talk on the phone, send an e-mail, write a story, talk face to face...the list goes on and on. ***There is no right or wrong way to tell someone!***

If you choose to call someone on the phone or talk face to face, it might help to practice your conversation and think through what you will say. You might also want to think about how people may react, and how you will respond to them. Thinking through this can help you feel more confident before the discussion.

Timing and location are also important to think about when talking with your relatives. Is somewhere private better than around a lot of people? Does a weekend or weekday work better? What about during a ceremony or special event?

Next, ***prepare yourself for the range of reactions people may have.*** You should think about having a safety plan in place just in case your family takes some time to come around to what you share with them. This may mean planning to stay at a friend or auntie or uncle's home for a few

days. You might also want to think about your options for food, school, and transportation. What if someone responds negatively or gets upset? **A lot of times, negative reactions are not related to you or how someone feels about you.** A person may respond negatively because they feel surprised and may not know what to say. While you have been living with your feelings and identity for your entire life, the person you are telling is most likely learning something completely new about you. They may take some time to process and fully understand what you are sharing with them. They still love you and want the best for you but may need time to find the words to share these feelings with you. While you are waiting, try to find support from the other friends or mentors you thought about earlier.

One last piece of advice is to **think about connecting to traditional knowledge when sharing your identity.** Drawing on the strength of your ancestors might increase your self-confidence. Talking about tradition and ceremony can also help your family remember how ancestors have celebrated transgender and Two-Spirit people throughout time.

Remember to trust yourself no matter what and know that wherever you are on your journey it is yours to control. Embrace your identity and celebrate how far you have come along your journey! You are in this world for a reason!

Think about who you would like to tell first at school. Have you told anyone already? If you have already shared your identity with your parents or relatives, telling your friends might be a little easier since you have some practice. If you haven't told anyone yet, think about one person at school who you would feel comfortable telling today.

Telling this one person can help you build confidence and trust in the people who love and support you. This person can be a great start to your support system both in and out of school. Some ideas include a best friend, teacher, coach, or counselor who can help you through the journey and remind you of how great you are.

I want to share my gender identity with my classmates and teachers at school. Do you have any advice for me?



There is no rush to tell your entire school right away. Over time, the more people you tell, the easier it will be to talk about.

It is also okay if you don't want to label yourself as a specific identity or with a specific term.

This is your choice! If you do choose a label, think about how you'll explain it to your friends. If you identify as Two-Spirit for example, there may be individuals both within and outside of the Native community who do not fully understand what Two-Spirit means.

If you are worried about your safety at school, **there are laws to protect every student.** One law is called Title IX and is part of the Civil Rights Act. It helps ensure that each student is treated fairly and has an equal opportunity to learn. This law also protects from discrimination based on sex and gender. Many other regulations are state specific and can be found online. A great place to start learning more about your rights is the [National Center for Transgender Equality](#). This site also provides tips on how to talk to your school leadership and report violations.

You can also find support and advice on how to navigate school and relationships through school-based LGBTQ2S groups. Many schools have created LGBTQ2S groups to provide safe spaces on campus. There is no pressure to join, but these groups can help you identify people with similar experiences and interests. You can hear their stories and help support one another. If your school does not have an existing group, you may want to think about starting one with some friends or a trusted school advisor. Schools are obligated to support the formation of these groups through Title IX. Check out these websites and documents if you want some more information about sharing your identity at school and with friends. Your teachers might find these really helpful, too!



Resources:

- **Gender Matters for Native Youth**
A sexual education curriculum adapted for Native Youth
- **Safe and Caring Schools for Two-Spirit Youth**
For youth and teachers
- **Teaching Transgender Toolkit**
Resources for school educators who want to learn more about gender and how to create an inclusive school environment



**What happens
with bathrooms?
Can I use whichever
one I choose?**

This is another great question. **Each school is legally obligated to create a safe environment for students.** For many schools, this includes allowing students to use the bathroom of their choice. Each state may enforce this differently, and policies are constantly changing, so researching and sharing what you find with your school principal or leadership can be really helpful.

Being able to use a bathroom that is consistent with your gender identity is really important. Some schools cannot make all facilities gender-neutral, but they still need to make other options available for you to use. This is part of your rights. For example, schools can designate single stall or private use bathrooms as alternative options that may help you feel more comfortable.

Non-discrimination policies protect you from being excluded from sports, clubs, or extracurricular activities based on your gender identity. The specific team you will play on (sex assigned at birth or chosen sex) varies by state. Some states have passed regulations that prevent discrimination against transgender students who wish to play sports. For example, in Washington State, you can play on the team that matches your chosen gender identity and can switch teams as you prefer. Other states continue to require students to compete on teams that match the sex on a student's birth certificate, instead of the gender they live in every day. You can research your state's specific laws online.



**Does being
transgender or
Two-Spirit impact
my ability to play
sports?**



Resources:

- [Trans Athlete](#)
- [American Civil Liberties Union \(ACLU\)](#)

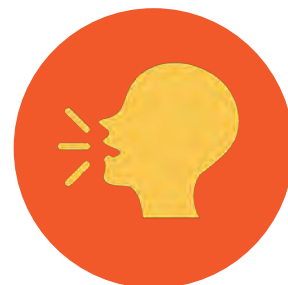


I hear that some relatives go through something called a grief process. What does that mean?

I don't understand because I am still here and haven't changed. Why do they seem sad?

Hi there, thank you for sharing. Experiencing this sort of reaction can be really tough and confusing. You may feel like people are acting as if you aren't there.

"Watching people mourn the loss of you while you are standing right in front of them is a surreal experience that only someone who is transgender can truly understand." (Madison, 2017)



Your relatives may respond with a period of grief and mourning even if they accept and celebrate your chosen identity. **In these moments, remind yourself that your relatives love you and need time to process.**

They want to provide the best support for you and continue to love you. They may just need time to think about how they can do this best. Your relatives may also have a lot of questions that they don't know how to ask yet. Over time, they will find the words.

This can be an uncomfortable experience and may cause you to feel sad or alone. In these moments, take a step back, and think about your other interests and skills that make you who you are. **Focus on your strengths. Think about what you are passionate about, and what your goals are for the future. Think about all the little things you enjoy. No matter what, you deserve to be here and make a difference in this world. You are in this world for a reason.** It may also be helpful to reach out to the people you've identified as your support system, or reach out to other LGBTQ2S students or community members for guidance.

In time, the grieving process will pass, and your relatives will be better able to express their feelings to you. They will be able to fully share their excitement with you and embrace your identity and spirit.



I haven't told my romantic partner that I am transgender yet. I am worried they will want to break up with me when they find out. Do you have any advice?

Hey there, Thank you for sharing! It is great to hear that you are living as your true, authentic self, and want to share that with your partner.

There are two important things to remember when sharing your identity with a romantic partner: self-compassion and safety.

First things first—**love yourself!** Treating yourself with compassion can be really powerful. It can help you remember that you are in charge of your journey. Can you love or treat yourself the way your closest friend or loving family member, mentor, or even pet treats you? Even though making your partner happy may seem like the most important thing sometimes, you need to remember to take care of yourself first. Loving yourself and treating yourself with compassion can be comforting and empowering as you progress along your journey. Who you are as a person is more important than how you identify or what body parts you have! Also remember that **you are loved by your family, friends, and community**, even when things may seem rocky in your relationship.

On to the second point: **safety**. Since we are talking about love, there are certain ways a loving partner should act in a relationship. A partner should:

- treat you with love, compassion, and respect.
- empower you to be your true self...your best self.
- encourage and support you through great times and tough times.
- celebrate your identity.
- inspire you to love yourself more.

With that said, your partner should love you and celebrate your identity when you share it when them. It may take them time to understand, and they may have a lot of questions, but they should continue to support you and respect you. Talking through your journey and feelings with a partner may help.

If your partner does not respect you after sharing your journey and identity with them, you should think about breaking up. You cannot depend on this person to love you if they cannot respect you and your journey.

You are worth it, and you deserve to be in a relationship that makes you feel secure, comfortable, and loved. You should always feel safe in your relationship—physically, mentally, and emotionally. If you have concerns about your partner or safety in your relationship, or even if you just have a weird feeling in your gut, reach out to people who you trust so they can help you get the appropriate help.

These conversations can be tough. Know that if you stay true to yourself and love yourself, things will fall into place.



People keep asking me if I am "certain" about my gender identity. Do you have any advice?

This is a great question. You do not need to be 100% certain as you progress along your journey. **Only you can know who you are.** If you cannot find something to describe you, or a word that describes how you want to show who you are, that's okay too. **You are not defined by a word.**

If you have questions and doubts as you explore your identity, remember to stay true to yourself. Take the time to think about how you see yourself, and how you want to be seen. Questions and doubts are a natural part of growing up—growing up is a time for exploration.

"I was 15 or 16 when I first came out and I wasn't 100% certain. And it's okay to not be so certain, because you are so young...for me, 15/16 wasn't that long ago. It feels like an entire lifetime ago that I had all those doubts of me being trans, but now I am 6 months post-op, two and a half years on testosterone, and I've never been so happy with my body and how I perceive it."

- Trans youth



TWO SPIRIT LOVED & ACCEPTED

#WENEEDYOUHERE



PREVENT SUICIDE.

TO GIVE HELP OR GET HELP:

- CALL THE TREVOR LIFELINE FOR LGBTQ YOUTH AT **1.866.488.7386**
- CALL THE SUICIDE PREVENTION LIFELINE AT **1.800.273.8255**
- TEXT **"START" TO 741741** TO CHAT VIA TEXT MESSAGE
- VISIT **WWW.WERNATIVE.ORG** TO LEARN ABOUT SUICIDE SIGNS AND PREVENTION RESOURCES
- TALK TO TRUSTED ELDER, HEALERS, FRIENDS, FAMILY MEMBERS OR HEALTH PROFESSIONALS



THRIVE



LGBTQ LOVED & ACCEPTED

#WENEEDYOUHERE



PREVENT SUICIDE.

TO GIVE HELP OR GET HELP:

- CALL THE TREVOR LIFELINE FOR LGBTQ YOUTH AT **1.866.488.7386**
- CALL THE SUICIDE PREVENTION LIFELINE AT **1.800.273.8255**
- TEXT **"START" TO 741741** TO CHAT VIA TEXT MESSAGE
- VISIT **WWW.WERNATIVE.ORG** TO LEARN ABOUT SUICIDE SIGNS AND PREVENTION RESOURCES
- TALK TO TRUSTED ELDERS, HEALERS, FRIENDS, FAMILY MEMBERS OR HEALTH PROFESSIONALS



THRIVE

YOU ARE YOUR BEST ADVOCATE:

Interacting with health providers and primary care

It may not always be easy to find a healthcare provider who has experience working with transgender and Two-Spirit youth. To advocate for yourself as a patient, it is important to know what to expect from health providers. Learning about treatment options can also help you gain independence and ask for the best care possible.

STARTING THE CONVERSATION with a provider

When you meet with a provider, you can a) wait for the provider to take the lead or b) share your pronouns and chosen name at the beginning of the encounter, when you introduce yourself. Volunteering your pronouns right away may feel awkward, and correcting a provider's mistake can be uncomfortable, but doing so will help you feel better respected. With time, this will become easier. ***You are a gift from the Creator. You should be treated like one.***

If the staff or providers treat you in any way that makes you feel uncomfortable, you should look into choosing other providers. You can use the **resources listed in the families and relatives** section, or speak to a trusted adult who can help you find other providers. If seeing someone else is not an option, you can show your current provider the materials in this Toolkit so that they can become more aware of your specific needs. What's important is that a provider is willing to admit what they don't know and work to learn more about how they can best help you. They also should make you feel comfortable and be someone you can trust.

PRIMARY CARE

It is important that you trust your health provider and that you are able to tell them your full history. Your history includes what illnesses you have experienced, medicines you have taken, surgeries you have had, or mental health issues you've dealt with. Other information such as where you live, who you live with, and where you work are also important. If your provider knows what has happened to you in the past, they can better help you today and into the future.

PRIMARY CARE (continued)

Some other important things to discuss with your primary care physician include:

- Safe sex practices
- Alcohol and tobacco use
- Mental health
- Physical activity
- Diet
- Heart health
- Cancer risk factors

You don't have to talk about these all at once, and your doctor will know to ask you these questions—you don't need to memorize anything. Some medications used to block puberty or help hormonally transition may impact your health, so it is important to keep talking with your health team.

It may also be helpful to create a safety plan with your health team (or another trusted adult such as a teacher, counselor, coach, or family member). A safety plan is for moments when you are feeling sad or unsafe. Think about who you will talk to when you are feeling sad, where you will go if you feel unsafe, and coping methods you will use. Also keep in mind the resources available to you locally and nationally (**such as the Trans Lifeline and The Trevor Project listed below**) in case you need additional or emergency support.



Resources:

TRANS LIFELINE: 877-565-8860

Crisis line staffed by transgender folks, for transgender folks; toll-free

THE TREVOR PROJECT: 866-488-7386

Crisis intervention and suicide prevention available 24/7 from counselors trained in supporting LGBTQ youth

CRISIS TEXT LINE: text HOME to 741741

Text at any time to start texting with a crisis counselor

YOU ARE YOUR BEST ADVOCATE:

Roadmap for Transition

Are you ready for transition?

There is no right time or right way to transition, but there are a few things to think about before you proceed. Your mental health, medical readiness, and support from friends and relatives are all important. They can help you be successful along your gender-affirming journey and are especially important during transition (Figure 2).

You can be your best advocate by learning about what the transition process involves. Remember, the journey is different for each individual. Each of the medical services and transition choices discussed are completely optional. **Each person's journey is unique, and there are different paths to achieving each person's unique goals. These steps may vary from person to person and provider to provider.**

Some youth and families may decide they do not want to medically transition. Others may not be ready to begin gender-affirming treatments when they first visit a medical provider. If this applies to you, you can talk to your health provider about options to help you during this period of time. For example, mental health support and menstrual (period) suppression are services available if puberty blockers or cross-hormones are not an option at this time. These options can help you feel comfortable in your body and supported along your journey.

Talk to your health team about your options!

Figure 2:
Ready to transition?



Medical Transition Options: More information about puberty blockers, cross-sex hormones, and surgeries.

Note: The information provided is not official medical advice. Please talk more with your health provider to explore your options. Some of the information below is based on Seattle Children's Gender Clinic [handouts](#) on Puberty Blockers and Hormones.

Puberty Blockers

What is puberty?

- Puberty is the process the body goes through so it can become capable of making a baby (reproduction). It also helps the body and brain reach adult size and development. Puberty starts when your brain tells your pituitary gland (also in your brain) to start releasing hormones. This happens at different ages for different people.
- During puberty, your body increases the amount of certain puberty-related hormones (Luteinizing Hormone-LH and Follicle Stimulating Hormone-FSH). This causes your testicles to start producing testosterone or your ovaries to start producing estrogen. These hormones do not cause acne, pubic or armpit hair—those are caused by other hormones.

How do puberty blockers work?

Puberty blockers cause your body to stop releasing puberty hormones. This is like hitting a 'pause button' on puberty. Puberty blockers will not stop pubic or armpit hair from growing or improve acne. Blockers will only make a difference for the changes that make you look female or male. For example, in bodies with ovaries, breast size may get smaller if breasts have already started to develop. In bodies with testicles, testicle size may decrease, and penis growth will be stopped.

What will happen if I start puberty blockers late in puberty?

If puberty blockers are started late in puberty, they cannot reverse most changes that have already happened. However, puberty blockers can stop any further puberty changes.

Are puberty blockers permanent?

Puberty blockers are not permanent. If you decide to stop puberty blockers and do not start cross-sex hormones, your body will start going through puberty associated with your sex at birth. You can stop the puberty blockers at any time (with the help of your provider).

How long will it take for blockers to start working?

It can take several months for puberty blockers to start working. Everyone's body is a little different, so it is hard to know how quickly your body will respond. In the beginning, your body may actually show more signs of puberty. These will lessen as you continue to take the blockers.

What are the different types of puberty blockers?

- **Lupron or Leuprolide:** Medication given every 3 months in the clinic as a shot.
- **Histrelin:** This medication comes in a little plastic rod that is placed under the skin in your upper arm. It can work from 1-2 years and will need to be replaced at that time. The insertion and removal can be done in a clinic.

How will my body change with puberty blockers?

- Puberty changes that your body would have gone through without medications will not occur.
- You will not begin to develop physical changes related to your gender identity until you begin cross-sex hormones (if physical transition is something you are interested in).

Will I feel pain?

- Lupron injections are given in your arm, leg, or bottom. The area where you get the shot may be sore for 1-2 days after the injection. Using numbing cream (topical lidocaine) before your injection can reduce pain.
- Before the Histrelin implant is inserted into your arm, you will receive an injection to numb the upper arm so you will not feel any pain with insertion. You may be sore for 2 days after the procedure.
- You may take acetaminophen or ibuprofen to decrease the pain from injection or implant. Check in with your health provider before beginning medication.

What are the risks of puberty blockers?

Puberty blockers are relatively new, so we do not have a complete understanding of long-term risks. We do know about some of the short-term risks.

- **Bone health:** Because bones are built during puberty, blocking puberty can cause your bones to be weaker (lower bone density). This risk can go away if you stop the puberty blockers or start cross-hormone therapy but is still important to think about. To help prevent injuries while taking blockers, you can take calcium and vitamin D supplements (ask your health provider), and do weight bearing exercises like walking, jumping, and weight lifting. These can help make your bones stronger. Your doctor may check your bone health with something called a DEXA scan. This takes a picture of your bones and helps to see how you are growing before you start treatment. It can also help check your bones during treatment.
- **Fertility:** Puberty blockers do not impact fertility or your chance of having a baby in the future when taken alone (without cross-sex hormones). Please see below for more information.

Are puberty blockers right for me?

- The decision to use puberty blockers is an individual decision. It is important to think about the benefits and risks and to ask all questions you may have.
- Puberty blockers can give you time to make decisions about your gender transition that are more permanent, like starting cross-sex hormones. Blocking puberty can help your body to develop in a way that matches your chosen gender identity.

Are puberty blockers right for me? (continued)

- Puberty blockers are like a 'pause button' on the puberty that does not match your gender identity. This is helpful because puberty can be distressing for many transgender people.
- For example, a transgender female (MTF) adolescent who took blockers to pause puberty was given time to reflect on her gender identity. She then made the decision to start cross-hormone therapy (estrogen). Because she took puberty blockers, she now has physical features that are indistinguishable from someone assigned female at birth.
- You may not have access to puberty blockers or doctors who prescribe them. However, learning about what is out there can help you be better informed and keep your options open. It can also help you to reach out to providers who may work in another community or on another reservation close by.

When is a good time to start taking puberty blockers?

- Most doctors will start you on puberty blockers once your body starts to show signs of puberty. Most of the time, this happens when bodies with testicles start to have increased testicle size and penis growth, and bodies with ovaries start to have breast changes.
- It is not safe to start puberty blockers before puberty. There are a few tests your doctor can run to confirm that your body has started the process of puberty.
- Working with a health team, when safe and available, from early on in your journey can be helpful. Scheduling some visits before you reach puberty can help you and your family build trust and get to know your options.

For how long can I take puberty blockers?

- Puberty blockers can be taken for any period of time until you decide you want to start cross-sex hormone treatment or resume the puberty of your sex assigned at birth. However, as listed above in the risks section (on page 43), there is a chance that your bone density will be lessened, causing weaker bones. For this reason, most providers will provide blockers for a maximum of 4-5 years, and many choose to limit it to 2-3 years.

Cross-sex hormones

If transitioning physically is part of your journey, the charts below may be helpful. Table 3 presents an overview of the hormone you would receive based on your gender identity. Unfortunately for non-binary patients, sex hormones are binary. Your healthcare team should be able to work with you to find a hormone dose that feels right for you and your identity. Table 4 describes the hormone treatments in more detail. Remember that this information is not official medical advice and choosing to medically transition is completely optional. Be sure to explore your individual options with your medical care team.

Cross-sex hormones (continued)

Table 3: Hormone overview

Cross-sex hormone	MTF	FTM
Estrogen	X	
Testosterone		X

Reminder:
 MTF = male to female
 FTM = female to male

Table 4: Hormonal treatment options and details

	MTF hormone treatment	FTM hormone treatment
Hormone function	Estrogen is produced in the ovaries and is responsible for breast development, genital growth, and distribution of body fat in biologic females.	Testosterone is produced in the testes and causes deep voice, body hair, facial hair, and a specific body shape.
Treatment form	17-beta-estradiol Most common: patch (transdermal) Other: pill (oral), injection	Most common: injections Other: patch (transdermal)
Treatment effects	<p>Body fat: Many individuals will experience redistribution of body fat away from the belly and towards the hips/buttocks in a "feminine pattern".</p> <p>Facial and body hair: Even with treatment, hair may not go away completely and may require hair removal treatments. If individuals undergo puberty suppression, facial and body hair are typically prevented.</p> <p>Voice: Estrogen has no direct change on voice. Puberty blockers are helpful to prevent voice changes that occur.</p>	<p>Body fat: Many individuals will experience redistribution of body fat towards the abdomen rather away from thighs and buttocks; described as a more "masculine pattern".</p> <p>Facial and body hair: Over time thicker and darker hair will grow, although beard growth may take up to a few years.</p> <p>Voice: Testosterone leads to deepening of voice; changes usually occur within one year of starting treatment.</p>

	MTF hormone treatment	FTM hormone treatment
<i>Treatment effects</i>	<p>Breast growth: Typical over 1-3 years along with nipple growth. However, breast size is often more related to family history than to hormone therapy.</p> <p>Erections: Erections decrease over time and may disappear completely. Sperm production decreases over time.</p> <p>Testicular size: Shrinkage of testicles occurs over time.</p>	<p>Menstruation: Individuals tend to stop getting a period within six months of starting treatment.</p> <p>Clitoral and vaginal changes: the clitoris enlarges and may become erect when stimulated; growth to around 1 inch; the vagina becomes dry and loses lubrication.</p> <p>Skin: Baseline acne may worsen as skin becomes more oily.</p> <p>Fertility: Testosterone typically prevents FTM individuals from becoming pregnant, but this is not definite. It is therefore necessary for FTM individuals to have access to appropriate forms of birth control and condoms to prevent unwanted pregnancies and sexually transmitted infection.</p> <p>Emotions: Some patients report feeling emotionally unbalanced, irritable, and aggressive. These can usually be managed by your health provider, without stopping treatment.</p>



Watch these videos to learn more:

- **Masculizing hormone therapy**
- **Feminizing hormone therapy**

What are the risks of cross-sex hormones?

- The majority of changes caused by cross-sex hormones are irreversible.
- **MTF:** If hormone treatment is stopped, breast growth and decreased sperm production may be permanent. Other changes will disappear.
- **FTM:** Taking testosterone for a long period of time may increase the risk of certain cancers and heart disease.
- **Cross-sex hormones are relatively new.** This means there isn't a lot of existing research to fully understand long term effects of cross-sex hormones. Regular follow-up with your team of health providers is important to keep track of your health while receiving treatment.

What about shots?

- If your transition involves giving yourself shots, check out the following resources:



Resources:

- **Fenway Health Transgender Health Injection Guide**
- **Injection training videos from Dr. Kevin Hatfield at The Polyclinic in Washington State**
 1. "Subcutaneous Injection Training – Introduction"
 2. "Subcutaneous Injection Training - Injecting the Medication"

Fertility considerations

Kids of my own? What?!?! I am too young to think about that! Even though having kids of your own may seem far away, it is important to think about what your future family might look like before starting any gender-affirming medical treatment. **There is a chance that cross-hormone treatment can change your fertility permanently.** Talking about your options with your relatives, friends, health providers, and/or counselor can help you think about your options.

Some things to consider:

- Is having children something you could see in your future?
- Would you consider other options besides having biologic children (such as adoption)?
- Preservation (which means **storing** your eggs, embryos, or sperm) is expensive and currently not covered by insurance. What are your financial options?

Some things to consider (continued):

- Who can you speak to about your decision?
- Have you gone through puberty already? If you have not gone through puberty, there are different considerations. Speak to your health provider.

Table 5: Fertility preservation options

Transgender female (MTF)	Transgender male (FTM)
Sperm preservation	Oocyte cryopreservation (egg)
	Embryo cryopreservation

Other transition related questionsDo I have to think about birth control while I am receiving puberty blockers or cross-sex hormones for my medical transition?

If you are currently sexually active, you should continue to use barrier methods like condoms to prevent sexually transmitted infection. Even though you are on hormone treatment or puberty blockers, there is still a risk of pregnancy or getting your partner pregnant. You are also still at risk for sexually transmitted infections—use protection to avoid infection. [Here](#) are some options (you can also google search “ACOG birth control options” for this resource). ACOG is the American College of Obstetricians and Gynecologists.

Do I need to see a mental health provider or receive therapy to medically transition?

Most health providers recommend connecting with a mental health professional who has experience working with gender expansive patients. They can provide helpful support before, during, and after your medical transition. Mental health providers can also help you talk through tough decisions and changes as you get older. They can also support your family as you go through those changes. If doctors or insurance companies need letters, your mental health provider can help you with those too.

What about surgery?

Some transgender or Two-Spirit individuals choose to have gender-affirming surgery as part of their journey.

Some states and some surgeons require that you must be 18 or older and have lived for 1-2 years as your chosen gender before you can have surgery.

Surgery can be expensive, and your insurance may not cover it, so it is important to talk to your provider and health team about your options. They can help you find the right surgeon and help you navigate the financial details involved.

There are a number of surgery options available. They are described below briefly. Remember, gender-affirming surgery is completely optional. If you are interested in surgery, talk to your health care team about your options and what works best for your journey. You can also read more about these [here](#).

- You may have heard about top surgery. Top surgery includes mastectomy (removal of breast tissue), chest reconstruction, or breast augmentation.
- You may have also heard about genital surgery types, including hysterectomy (removal of the uterus), salpingo-oophorectomy (removal of the ovaries and fallopian tubes), or orchiectomy (removal of the testes). Genital reconstructive surgeries are also related options.
- Voice surgeries and facial feminization procedures are also options.

YOU ARE IN THIS WORLD FOR A REASON: *Transition Fast Facts*

**96% overall
satisfaction with
transition**

**97%
satisfaction
rate following
hormone
therapy**

**94% of trans
people reported
improved quality
of life following
transition**

**96% of
transitioned
individuals report
increased sense
of well-being**

**96%
satisfaction
rate following
top surgery**

**90%
satisfaction
rate following
genital surgery**

**85% report
improved
emotional
stability**

YOU ARE IN THIS WORLD FOR A REASON:

Mindfulness and Meditation

Your journey as a transgender or Two-Spirit individual is unique. The journey is filled with many changes, emotions, and thoughts, so feeling overwhelmed is natural. You can use mindfulness as a tool to grow along your gender-affirming journey. There may also be times when you need to reach out to others for support, and that is okay too.

What is mindfulness?

Mindfulness is medicine. Mindfulness is about living in the present and accepting where you are in your journey. It can give you space to think about the difficulties you are having and reflect on how they fit into the bigger picture. Mindfulness can be centering because it helps you recognize how your personal journey is related to your ancestors and their journeys. ***Taking time to honor and care for your spiritual and emotional self is important to staying healthy.***

Mindfulness also involves ***loving yourself and giving yourself compassion.*** This can help you find strength as you progress on your journey. Mindfulness is also a way for you to build up your resilience—how well you adapt to and overcome changes, challenges, and stress (Mayo Clinic 2018). Resilience can help you trust more in your journey.

What are some ways to practice mindfulness?

Meditation and poetry! Below are some **meditations** that you can do on your own, with family members, or with friends. You can read through the text or listen to some of the audio files or videos whenever you have the time. Most of them are short and easy to do in less than 15 minutes!



Meditations

- **'Compassionate Friend' adapted meditation.**
This meditation is loved by teens!
- **"It gets better: the radical path of befriending ourselves for teens"**
- **Guided meditations for personal use**
Related to self-compassion, mindfulness
- **Calm Harm App**
An interactive app for youth that can help you stay safe and manage self-harm using breathing and relaxation techniques.
- **Video about mindfulness, shared through a story**

Reading **poems** can also help you practice mindfulness. When you read poetry, your creativity begins to flow, and your mind can start to form new connections between thoughts and ideas. This may help you remain present in the moment and reflect on your journey.

The Center for Mindfulness at UC San Diego shares a number of poems [online](#) that many youth and adults find helpful for meditation. You can also find poems written by Native American individuals from different nations [here](#). Chrystos (Menominee), Storme Webber (Alutiiq/Black/Choctaw), and Fabian Romero (Purepécha) are also inspirational Indigenous poets to check out!

Other techniques for mindfulness and relaxation include: going for a walk, hiking, listening to music, going fishing, swimming, writing in a journal, being in nature, and using some breathing techniques. Breathing deeply when you are stressed can help you lessen some of your body's reactions to stress. You can learn more about these strategies and others on [WeRNative](#).

YOU ARE YOUR BEST ADVOCATE: *Your Sexual Health*

Transgender and gender expansive youth face increased risk when it comes to sexual health, but there are lots of ways you can protect yourself and your friends. ***You are a gift from the Creator. Draw upon your strengths and knowledge to overcome these risks.***



General sexual health and wellness resources

- **"Safer Sex for Trans Bodies"**
Sexual health, wellness, and relationship exploration
- **Online resources**
For learning more about contraception, studies about sexual risk factors and ways to overcome them, and PDFs you can give to your teachers and health providers
- **"Trans Youth Sexual Health Booklet"**



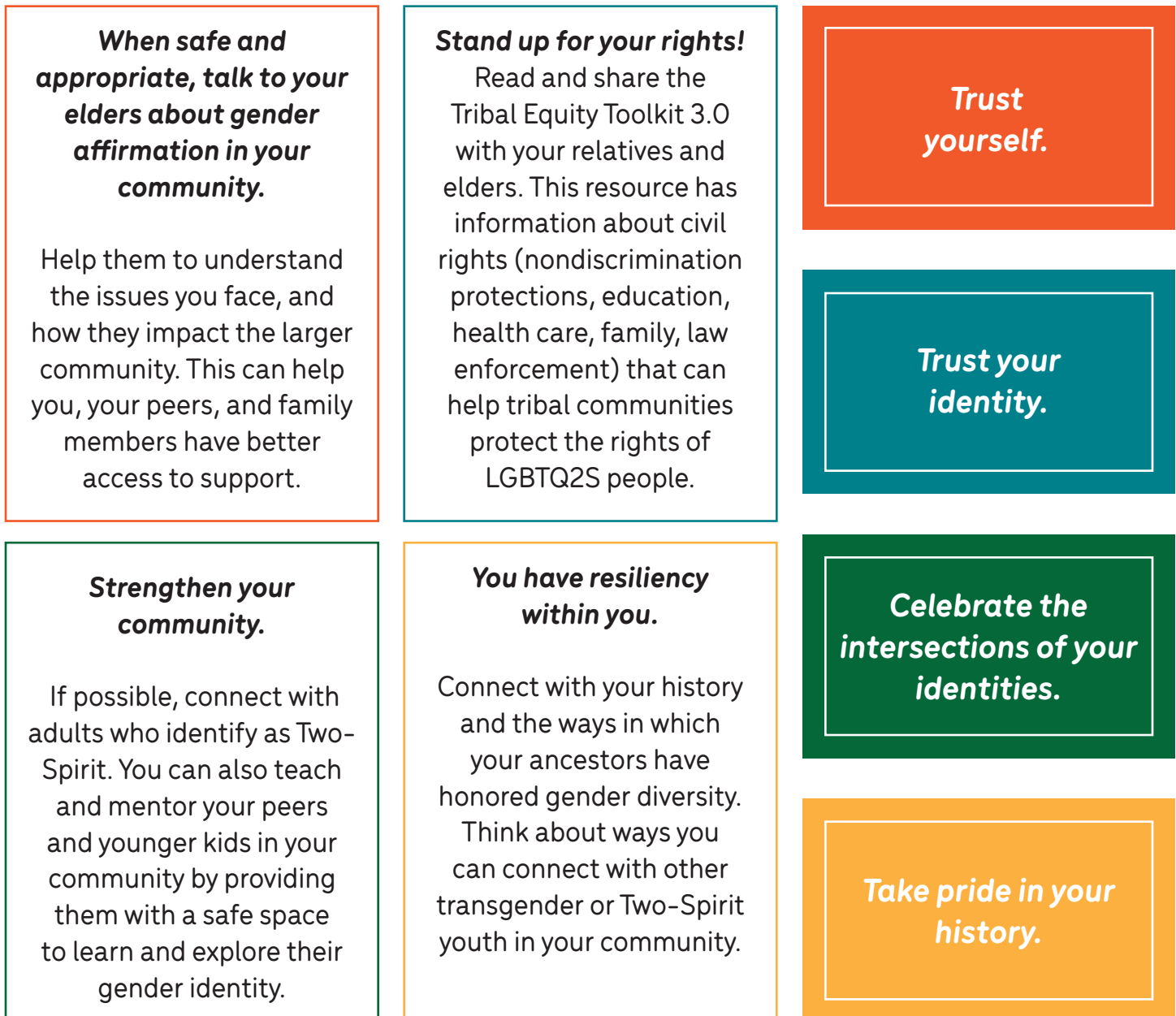
Safer sex guides by identity:

- **Trans Men: "Primed2: A Sex Guide for Trans Men into Men"**
How to have safe sex, prevent HIV and sexually transmitted infections, and find safe sex
- **Trans Women: "Brazen 2.0: Trans Women's Safer Sex Guide"**

YOU ARE YOUR BEST ADVOCATE: Your Community

As a young person, you play an important role in creating new norms and raising new ideas in your community. This can be as simple as talking to your friends and classmates about gender and gender identity. Figure 4 suggests some other ways you can get connected in your community.

Figure 4: Community Connections and Resilience



It can be tough at times to feel fully immersed in your culture and traditions. For example, AI/AN youth and adults who identify as transgender or Two-Spirit may feel uncomfortable participating in Pow Wows or smoke ceremonies with categories for either men or women. Regalia choice and presentation at these events can also cause discomfort. In these situations, you can ask event leadership if it would be possible to enter into a category of your choosing. You can also speak to trusted community members who may be able to connect you with other transgender or Two-Spirit friendly events.

You can also look for opportunities to engage in the larger Two-Spirit community through Two-Spirit gatherings and specific Pow Wow events. ***“There is magic at the Two-Spirit Pow Wow. Our people feel safe to be themselves.”*** (Wilbur 2018). These events create a space for individuals of all genders to celebrate both their gender identity and Native identity. Two-Spirit Pow Wows are setting the example for other Pow Wows to remove the gender category during events. You can find other Two-Spirit gatherings online or through connections with community members who also identify as Two-Spirit.



Two-Spirit specific Pow Wows:

- [Arizona](#)
- [Bay Area, San Francisco, CA](#)
- [Two-Spirit Pow Wow video](#)

Figure 5: Two-Spirit Person at Bay Area Pow Wow



Photo by:
Matika
Wilbur

Looking for other ways to get involved in your community and share your gender identity?

Art is another great way to share your identities! Do you like painting? Acting? Beading? Dancing? Making people laugh? Think about ways you can share your story and experiences with your community in a creative way. Expressing yourself through art can help you grow as a transgender or Two-Spirit community member. Art is a powerful form of medicine.

For example, Two-Spirit artist Ryan Young created the blanket in Figure 6 to express Two-Spirit struggles. **The crow comes from the Native story below:**

“The story goes that the crow was once very colorful and had a beautiful singing voice, but during a forest fire, it spent so much time trying to help the other animals that its colorful feathers became blackened with soot and its beautiful singing voice turned hoarse from the smoke... this story reflects the struggles and sacrifices made by Two-Spirit people to get to where they are today. The blanket mirrors the story, as one side features two brightly colored crows while the other side the two crows are all black.”

Figure 6: Two-Spirit Blanket



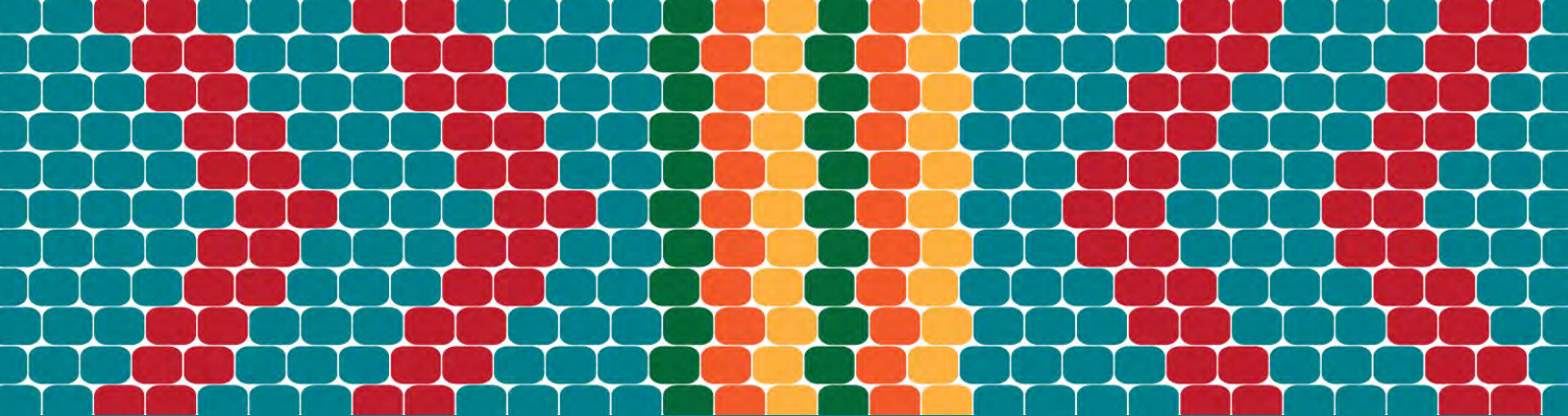
Photo credit: Nour Image, supplied by: Eight Generation

What about music?

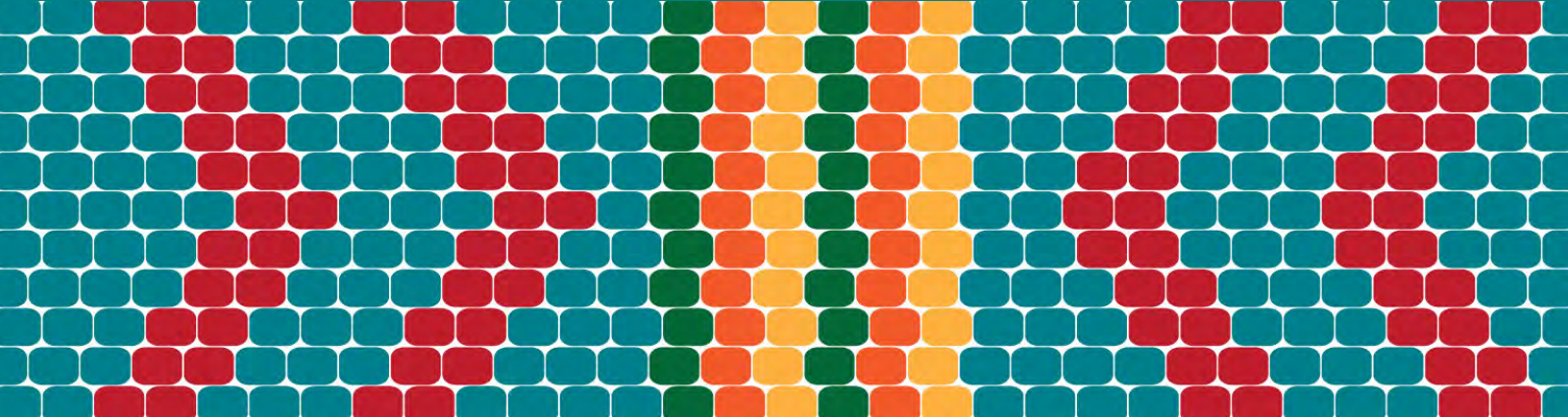
Learn from Tony Enos, Cherokee and Two-Spirit activist, about how music has helped him embrace his identity.



Learn more about Tony here.



Section 3:
**FAMILIES &
RELATIVES**



FAMILIES AND RELATIVES

It is normal for you as a parent or relative to feel overwhelmed by your child's journey. For many families this journey involves a lot of questions. You may feel lost, confused, and out of place. You may have a strong desire for support. The information presented here hopes to help you understand your child's journey. It also hopes to provide you with comfort and support along this journey. You have a unique role as a caregiver and have the wonderful ability to positively influence your child's journey.

"What kind of ancestor did my ancestors envision me to be? What kind of ancestor do I want to be? What kind of ancestor do I want or envision future generations to be?"

Your child needs you now more than ever.

Dr. Karina Walters
Choctaw Nation of Oklahoma

This document is not meant to replace the support that you may find in your local health clinics and among community members. This Toolkit can be shared with your support figures, tribal council, and elders to increase education and spread awareness.

In some scenarios, support may not be available, or reaching out to others may not be the best safety decision for you and your child. In those cases, we hope that the information in this section and in the remainder of the Toolkit will provide you with tools to support your child on your own if necessary.



Reminder: All URLs and references for resources in this Toolkit can be found on page 93.

CELEBRATING YOUR CHILD

Family support should move beyond just acceptance towards *celebration!* This is a critical time in your child's life and your support is important. **Your child needs you now more than ever.** Your celebration will also help create a community that is safe for your child and future children to come. Your celebration is good medicine.

How can you celebrate your child?

Aim to bring back traditional ways of respect and ceremony and recognize that transgender and Two-Spirit ancestors were celebrated. Remembering this love and acceptance and sharing it with current generations can help bring back the supportive environment of your ancestors.

Family support and acceptance are essential to the health and happiness of LGBTQ2S children!

Transgender youth with family support have better outcomes compared to transgender youth without family support.

LGBTQ2S youth with family support:

- Have similar levels of anxiety and depression as cisgender siblings and peers (S. L. Katz-Wise, Rosario, & Tsappis, 2016)
- Are more likely to have positive adult health outcomes such as self-esteem, social support, and better general health (S. Katz-Wise, Ehrensaft, Veters, Forcier, & Austin, 2018)
- Are less likely to experience depression, substance abuse, and suicidal ideation and attempts (Wilkerson, Schick, Romijnders, Bauldry, & Butame, 2016)
- Have improved self-esteem and coping ability (Wilkerson et al., 2016)

Transgender children who have socially transitioned (live as their chosen sex) also have levels of depression and anxiety similar to their cisgender peers. (K. R. Olson, Durwood, DeMeules, & McLaughlin, 2016)

"For me, once I realized that my family was responding to me and interacting with me with respect and acceptance, and once I realized that this respect and acceptance was a legacy of our traditional Native past, I was empowered to present my whole self to the world and reassume the responsibilities of being a Two-Spirited person."

Michael Red Earth
Two-Spirit activist

COMMONLY ASKED QUESTIONS:



Why didn't my child tell me sooner?

Since gender identity is often established by 2-3 years old, many children may identify with a gender different from their sex at birth from a young age. They may not realize the mismatch or have discomfort from the mismatch because they are so young. As a child gets older, they may start to experience discomfort with who they feel they are on the outside versus who they know they are on the inside. These feelings often escalate around puberty when the body starts changing and the child further realizes their feelings will not resolve.

Youth may struggle with the "right way" to tell their parents and relatives because these individuals tend to be the most important in their lives. Some youth may be worried about not being accepted, understood, supported, or loved. Others may not have the words to explain how they are feeling or to express their identity. This may be because of their developmental standpoint or because of a lack of exposure to the language and concepts used to describe gender and gender identity.

In many cases it may be easiest for youth to first share their gender identity with friends to help them practice and gain confidence telling people. Friends may be more likely to accept them, and the "stakes are lower" since there is less fear of outright rejection and creating familial worry. In this journey, youth may learn more about themselves and their identity, and how they want to present themselves, which may make telling relatives later on easier (for the youth and relatives receiving the information).

Many parents and relatives struggle with the fact that they never realized signs of their child being transgender. This is common since youth have often spent years trying to better understand their own identity and learning to deal with the discomfort they feel with their bodies. They may hide their identity not only from their family and relatives, but also from themselves. This makes it even more difficult for others to recognize signs.

Even if there were signs during childhood, you as a caregiver may not have been aware of what to look out for so may not have paid attention to any signals that were present. It is also common for families to characterize some of their child's behaviors/expression as a



Why didn't we notice—did we do something wrong?

temporary phase (such as changing their hair or wearing different types of clothes) rather than part of the child's gender exploration or journey.

If you currently have a young child who is discussing gender identity or showing signs of exploration, Planned Parenthood has some helpful [resources](#) focused on preschool aged children.

At the end of the day it is most important to focus on the present and future, and to think about how you can best support child moving forward. Celebrating them as they are now will help them love themselves and lead happier lives. Also remember that your child is sharing this with you now because they trust you. ***They need you now more than ever.***

Fear can be a common initial reaction to learning a child or youth in your life is transgender or Two-Spirit.

- You may fear for your child's safety and want to protect them from harassment.
- You may fear that their identity will cause them to experience physical harm—from others, or from themselves.
- You may fear that your child has a mental illness.
- You may fear your family members and relatives will judge your child.

While these and many other fears are valid, it is important to remember that ***your child needs you and your support now more than ever.*** Native ancestors have honored transgender and Two-Spirit individuals as sacred, and moving forward we all must do the same. Your support will help increase your child's self-confidence, self-acceptance, and comfort level sharing sensitive information with you. All of these can help your child remain safe.

Your concerns about mental illness may be a result of societal ideas concerning transgender or more broadly LBG individuals. Gender expansive expressions are not signs of mental illness. ***This idea is typically a result of a colonized view of gender, and is contrary to Native beliefs that celebrate & honor transgender and Two-Spirit relatives.***



***Is it normal to be scared as a parent or caregiver?
We are scared.***

Lastly, it is natural to be concerned about the opinions of your extended family and community. However, **this journey is about your child**, not your relatives and their opinions. You can educate your relatives about gender identity and expression and remind them of historical esteem for transgender and Two-Spirit individuals. This can also help you work towards building a network of allies in your community.

I have heard of something called the grieving process. What is that?



"Often family members experience transition as a living death, wherein the trans-identified person is perceived as somehow present and absent, the same and different, at once."

Many parents go through a period of grieving after they discover that their child identifies as transgender or Two-Spirit. Grieving may also take place after medical transition has occurred. Grieving is different for each individual, ranging from feelings of sadness to feeling as if one's child has died and will never return.

These feelings are natural. They can be related to you realizing that your child's future will not be exactly the same as you had imagined it. This is often difficult for parents. As hard as it may be, it is important to accept these feelings and channel them into support and respect. Also remember to take care of yourself so that you can better take care of your child and support them through this journey. ***Trust yourself and your child along this journey, and know that your emotions and experiences are authentic.***

It may be helpful to continue reflecting on your feelings throughout the journey. Talking circles or support groups for parents going through similar experiences may help.

It is okay to tell your child that you are processing their journey, but you don't want to place an extra burden on them by showing them you are afraid, upset, or unsure of what to do next. Do not expect them to be your support system--they are already being so brave to tell you about their identity and journey. Asking questions can help both you and your child progress along the journey, but try to remain unbiased and non-judgmental while doing so. ***Your child needs you now more than ever.***

FOSTERING RESILIENCE

The journey you and your child have embarked on may be filled with strong emotions, unpredictable changes, and unanswerable questions. Trust in your ability to succeed along this journey, no matter the challenges you face. Trust is healing.

Your resilience is defined by how you are able to handle tough times and change for the better. Resilience is a sign of your strength.



“Human resiliency is like a willow tree branch, able to stretch, bend and then come back to almost the exact shape, but changed. When we experience life events that require us to be resilient, who we become is also changed.” (Gray-Smith, 2012)

You may find the following techniques helpful in strengthening your resilience: self-reflection and coping, connecting with Native traditions, and continual celebration of your child (Figure 7).

Figure 7: Techniques to strengthen resilience

Self-Reflection & Coping	Native Tradition	Celebration
<p>Taking time to reflect on your own identity, your connection to relatives and ancestors, and the coping skills you have developed can help through this journey.</p>	<p>Reconnecting to traditions and stories can help foster support and celebration. Look for or start up your own talking circles or support group for parents.</p>	<p>Celebrating your child and their future within your family and community.</p>
<p style="text-align: center;">= RESILIENCE Culture, identity, community, family, spirituality, Indigenous worldviews</p>		

Self-reflection and coping

- Mindfulness helps us to compare two contrasting things or ideas to each other, and to accept both without judgment. This process helps us become aware of the present moment and release fears about the past and the future.
- Meditation is a mindfulness tool that helps us reflect on our emotions and experiences. Self-reflection allows us to be present and listen to our hearts.
- We also learn self-compassion through mindfulness and meditation. This is especially important as we go through life changes. When we practice self-compassion and treat ourselves with kindness, we can let go of difficulty and move forward. Positive thoughts and self-compassion are good medicine.
- Self-reflection can also assist with reconnecting to traditions. We can think about where our lives and challenges fit into the larger picture, and how our actions relate to what ancestors experienced. Self-reflection is grounding.
- Mindfulness and meditation are especially useful when accessing mental health resources is difficult. They can be done anywhere, on your own, and are free.
- You can teach your child these skills so they can develop their coping mechanisms and resilience from a young age.



Resources:

- [Kristin Neff's TED Talk on compassion](#)
- [Kristin Neff's website, focused on self-compassion](#)
- [Learn about mindfulness through the story of two wolves](#)

Reconnecting with Native Traditions

"Two-Spirit identity is about circling back to where we belong, reclaiming, reinventing and redefining our beginnings, our roots, our communities, our support systems and our collective and individual selves."

Reconnecting with Native traditions is another important step towards building resilience. Finding talking circles or support groups in your community may help you accomplish this. Any action that helps you and your child reclaim pride in their transgender or Two-Spirit identity can help to erase colonized, binary gender expectations.

Embracing this traditional view is so important for healing. It helps promote your child's self-esteem and confidence, allowing them to "come in" to their true identity. The larger community also benefits, and traditions are revitalized.

Dr. Alexandria Wilson

Two-Spirit professor from Opaskwayak Cree Nation

Celebration

Celebration is the third technique you can use to develop your resilience. You and your child can celebrate their gender identity through the arts. Painting, graphic art, music, acting, dancing, and comedy are all ways transgender and Two-Spirit peoples have shared their worldviews and experiences. **Youth may find special connection to art as it creates an opportunity for them to express their individual views as they progress along their gender-affirming journey.** The arts also provide an opportunity for parents, relatives, and communities to celebrate transgender and Two-Spirit people.

Celebration can also come in the form of preparing sacred foods for your child, embracing them with good words and kind thoughts, and advocating for them in community ceremonies.



PARENT PERSPECTIVES

Strong and supportive Indigenous mothers in the Pacific Northwest share thoughts and experiences related to raising a transgender child.

What are some ways you have been able to take care of yourself through this journey?



"I had gone back into my own therapy and my counselor helped me. It was more about me putting aside my hurt and anger to really sit down and listen and accept [my child] and go on the journey. It was hard for both of us, it really was, and it took a while for us to get there...where we could talk to and understand one another. And then once we got to that point then I had to go through my mourning period. I was losing the [child] that I thought I had, and now I had a [another child]. So it took me a while to get to that point. It was hard. To say, 'Okay, mourn this loss', and become more loving and accepting of the [child]."

"All we do is rely on interpersonal relationships, and trust in the family."

"No two journeys are the same. When I look back on it, I can see little signs from when [my child] was little. Elementary school, maybe even pre-school...that he wasn't the female assigned at birth that I thought he was going to be. But he had to come out in his own time and his own way. Some people, boom, as soon as they can form a coherent sentence at 3 or 4...well not everybody is going to follow that path. There's taking the time and being able to fully express yourself and to hear the other person...and be able to have a conversation. But whatever way you need to get to that point, I just hope that you can get to that point. Because things will be so much easier for everybody. Your thoughts, emotions, and identities...and be able to have real conversations and acceptance."

What advice do you have for other parents experiencing this all?



Counseling can help with healing.

"All I know is that [my child] was so confused. It took a long time to listen and understand what the other was saying and going through. I hooked him up with a counselor...was able to help navigate through this. He still sees his counselor to this day, and they have a good relationship."

Using pronouns and chosen names can take time to get used to.

"It's tough but you can't get down. Mistakes are okay, we are trying ...we're slipping up. [I tell him] we're human, we're slipping up, please try to be patient and we will do better with it. I'm not perfect."

It is natural for you to be afraid as a parent.

"Safety is a valid concern. My child isn't gonna grow into the man he needs to be if I don't let him leave the house. So I just have to trust that he's listened to my concerns and that he makes good choices. I remind him that I'm worried about him and that I don't want anything to happen to him."

It is good medicine to engage in tough conversations.

"Talk about what happens on the news. We will watch 'I Am Jazz' together and talk about things that Jazz experiences. We have discussions together and that way we stay informed and we have an idea...and there will be times when I can say, 'You see, this is why I'm scared'. I would recommend, have the conversations about these different topics. Granted bathroom bills may be bigger in [one state] than they are in [your state], but still have the discussion. Just because it's over there doesn't mean it won't happen over here, or you won't end up over there."

"Don't be afraid to have these frightening conversations. It's a chance for everyone to get their point of view out, so there's more understanding. And when there's more understanding you can see where everyone is coming from and support each other with this."

What is your advice for people who want to connect to history to help with this journey, but grew up away from the reservation?



"My family is a product of intergeneration trauma. My grandfather went to boarding school and literally had the Indian beat out of him, so he and my grandmother went out of their way to make sure my Dad and Dad's family stayed away from tradition... When [my child] started coming out I was looking for history to see how [our] people dealt with transgender people...We have been taking comfort and solace in the large number of transgender and gender non-conforming and other LGBTQ within our community...we are trying to band together until we unearth some research that will get us back 100+ years to find out how this was handled traditionally."

SUPPORT GROUPS FOR FAMILIES



Examples in Washington State

- **Transgender and Gender-Diverse Children Support Group**
 - Parent/family groups by child's age: 3-9 years old, 9-13 years old, 14-20 years old, adult aged children
 - Facilitated play group and tween group meets at same time as parent/family group
 - Held at Seattle Children's Hospital and other locations in Western Washington State.
 - Contact Aiden Key at 1-855-4-GENDER (1-855-443-6337) or email: info@genderdiversity.org
- **Ingersoll Gender Center**
 - Support groups for students and significant others, families, friends, and allies
- **Northwest Two-Spirit Society: for Two-Spirit individuals and allies**
 - Email: hcalfloodingsr@yahoo.com



National Resources

- **City of Angels Two-Spirit Society (Los Angeles)**
- **Bay Area American Indian Two-Spirits (San Francisco)**
- **General search to find support groups across the US**
- **PFLAG- find a chapter**
- **Gender Spectrum**
Online support group/forum
- **Ally Moms: Stand With Trans**
Phone call, text service as well as online information

Support Groups (continued)

- Online information about Native people who identify as transgender or Two-Spirit is somewhat limited, but that doesn't mean you are alone. Tribal leaders and cultural centers may have a better sense of local support systems. There are also online opportunities to connect with parents from other tribal nations or communities.
- Think about setting up talking circles for parents and families with similar experiences. This can help provide support and connect to traditional practices.
- Always remember to think about safety for yourself and your child when seeking information.

FINDING MEDICAL CARE

There are many places where you and your child can seek care. This may include a typical doctor's office, hospital, free clinic, pharmacy, dental office, and even schools.

Where do I begin?

When seeking any kind of care for your child, it is important to think about finding a provider who has experience working with LGBTQ or Two-Spirit patients. You may ask friends and allies in your community for their gender-affirming care recommendations. You may also reach out to local LGBTQ2S support groups, when available.

An online search using the general provider links listed below may also be helpful.



General provider search

- [WPATH provider search](#)
- [GLMA provider search](#)
- [Health Service search engine](#)
- [Healthcare Equity Index survey](#)
 - Ratings for facilities across the US about their ability to provide gender-affirming care for LGBTQ2S people
- [Comprehensive clinical care map for transgender and gender expansive youth](#)

Telehealth and virtual appointments

- You may be able to access gender focused care from an online provider. For example, in Washington State, [QueerDoc](#) provides a wide range of health services. To find similar options in your state, try googling a combination of the following words: telehealth, virtual health, online appointments for transgender or LGBTQ patients.
- Telehealth is a relatively new service so doctors may not yet be licensed near you, but it may be a good starting point in your search for care.

WHY IS MENTAL HEALTH CARE SO IMPORTANT?

Transgender and Two-Spirit youth face higher risks for low self-esteem, substance misuse, and other mental health challenges. This increased risk results from biases and prejudice they face in society. AI/AN youth face similar risks due to historical and intergenerational trauma. This makes **mental health care even more important for AI/AN youth** who identify as transgender or Two-Spirit.

Mental health providers can help youth think through their feelings and concerns related to gender identity and possible transition. Mental health professionals can also help youth develop coping mechanisms that will be beneficial along their journey.

Early support from mental health providers and families is extremely beneficial in helping youth overcome underlying mental health issues and prevent future ones. Mental health providers should not convince your child to accept a gender identity that does or does not align with their assigned sex at birth. Instead, their overall role is to create a welcoming space for youth to discuss and explore all of their identities. They are also great at helping youth develop strategies around disclosing their identity, helping with social transition, and building self-esteem and acceptance. The best healing takes place when culture and traditions are incorporated. Mental health providers also play a role as advocates and educators for parents, family members, and schools (Johanna, Rosenthal, Hastings, & Wesp, 2016).

HOW DO I FIND A MENTAL HEALTH PROVIDER?

The following diagram (Figure 8) demonstrates some helpful tips to keep in mind when seeking mental health care. Mental health providers may not always be available in your community, and you or your child may fear being discriminated against, but it is important to seek help if needed. Your primary care doctor can be an extra resource to help you find mental health care.

If your child needs emergency support, refer to the crisis hotline section of this Toolkit on page 89 and on the back cover.

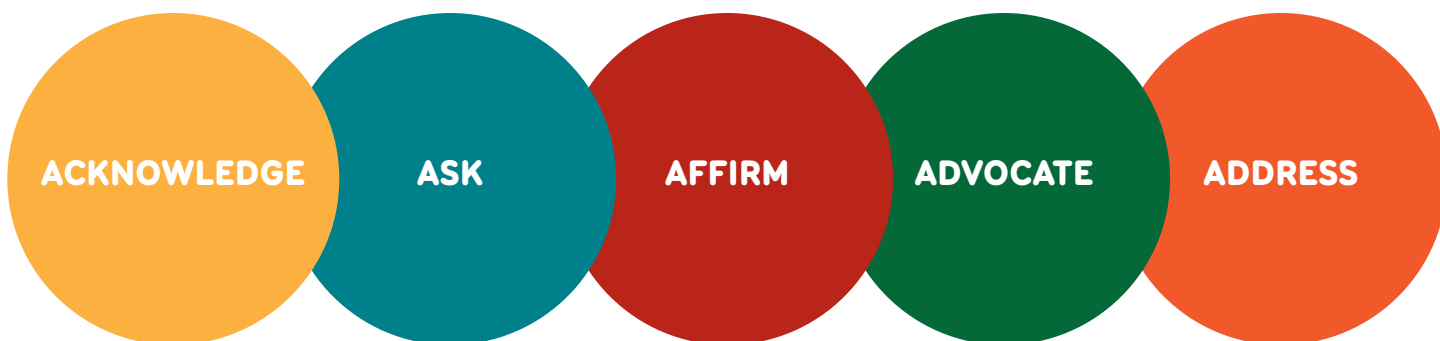
Figure 8: Searching for mental health providers

Finding a mental health provider	You've found one... now what?	Other considerations
<p>Types of provider</p> <ul style="list-style-type: none"> • Therapist • Counselor • Social work • Psychologist • Psychiatrist <p>Search options:</p> <ul style="list-style-type: none"> • Word of mouth from primary care provider • GLMA, WPATH, Healthcare equity index searches • Virtual (online) care 	<p>Does the provider have experience working with children and adolescents dealing with similar gender-related challenges?</p> <p>Give the office a call and ask about provider experience with similar patients.</p> <p>Do they take your insurance? Are they scheduling new patients?</p> <p>Does your child want to go to the visit alone, or with a friend or relative?</p>	<p>Are they a good fit?</p> <ul style="list-style-type: none"> • Does provider seem at ease talking with you and your child? • Did your child feel comfortable during the encounter? <p>Does the provider have relationships with other LGBTQ2S friendly providers?</p> <p>Finding a therapist or counselor may take multiple tries—with multiple providers—before the fit is right.</p>



Section 4:
PROVIDERS





ACKNOWLEDGE: *Understand your own biases*

A great place to start thinking about how you can best care for your LGBTQ and Two-Spirit patients is to consider your own biases. It is difficult to accept that we may have certain biases, especially in a profession focused on helping and improving the lives of others. However, we are all susceptible to bias as a result of belief systems and exposures from a young age (Potter, 2015).

Taking time to become aware of one's own biases can help lead to equitable, gender-affirming care and the development of trust between provider and patient.

The National LGBTQ Health Education Center has developed a series of case studies focused on helping health providers address implicit bias related to LGBTQ patients. You can find the implicit bias case study guide [here](#). It may also be helpful to take the Harvard Implicit Assessment Test (IAT) focused on sexuality, which can be accessed free of charge [here](#). This may help providers further understand their biases associated with gender and sexuality.

 **Reminder: All URLs and references for resources in this Toolkit can be found on page 94.**

ASK: *How to begin the conversation with youth*

There is no "right answer" to a perfect encounter with your LGBTQ2S patient. However, **developing a trusting relationship** with them and **understanding them as a whole person** are some benchmarks to aim for.

Asking questions about the child or adolescent's pronouns is a great place to start. Because gender identity is typically formed between the ages of 2-4 years old, health providers can begin asking questions about gender from an early age (Martin & Ruble, 2010).

For young children, ask age appropriate questions such as, “Do you think of yourself as a boy, girl, neither, both, or something else?” Other approaches can involve the use of a children’s book that discusses gender identity and asking a child which book character they identify with (see list at end of Toolkit).

As children get older, you can ask more specific questions about the child’s pronouns. Doing so may help you assess the child’s readiness to move forward in their gender-affirming journey. It is best to ask about pronouns at the beginning of the encounter when you and patient make introductions and greet each other. You also have a second opportunity to discuss pronouns and gender identity during the sexual history portion of an encounter or in the HEADSS assessment.

It is your decision to ask these questions and have these conversations with parents in the room, especially as each child grows up. In scenarios where discussions are between youth and provider alone, it is important to explain confidentiality practices. Refer to the discussion on informed consent in the following section.

Similarly, asking questions about pronouns helps to normalize talking about gender identity in the healthcare setting. You can further normalize asking about pronouns by:

- Asking all patients these questions so it becomes part of your routine practice
- Telling your patients that you ask these questions each visit with all patients

Be cognizant of the fact that you may be the first person your patient is sharing this information with. It is important to educate and help connect your patient with resources, and to be supportive and celebrate with your patient throughout their journey.

AFFIRM AND ADVOCATE: *Creating a welcoming space*

The creation of a safe, inclusive, and welcoming space is critically important in providing gender-affirming care. It is also important to recognize that, no matter how safe of a space we create, it may not always be safe for LGBTQ2S individuals (and their allies as well) to be out to their families and communities. In these scenarios we need to remain supportive and allow LGBTQ2S individuals to trust us in a space of support and respect. Youth may present in other settings besides a primary care or specialist office, such as schools and dental clinics; gender-affirming care is critical across all of these settings.

"There is no such thing as a single-issue struggle because we do not live single-issue lives."

Audre Lorde

A helpful initial exercise is to speak with your colleagues, youth, family, friends, and community members to determine what "welcoming" means to them. Seeking out community opinions and building upon traditions often helps inform this. There is much diversity even within communities, so having this conversation can help address the needs of as many individuals as possible. Similarly, spaces should recognize that individuals may be experiencing discrimination and oppression as a result of their multiple identities. For example, a Two-Spirit adolescent may be struggling with their gender identity in addition to cultural identity as a Native American.

Creating spaces that address this intersectionality and are as safe as possible is a continual process; one that requires accountability and buy-in from everyone who creates the space and accesses it. There are a number of ways that we can work towards the goal of creating welcoming spaces, especially in the clinical environment.

Creating clinic ground rules and posting them in the waiting room and patient rooms can demonstrate a commitment to upholding the safe clinic space. Posting and sharing non-discrimination, diversity, and harassment policies that include sexual orientation and gender identity may also be helpful.

Next, place yourself in a patient's shoes. Think about what they see and hear from the moment they enter the clinic until they leave.

Intake

- How do front desk staff address patients? Do they ask for a patient's pronouns? Where is this information listed?
 - Ask: What is your preferred name?
 - Ask: What are your preferred pronouns?

Intake (continued)

- What forms are being used?
 - Is office staff handing out pink and blue colored intake forms or handouts? → Switch to white or a color uniform for everyone
 - Are there opportunities to disclose pronouns, gender identity, and sexuality on intake forms?
 - o Legal first and last name & chosen name (if different)
 - o "Gender" "Sex" → switch to "sex assigned at birth"
 - o Gender identity
 - o Sexual orientation
 - o Sex listed on insurance plan
- Are staff and forms using gender neutral language?
- Does the office/clinic have gender neutral ID bands and stickers?

Waiting room and patient rooms

- Is gender neutral language used in posters and advertisements?
- Are gender-neutral bathrooms available?
- Are there signs that read 'menstrual products' rather than 'feminine products'?

Encounter

- Does the provider introduce themselves using their own pronouns, and clarify the patient's preferred name and pronoun (see section above)?
 - "How do you identify your gender?"
 - "I ask all patients what gender pronoun they'd prefer I use for them. What pronoun would you like me to use for you?"
- Does the provider ask a thorough history that includes gender-affirming care?
 - "To help assess your health risks for ____/ to better understand your risk factors...can you tell me about any history you may have had with hormone use?"
- Does the provider mirror patient's own language regarding their history, identity, body parts, partnership, etc.? Do they incorporate gender neutral language into the encounter?
- Are records in the EMR appropriate and accurate?
- Does the provider ask appropriate questions related to the medical/mental health issue for that encounter, rather than ask about gender related issues out of curiosity?

Physical exams – sensitive exams include:

- Natal females:
 - Pap smear
 - Gonorrhea/chlamydia screen
 - Breast exams
 - Mammogram (age dependent)
- Natal males:
 - Testicular and prostate exams
 - HIV/STI screenings

Each clinic and healthcare setting faces their own barriers that may limit the creation of a safe space. However, using some of the above strategies can help make small changes that will positively influence a patient's clinic experience. Similarly, they help create an environment that promotes **LGBTQ2S cultural competency**. This has been described as a, "set of congruent behaviors, attitudes and policies that enables the system to work effectively with diverse populations and to provide care and services in a sensitive, meaningful and knowledgeable manner" (LTCHS, 2017).

Additionally, the American Academy of Pediatrics (AAP) released a [policy statement](#) in 2018 entitled, "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents". You can access this statement online. It promotes a gender-affirming model that focuses on family resiliency and freedom for each child to develop and experience life as their desired gender.

Acknowledge the importance of your role as a provider in each patient's journey.

A note on informed consent: Informed consent rules vary from state to state so it is important to be aware of the regulations where you are practicing. Informed consent protects the autonomy of youth patients receiving care and recognizes that a physician's role is limited with some aspects of medical care. For example, in Washington State, physicians can protect medical information regarding sexual health and mental health after the patient is 13 years old (i.e. the information will not be shared with the child's parents or guardian). However, this does not cover gender identity or gender-affirming care, and thus youth seeking this care must have parental permission.

AFFIRM AND ADVOCATE: How to be an Ally and Supporter

By following suggestions provided in this Toolkit, you are well on your way towards becoming a supportive figure for your Native LGBTQ2S patients, even if you do not identify as LGBTQ2S yourself.

Other considerations include:

- Listening to your patients and their families.
- Asking about gender pronouns, gender identity, and chosen name.
- Respecting confidentiality.
- Understanding that not all patients you interact with will be out to their friends, families, and communities.
- Considering patient safety when developing care plans.
- Avoiding judgmental comments by thinking before you respond.
- Asking how you can be helpful and provide support.
- Showing respect, even if you do not agree with a decision.
- Recognizing your limits as an ally.

For non-Indigenous providers:

Another component to standing as an ally for the youth you work with is being able to better understand their history and culture. Of course, each nation has its own customs and traditions, but there are a few common themes that one should think about when working in Native communities. The following [Toolkit](#) created by the Montreal Urban Aboriginal Community Strategy Network offers wonderful suggestions and thought exercises to help allies listen, ask, build, and support Indigenous cultures and practices (Swiftwolfe & Shaw, 2019).

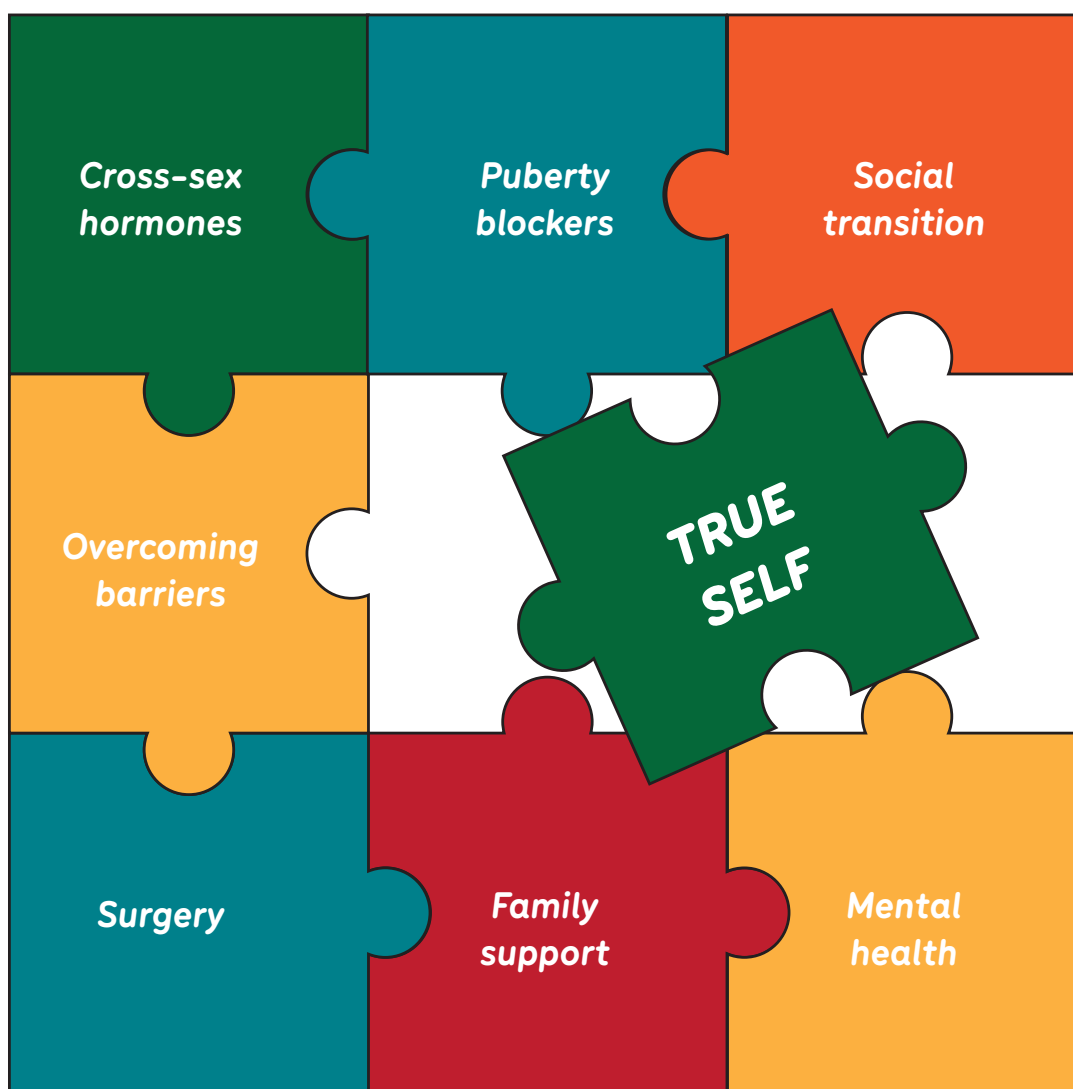
ACKNOWLEDGE: Engaging Youth and Communities

Your clinic can also uphold LGBTQ2S cultural competency by developing paths for feedback and understanding community opinions. Feedback from patients and their families can help inform future changes and make the clinic increasingly welcoming. Talking circles, focus groups, community advisory boards, and community partnerships can also help ensure that there are channels for feedback and communication.

ADDRESS: The Transitioning Process

The information in this Toolkit includes general recommendations about the transition process and links for specific guidelines regarding medical transition. This Toolkit is intended to help you start thinking about the social and non-clinical aspects related to transition so you can better support your patients. As such, the included information is not official medical advice. It is meant to serve as a starting point for your exploration surrounding the multifactorial nature of the transition process (Figure 9).

Figure 9: Multifactorial aspects of the transitioning process



The following are excellent resources detailing standards of care for transgender and gender expansive youth. While medical guidelines remain the same for most populations regardless of race or ethnic background, providers should remember to incorporate traditional Native beliefs and practices into gender-affirming care for AI/AN youth who are transgender or Two-Spirit. Keep in mind that the linked resources do not offer an AI/AN specific perspective. You will also note that guidelines vary based on resource. As with any other medical care you provide, it is important to consider what works best for the patient when making a decision.



Resources

- **WPATH Standards of Care, Volume 7 (updated regularly)**
 - Includes information related to all health fields, such as primary care, gynecologic and urologic care, hormonal and surgical transition options, and mental health services.
- **UCSF Center of Excellence for Transgender Health Guidelines**
 - An online textbook/guidebook involving all aspects of care for transgender and gender expansive youth.
- **Summary of recommendations from The Endocrine Society**
 - Open access article, "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline"

The following information provides an overview of what is involved in medical treatment during the transitioning process. You can also refer to the youth section (on page 41) to further review what is included in medical care for these patients.

Again, the information provided in this Toolkit is not meant to serve as official medical advice. You can explore this information further with experts, colleagues, and through the trainings listed below.

Options for puberty suppression (also known as puberty blockers or blockers)

- Depo Lupron or Leuprolide (injection)
- Histrelin (implant)

When to start cross-sex hormones (social considerations)

- Think about whether or not puberty has occurred, and the influence that suppressing puberty will have on the child's development.
- What is the child (and family's) compliance with medical care to-date? Will they be able to keep up with care? What about issues with hormone affordability?
- Beginning hormone treatment is often a family decision when the child is young. Be sure to think about how each child functions within their family, and assess their level of independence. In some cases, a child may have the capacity to make a decision about their treatment without their family.
- Again, it is important to consider regulations regarding informed consent and need for parental approval. These vary by state. See page 77.

Surgical options

- In many settings, youth must be 18 years old and have lived 1–2 years as their chosen gender before surgery is possible. It is helpful to have a sense of surgical options when discussing transition with your patients.
- Top surgery types
 - Mastectomy
 - Chest reconstruction
 - Breast augmentation
- Genital surgery types
 - Hysterectomy
 - Salpingo-oophorectomy
 - Orchiectomy
 - Genital reconstructive surgeries

Risk considerations

- There are many changes involved in the transition process that are accompanied by health risks. It is important to think about the following for youth undergoing pubertal suppression or hormone treatment:
 - Reversible vs. irreversible physical changes (puberty blockers vs. hormones)
 - Fertility implications
 - Metabolic changes
 - Mental health implications
 - General safety implications

ACKNOWLEDGE: *The Importance of Primary Care*

AI/AN transgender and Two-Spirit youth require primary care, just like their peers. Primary care visits present unique opportunities for youth support and education, since visits typically occur at least once a year.

Well-visits should cover the appropriate developmental questions and physical exam (i.e. the HEADSS assessment for adolescents—home, education, activities/employment, drugs, suicidality, sex) regardless of a child’s gender identity or sexual orientation. It is also important to cover some additional screening topics that relate to safety and behaviors specific to transgender and/or Two-Spirit individuals (Table 6).

Table 6: Safety assessment

<i>Transmasculine</i>	<i>Transfeminine</i>	<i>All</i>
<ul style="list-style-type: none">• Menstrual history• Stress related to menstruation and breast development• Binding (How? When?)• Concerning symptoms	<ul style="list-style-type: none">• Tucking (How? When?)• Pubertal changes—distress from hair growth, voice changes	<ul style="list-style-type: none">• Eating disorders and/or exercise disorders• Risky behaviors: alcohol, drug, substance use; sexual behaviors• Mental health• Bullying, relationship safety• Assessment of support at home

During sick visits, use your best judgment to determine whether or not the patient’s gender identity and/or sexuality impacts the present illness. While it may not be necessary to ask about sexual practices or perform a genital exam during the encounter, providers should still use the patient’s preferred gender pronouns and chosen name. Excessive questioning or unnecessary examination may lead to patient wariness and mistrust.

For youth who decide transitioning is part of their gender-affirming journey, your backing as a provider is critical. Supporting each patient before, during, and after the transition can help the process occur safely and smoothly. While some transition treatments may take place in a separate clinic or with an outside provider, each patient benefits greatly from the continual support of a provider who has known them throughout their journey.

Keep in mind that you may possibly be the only supportive person in your patient's life at this point in time. It is important to reflect on the significance of this role and to ask for support from colleagues (near and far) if need be, so you can best support your patient.

It is also possible that you may not have facilities or resources to refer your patients to. In these situations, you can still play a large role in fostering your patient's self-confidence by showing them you are an ally and support their journey. You can look towards opportunities for virtual consultation or reach out to your professional peers who are engaging in this sort of work. Resources and search options are detailed below on page 87 of the Providers section, and in the General resources portion of the Toolkit.

ACKNOWLEDGE: Sexual Health

Do not assume that your patient's sexual health and wellness is being addressed because they are transgender or Two-Spirit. Sexual health sometimes falls through the cracks amidst the primary care visits, specialist visits, and mental health visit.

The following resources include information specific to sexual health in LGBTQ2S patients. They provide suggestions on what to cover during clinical encounters. They may also be helpful resources for patients who want more information.



General sexual health and wellness resources

- **"Safer Sex for Trans Bodies"**
Sexual health, wellness, and relationship exploration
- **Online resources**
For learning more about contraception, studies about sexual risk factors and ways to overcome them, and PDFs you can give to your teachers and health providers
- **"Trans Youth Sexual Health Booklet"**

Sexual health resources (continued)



Safer sex guides by identity:

- **Trans Men: "Primed2: A Sex Guide for Trans Men into Men"**
How to have safe sex, prevent HIV and sexually transmitted infections, and find safe sex
- **Trans Women: "Brazen 2.0: Trans Women's Safer Sex Guide"**

ADDRESS: Combating Human Trafficking

AI/AN youth are at increased risk for becoming trafficked as a result of exposures such as physical or sexual abuse, poverty, homelessness, and historical trauma. 116 cases of human trafficking involving AI/AN youth have been reported from 2011-2017, and it is expected that this is only a fraction of the cases occurring (Trafficking data, 2011-2017).

The following [Toolkit](#) is a great resource for providers to increase awareness of the current state of trafficking among Native youth (Combating Trafficking: Native Youth Toolkit on Human Trafficking, 2017). It also serves as a great educational resource for youth to learn about how to prevent and respond to trafficking, all while connecting with their culture.

ADDRESS: Making Mental Health a Priority

AI/AN youth are at increased risk for experiencing mental health issues such as anxiety, depression, and suicidal ideation and attempt. LGBTQ2S youth also face these increased risks. AI/AN youth who also identify as LGBTQ2S therefore face a dual risk for mental health issues. **Your attention to their mental health is critical** (K. R. Olson et al., 2016). Incorporating quick mental health check-ins at each appointment can make a difference and help you detect underlying issues.

In addition to anxiety, depression, and suicidality, the term 'gender dysphoria' is often associated with transgender mental health care.

What is gender dysphoria?

Signs and symptoms that result from the incongruity between an individual's gender identity and biologic sex. These include:

- Depression and anxiety
- Social rejection and isolation (may be self-inflicted)
- Issues with self-esteem and self-worth
- Self-harm behaviors
- Suicidal ideation and attempt

Gender dysphoria is currently listed as a diagnosis in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). There is currently disagreement and controversy regarding the use of the term gender dysphoria because it may perpetuate stigma and suggest that gender variance and non-conformity are pathologic. This is not correct.

Classification with this "disorder" may cause labeling, especially among young children who do not yet have the ability to advocate for themselves. Similarly, the terminology medicalizes gender identity and makes it difficult for individuals to have autonomy over their body and gender expression. For example, many health centers require a mental health provider to sign-off and/or diagnose an individual with gender dysphoria before they are able to undergo transition.

The World Professional Association for Transgender Health (WPATH) has made a statement regarding this pathologizing: "The expression of gender characteristics, including identities, that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon which should not be judged as inherently pathological or negative. Psychopathologizing gender variance reinforces stigma, rendering transgender and transsexual people more vulnerable to social and legal marginalization and exclusion, and increasing risks to mental and physical well-being" (Directors, 2010).

On the other hand, classification with the gender dysphoria diagnosis does enable identification of individuals and in some cases increased access to care, medical assessment, and empowerment. Co-morbid mental health illnesses may also be better detected when an individual is assessed using the DSM framework.

Understanding both perspectives can help providers deliver the most patient centered care. Additionally, referring patients to a mental health provider who has experience working with gender expansive patients may be beneficial. Mental health providers can serve as a support system for both patients and their relatives, and can be an integral part of your patient centered medical team.

In scenarios where you are unable to refer to a mental health provider, or access to mental health care is limited, you may need to spend a bit more time with your patients to ensure they are supported socially and psychologically. You may also be able to refer them to local support groups or provide them with resources related to mindfulness and meditation that they can practice independently (on page 51). Mindfulness has been shown to alleviate the negative impact of stress and trauma, including those related to adverse childhood experiences (ACEs), and can help improve short and long term health outcomes (Ortiz & Sibinga, 2017).

Having crisis resources readily available for youth, their families, and friends is also beneficial. This information can be located on page 89.

TRAININGS AND CURRICULUMS FOR PROVIDERS

The following trainings and informational lectures provide foundational knowledge that may help you advocate for and provide gender-affirming care to this subset of patients.



Trainings

- **WPATH certification program**
Offers 50 hours of core training for medical and mental health providers
- **Cultural competence webinar series**
Aimed at understanding health needs of LGBTQ2S people, creating a welcoming clinic environment, and sharing tips for clinical care.
- **A Way Home Canada**
Online modules and exercises to help individuals and organizations support LGBTQ2S youth
- **Seattle Children's Hospital Grand Rounds "Transgender Care"**
An opportunity for continuing education credit
- **Transgender Health Echo**
Web-based trainings for health centers and health organizations

Two-Spirit specific information and trainings

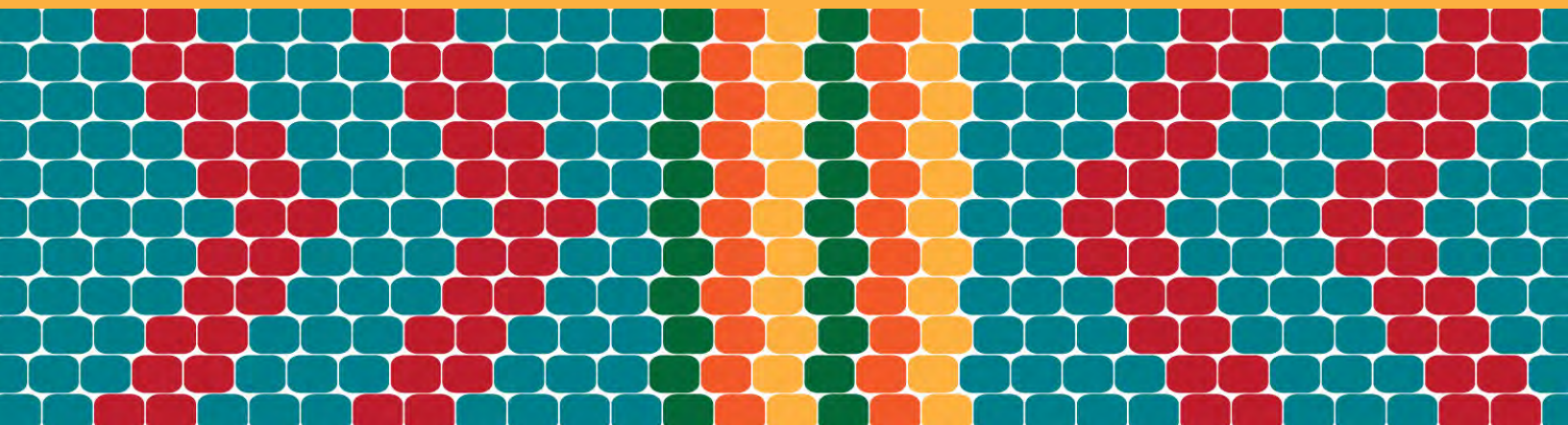
These webinars help raise awareness of Two-Spirit history, culture, and issues faced by Two-Spirit individuals. Having an increased understanding can help providers affirm, acknowledge, and better advocate for their Two-Spirit patients.

- **SAMHSA**
Webinars related to justice, gender identity, resources for Two-Spirit individuals
- **Indian Health Service**
Information regarding Two-Spirit peoples and links to additional webinars
- **"(W)righting Our Relations- Working with and For Two-Spirit Individuals"**
- **"Walking in Good Way- Cultural Considerations when Working with Two-Spirit Individuals"**



Section 5:

GENERAL RESOURCES



GENERAL RESOURCES

Each individual, family, and community will have different perspectives and values that make them unique. Not every resource listed below will be relatable or directly applicable, but they offer some starting points for exploration.

Crisis hotlines

These mental health and emotional support resources can be accessed anywhere by phone and internet. They are LGBTQ2S friendly.

- **TRANS LIFELINE: 877-565-8860**

Crisis line staffed by transgender folks, for transgender folks; toll-free

- **THE TREVOR PROJECT: 866-488-7386**

Crisis intervention and suicide prevention available 24/7 from counselors trained in supporting LGBTQ youth

- **CRISIS TEXT LINE: text HOME to 741741**

Text at any time to start texting with a crisis counselor

Selected Native-specific booklist

- The Spirit and The Flesh: Sexual Diversity in American Indian Culture. Walter L. Williams. Beacon Press 1991, ISBN-10: 0807046159. ISBN-13: 978-0807046159
- Two-Spirit People: Native American Gender Identity, Sexuality, and Spirituality. Sue-Ellen Jacobs (Editor), Wesley Thomas (Editor), Sabine Lang (Editor). University of Illinois Press 1997. ISBN-10: 0252066456 ISBN-13: 978-0252066450
- Spaces Between Us: Queer Settler Colonialism and Indigenous Decolonization. Scott Lauria Morgensen. University of Minnesota Press 2011. ISBN: 978-0816656325



For more books (teens and young adults, adults)



General booklist (for young children, adolescents, and adults)

Documentaries

- **Two Spirits Documentary**
 - **As They Are: Two-Spirited People in the Modern World (USC Anthropology)**
 - Part One
 - Part Two
 - **Frameline Voices: Two-Spirits (~22 minutes)**
 - **Other movies and materials**
-

Short videos

- **Wabanaki Two Spirit Alliance**
 - Video from Atlantic Two-Spirit Gathering (~6 minutes)
 - **We R Native video**
 - With Garni (Blackfoot Nation) who discusses coming out as a lesbian along with her Two-Spirit identity (~3 minutes)
-

General online resources:

- **Center of Excellence for Transgender Health**
- **National Center for Transgender Equality**
- **TransFamily Support Services**
- **PFLAG**
- **I Know Mine**
- **Native PFLAG**



Legal rights

The following websites and manuals are helpful for learning more about legal and civil rights for the LGBTQ2S community. These can help you become a better advocate for yourself (or your child), and can be shared with providers, teachers, coaches, and community members too. Remember that laws change so information may be different than what is written.

- **Tribal Equity 3.0 Toolkit**
 - **GLAD: GLBTQ Legal Advocates & Defenders**
 - **NCLR (National Center for Lesbian Rights) - for all LGBTQ2S individuals**
 - **Transgender Law Center**
 - **National Center for Transgender Equality**
-

Name change

Using a chosen name is an important step in the gender affirmation journey. Making this change legal and official can involve many steps. Laws are different depending on where you live. To find out how to get a legal name change in your state, you can visit [this website](#).

More information can be found using the legal rights resources listed above.

To read about stories in Teen Vogue about individuals who have changed their names, [read here](#).

Name changing can be expensive. Check out the following [resource for scholarships](#).

Other resources

If you cannot afford a chest binder or safely obtain one, you can look apply for a free one through [Point of Pride](#).

WEBSITE REFERENCES

Background/Overview

- **2015 U.S. Transgender Survey Report on the Experiences of American Indian & Alaska Native Respondents:** <https://transequality.org/sites/default/files/USTS%20AIAN%20Report.pdf>

Youth

- **Trans Lifeline** <https://www.translifeline.org/>
- **The Trevor Project:** <https://www.thetrevorproject.org/#sm.0001mxuyq3aiud52pam2ib3sjuof>
- **Crisis Text Line:** <https://www.crisistextline.org/>
- **Learn more about Dr. Makokis:** <https://www.youtube.com/watch?v=MSnvtjOG3cA>
- **Read an article about Dr. Makokis:** <https://newsinteractives.cbc.ca/longform/a-cree-doctors-caring-approach-for-transgender-patients>
- **National Center for Transgender Equity:** <https://transequality.org/know-your-rights/schools>
- **Gender Matters for Native Youth:** <https://www.healthynativeyouth.org/curricula/gender-matters-for-native-youth>
- **Safe and Caring Schools for Two-Spirit Youth:** <http://www.safeandcaring.ca/wp-content/uploads/2013/08/Two-Spirited-Web-Booklet.pdf>
- **Teaching Transgender Toolkit:** <https://rhyclearinghouse.acf.hhs.gov/features/serving-transgender-youth/sexual-health-and-transgender-youth>
- **Trans Athlete:** <https://www.transathlete.com/k-12>
- **ACLU:** <https://www.aclu.org/issues/lgbt-rights/transgender-rights>
- **Seattle Gender Clinic Handouts:** <https://www.seattlechildrens.org/clinics/gender-clinic/>
- **Masculizing hormone therapy video:** <https://www.youtube.com/watch?v=dmjSEf2og1A&feature=youtu.be>
- **Feminizing hormone therapy video:** https://www.youtube.com/watch?v=8_gdLCXKl5Y&feature=youtu.be
- **Fenway Health Transgender Injection Guide:** NEED LINK
- **Subcutaneous injection training: introduction:** <https://www.youtube.com/watch?v=XzWs5LAWqPc>
- **Subcutaneous injection training: injecting the medicine:** <https://www.youtube.com/watch?v=fkBuY4iMK7E>
- **Birth control options:** <https://www.acog.org/Patients/FAQs/Birth-Control-Especially-for-Teens?IsMobileSet=false>
- **Surgery options:** <http://transhealth.ucsf.edu/trans?page=guidelines-overview>
- **Compassionate Friend meditation:** <https://static1.squarespace.com/static/56df266a62cd94a042cacc75/t/593caf8015d5db6254c0610a/1497149313019/CompassionateFriend.pdf>
- **It Gets Better:** <https://www.lamarod.com/listen-1>
- **Guided meditations:** <https://centerformsc.org/practice-msc/guided-meditations-and-exercises/>
- **Calm Harm app:** <https://calmharm.co.uk/>
- **Mindfulness video:** <https://www.youtube.com/watch?v=vzKryaN44ss>
- **Mindfulness poems:** <https://health.ucsd.edu/specialties/mindfulness/resources/pages/poetry.aspx>
- **Native American poems:** <https://www.poetryfoundation.org/collections/144560/native-american-poetry-and-culture>
- **WeRNative:** <https://www.wernative.org/>
- **Safer Sex for Trans Bodies:** <https://www.hrc.org/blog/hrc-foundation-and-whitman-walker-health-release-comprehensive-transge>
- **Sexual Health Resources:** <https://rhyclearinghouse.acf.hhs.gov/features/serving-transgender-youth/sexual-health-and-transgender-youth>

Youth (continued)

- **Trans Youth Sexual Health Booklet:** <http://cdn0.genderedintelligence.co.uk/2012/11/17/17-14-04-GI-sexual-health-booklet.pdf>
- **Sex Guide for Trans Men:** <https://www.catie.ca/en/resources/primed-sex-guide-trans-men-men>
- **Sex Guide for Trans Women:** <http://www.the519.org/education-training/training-resources/our-resources/brazen>
- **Arizona Two-Spirit Pow Wow:** https://www.azcentral.com/picture-gallery/news/local/phoenix/2019/03/10/native-two-spirit-powwow-south-mountain-community-college-lgbtq/3119007002/?utm_source=google&utm_medium=amp&utm_campaign=gallery
- **Bay Area Two-Spirit Pow Wow:** <http://www.project562.com/blog/decolonizing-sexuality-at-the-largest-two-spirit-pow-wow-in-the-nation/>
- **Two-Spirit Pow Wow video:** https://www.youtube.com/watch?time_continue=8&v=gjZAb01U3Ac
- **Learn more about Tony Enos:** <https://www.youtube.com/watch?reload=9&v=UoEARLAXhkA&feature=youtu.be&fbclid=IwAR3HF5zLuVLDpPHta7Cj3xs1-ZetCOKirASvfzddcHbB6ss-s2CN5W6xhfg>

Families and Relatives

- **Planned Parenthood gender discussion with preschooler:** <https://www.plannedparenthood.org/learn/parents/preschool/how-do-i-talk-with-my-preschooler-about-identity>
- **Kristin Neff TED talk:** <https://www.youtube.com/watch?v=lvTZBUSplr4>
- **Kristin Neff website:** [https://self-compassion.org/category/exercises/%20\(with%20meditation%20exercises\)](https://self-compassion.org/category/exercises/%20(with%20meditation%20exercises))
- **Video about mindfulness:** <https://www.youtube.com/watch?v=vzKryaN44ss>
- **Transgender and Gender-Diverse Children Support Group:** <http://www.genderdiversity.org/family-support-groups/>
- **Ingersoll Gender Center:** <https://ingersollgendercenter.org/what-we-do/support-group/>
- **Northwest Two-Spirit Society:** <https://www.facebook.com/groups/nw2spiritsociety/>
- **City of Angels Two-Spirit Society (Los Angeles):** <https://www.facebook.com/groups/543290225692505>
- **Bay Area American Indian Two-Spirits (San Francisco):** <https://www.baaits.org/>
- **General search to find support groups across the US:** <https://forge-forward.org/view/trans-support-groups/>
- **PFLAG- find a chapter:** <https://pflag.org/find-a-chapter>
- **Gender Spectrum:** <https://genderspectrum.org/lounge/groups/>
- **Ally Moms: Stand With Trans:** <http://standwithtrans.org/ally-parents/>
- **WPATH provider search:** <https://www.wpath.org/member/search>
- **GLMA provider search:** <http://www.glma.org/index.cfm?fuseaction=Page.ViewPage&PageID=939>
- **Health Service search engine:** <http://radremedy.org/>
- **Healthcare Equity Index survey:** <https://www.hrc.org/hei/about-the-hei>
- **Comprehensive clinical care map for transgender and gender expansive youth:** <http://bit.ly/HRCmapgender>
- **QueerDoc:** <https://queerdoc.com/services/>

Providers

- **Implicit Bias case study:** <https://www.lgbthealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios/>
- **Harvard Implicit Assessment Test:** <https://implicit.harvard.edu/>
- **American Academy of Pediatrics Policy statement:** <https://pediatrics.aappublications.org/content/142/4/e20182162>
- **Ally toolkit:** <https://www.commonword.ca/ResourceView/28/20250>
- **WPATH Standards of Care:** <https://www.wpath.org/publications/soc>
- **UCSF Center of Excellence for Transgender Health Guidelines:** <http://transhealth.ucsf.edu/trans?page=guidelines-introduction>
- **Summary of Recommendations from The Endocrine Society:** <https://academic.oup.com/jcem/article/102/11/3869/4157558>
- **Safer Sex for Trans Bodies:** <https://www.hrc.org/blog/hrc-foundation-and-whitman-walker-health-release-comprehensive-transge>
- **Sexual Health Resources:** <https://rhyclearinghouse.acf.hhs.gov/features/serving-transgender-youth/sexual-health-and-transgender-youth>
- **Trans Youth Sexual Health Booklet:** <http://cdn0.genderedintelligence.co.uk/2012/11/17/17-14-04-GI-sexual-health-booklet.pdf>
- **Sex Guide for Trans Men:** <https://www.catie.ca/en/resources/primed-sex-guide-trans-men-men>
- **Sex Guide for Trans Women:** <http://www.the519.org/education-training/training-resources/our-resources/brazen>
- **Native Youth Toolkit on Human Trafficking:** <https://www.acf.hhs.gov/otip/resource/nativeyouth>
- **WPATH certification program:** <https://www.wpath.org/gei/certification>
- **Cultural competence webinar series:** <http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pagelD=1025&grandparentID=534&parentID=940&nodeID=1>
- **A Way Home Canada:** <http://lgbtq2stoolkit.learningcommunity.ca/>
- **Seattle Children's Hospital Grand Rounds "Transgender Care":** <https://www.seattlechildrens.org/healthcare-professionals/education/grand-rounds/online/the-next-generation-the-clinical-approach-to-transgender-and-gender-diverse-youth-across-development/>
- **Transgender Health Echo:** <https://www.lgbthealtheducation.org/transecho/>
- **SAMHSA:** <https://www.samhsa.gov/tribal-ttac/webinars/two-spirit>
- **Indian Health Service:** <https://www.ihs.gov/lgbt/health/twospirit/>
- **"(W)righting Our Relations- Working with and For Two-Spirit Individuals":** <https://www.ymsmlgbt.org/webinars/>
- **"Walking in Good Way- Cultural Considerations when Working with Two-Spirit Individuals":** <https://www.ymsmlgbt.org/nativeamericanresources/>

General Resources

- **Trans Lifeline:** <https://www.translifeline.org/>
- **The Trevor Project:** <https://www.thetrevorproject.org/#sm.0001mxuyq3aiud52pam2ib3sjuof>
- **Crisis Text Line:** <https://www.crisistextline.org/>
- **More books for teens and young adults, adults:** <https://www.wernative.org/articles/two-spirit-reference-books>
- **General booklist:** <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe2634.pdf>

General Resources (continued)

- **As They Are: Two-Spirited People in the Modern World (USC Anthropology) Part 2:** <https://www.youtube.com/watch?v=u5kiOliu2fl>
- **Frameline Voices: Two-Spirits (~22 minutes):** <https://www.youtube.com/watch?v=pY21lirhp5o>
- **Other:** <https://www.nativepflag.org/reading-materials--movies.html>
- **Wabanaki Two Spirit Alliance, video from Atlantic Two-Spirit Gathering (~6 minutes):** <https://www.youtube.com/watch?v=bgG1o-JcKdw>
- **We R Native video with Garni (Blackfoot Nation) who discusses coming out as a lesbian along with her Two-Spirit identity (~3 minutes)** <https://www.youtube.com/watch?v=uz3JorwdrVc&feature=youtu.be>
- **Center of Excellence for Transgender Health:** <http://transhealth.ucsf.edu/>
- **National Center for Transgender Equality:** <https://transequality.org/>
- **TransFamily Support Services:** <https://www.transfamily.org/>
- **PFLAG:** <https://pflag.org/>
- **I Know Mine:** <https://www.iknowmine.org/other-cool-stuff/ANLGBTQproject>
- **Native PFLAG:** <https://www.nativepflag.org/>
- **Tribal Equity 3.0 Toolkit:** <http://www.thetaskforce.org/tribal-equity-Toolkit-3-0/>
- **GLAD: GLBTQ Legal Advocates & Defenders:** <http://www.glad.org/>
- **NCLR (National Center for Lesbian Rights) - for all LGBTQ2S individuals:** <http://www.nclrights.org/>
- **Transgender Law Center:** <http://transgenderlawcenter.org/>
- **National Center for Transgender Equality:** <https://transequality.org/>
- **Legal name change support:** <https://transequality.org/documents>.
- **Teen Vogue stories about name changes:** <https://www.teenvogue.com/story/trans-non-binary-name-change-stories>.
- **Resource for scholarships:** <https://www.translifeline.org/microgrants>
- **Point of Pride:** <https://pointofpride.org/chest-binder-donations/>

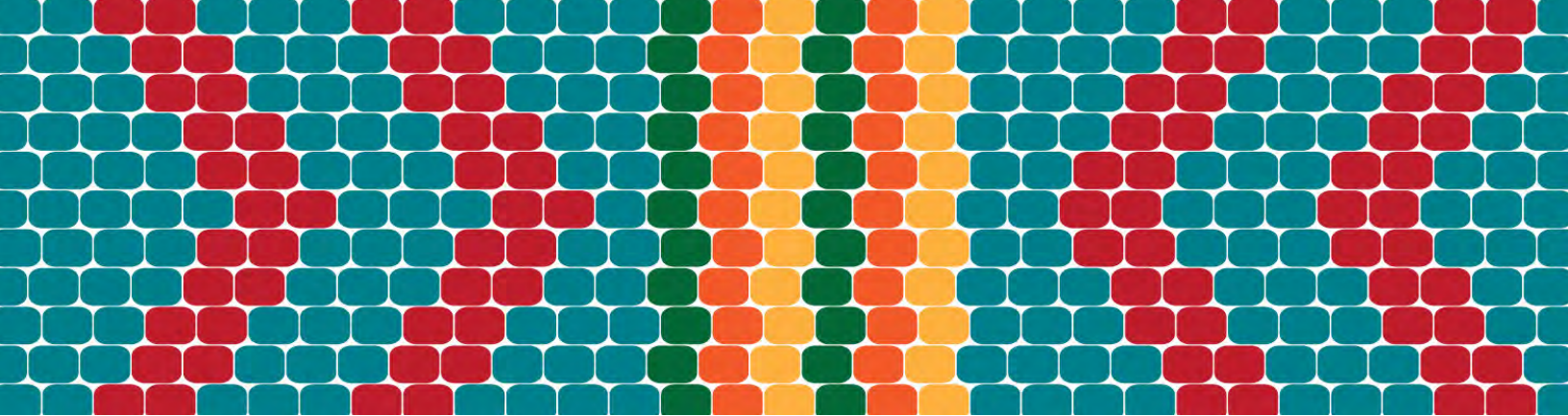


TEXT REFERENCES

- Close, C. (2011). *Affirming Gender, Affirming Lives: A Report of the 2011 Transition Survey*. Retrieved from <http://www.transstudent.org/transregrets.jpg>
- Combating Trafficking: Native Youth Toolkit on Human Trafficking. (2017). Administration for Children and Families
- Coolhart, D., Ritenour, K., & Grodzinski, A. (2018). Experiences of Ambiguous Loss for Parents of Transgender Male Youth: A Phenomenological Exploration. *Contemporary Family Therapy*, 40(1), 28-41. doi:10.1007/s10591-017-9426-x
- Directors, W. B. o. (2010). WPATH De-Psychopathologisation Statement [Press release]
- Elm, J. H. L., Lewis, J. P., Walters, K. L., & Self, J. M. (2016). "I'm in this world for a reason": Resilience and recovery among American Indian and Alaska Native two-spirit women. *Journal of Lesbian Studies*, 20(3-4), 352-371. doi:10.1080/10894160.2016.1152813
- Equality, N. C. f. T. (2019). Know Your Rights: Schools. In: National Center for Transgender Equality
- Evans-Campbell, T., L Walters, K., Pearson, C., & D Campbell, C. (2012). Indian Boarding School Experience, Substance Use, and Mental Health among Urban Two-Spirit American Indian/Alaska Natives (Vol. 38). Gender Pronouns.
- Genovese, M., & Rousell, D. (2011). Safe and Caring Schools for Two Spirit Youth In T. T. S. C. o. E. Society (Ed.). Alberta, Canada: The Society for Safe and Caring Schools & Communities, First Nations and Inuit Health Branch
- Gray-Smith, M. (2012). The ripple effect of resiliency: Strategies for fostering resiliency with Indigenous children. In. Victoria, BC: Little Drum Consulting.
- Harrison-Quintana, J., Fitzgerald, E., & Grant, J. (2015). Injustice at Every Turn: A look at American Indian and Alaskan Native respondents in the National Transgender Discrimination Survey Retrieved from Washington DC:
- Hunt, S. (2016). An Introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues. In. Prince George, BC: National Collaborating Centre for Aboriginal Health.
- Jacobs, S.-E., Thomas, W., & Lang, S. (1997). *Two-Spirit People: Native American Gender Identity, Sexuality, and Spirituality*: University of Illinois.
- Johanna, O.-K., Rosenthal, S., Hastings, J., & Wesp, L. (2016). Health considerations for gender non-conforming children and transgender adolescents.
- Katz-Wise, S., Ehrensaft, D., Veters, R., Forcier, M., & Austin, S. B. (2018). Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project (Vol. 55).
- Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). Lesbian, Gay, Bisexual, and Transgender Youth and Family Acceptance. *Pediatric clinics of North America*, 63(6), 1011-1025. doi:10.1016/j.pcl.2016.07.005
- LTCHS. (2017). *Creating Lesbian, Gay, Bisexual and Trans Inclusive and Affirming Care and Services*. Retrieved from Toronto:
- Madison, M. (2017). *The Perceptions of Loss When You Come out as Transgender*. Transgender Universe. Retrieved from https://mavenroundtable.io/transgenderuniverse/articles/the-perceptions-of-loss-when-you-come-out-as-transgender-El3nqllUiEClvy-MNp2_ag/
- Martin, C. L., & Ruble, D. N. (2010). Patterns of gender development. *Annual review of psychology*, 61, 353-381. doi:10.1146/annurev.psych.093008.100511
- MayoClinic. (2018). *Mindfulness Exercises*. In. Rochester, MN: Mayo Foundation for Medical Education and Research
- McLeod, A. (2004). "History of Two-spirited People in Manitoba" in Alley Yapput. Retrieved from Ottawa:

- Norwood, K. (2013). Grieving gender: Trans-identities, transition, and ambiguous loss. *Communication Monographs*, 80(1), 24-45. doi:10.1080/03637751.2012.739705
- Olson, J., Forbes, C., & Belzer, M. (2011). Management of the Transgender Adolescent. *Archives of Pediatrics & Adolescent Medicine*, 165(2), 171-176. doi:10.1001/archpediatrics.2010.275
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*, 137(3), e20153223. doi:10.1542/peds.2015-3223
- Ortiz, R., & Sibinga, E. M. (2017). The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma. *Children (Basel, Switzerland)*, 4(3), 16. doi:10.3390/children4030016
- Pan, L. (2018). Gender Pronouns.
- Potter, J. (2015). Self-Discovery: A Toolbox to Help Clinicians Communicate with Clarity, Curiosity, Creativity, and Compassion. In *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health* (2 ed.): American College of Physicians.
- Pruden, H. (2014). Two-Spirit People: Then & Now. Retrieved from
- Pruden, H. (2019). Two-Spirit Blanket Ceremony. In: *Two-Spirit Journal*.
- Roscoe, W. (1988). *Living the Spirit: A Gay American Indian Anthology* (W. Roscoe Ed. 1 ed. Vol. 1): St Martins Press.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *Journal of Adolescent Health*, 63(4), 503-505. doi:https://doi.org/10.1016/j.jadohealth.2018.02.003
- Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current opinion in endocrinology, diabetes, and obesity*, 23(2), 168-171. doi:10.1097/MED.0000000000000227
- Spack, N. P., Edwards-Leeper, L., Feldman, H. A., Leibowitz, S., Mandel, F., Diamond, D. A., & Vance, S. R. (2012). Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center. *Pediatrics*, 129(3), 418-425. doi:10.1542/peds.2011-0907
- Swiftwolfe, D., & Shaw, L. (2019). Indigenous Ally Toolkit. In M. U. A. C. S. Network (Ed.). Montreal, CA. Trafficking data. (2011-2017).
- Twist, A. (2017). What It's Like to Be a Native Trans Woman on Thanksgiving. *Them*.
- Walters, K. (2010). Critical Issues and LGBT-Two Spirit Populations: Highlights from the HONOR Project Study
 p.p1 {margin: 0.0px 0.0px 0.0px 0.0px; font: 12.0px 'Gill Sans MT'; min-height: 14.0px}
 p.p2 {margin: 0.0px 0.0px 0.0px 253.2px; font: 24.0px 'Gill Sans MT'}
 span.s1 {font: 12.0px 'Gill Sans MT'}. In (IOM Presentation ed.): Indigenous Wellness Research Institute, University of Washington.
- Walters, K. (2016). Transcending Trauma and Community Health. Paper presented at the He Huliau: A Turning Point- International Indigenous Health Symposium, Honolulu, Hawaii.
- Walters, K., Mohammed, S., Evans-Campbell, T., Beltrán, R., Chae, D., & Duran, B. (2011). BODIES DON'T JUST TELL STORIES, THEY TELL HISTORIES: Embodiment of Historical Trauma among American Indians and Alaska Natives. *Du Bois Review: Social Science Research on Race*, 8(1), 179-189.
- Walters, K. L., Evans-Campbell, T., Simoni, J. M., Ronquillo, T., & Bhuyan, R. (2006). "My Spirit in My Heart". *Journal of Lesbian Studies*, 10(1-2), 125-149. doi:10.1300/J155v10n01_07
- Wilbur, M. (2018). Decolonizing Sexuality At The Largest Two-Spirit Pow Wow In The Nation.
- Wilkerson, J. M., Schick, V. R., Romijnders, K. A., Bauldry, J., & Butame, S. A. (2016). Social Support, Depression, Self-Esteem, and Coping Among LGBTQ Adolescents Participating in Hatch Youth. *Health Promotion Practice*, 18(3), 358-365. doi:10.1177/1524839916654461
- Wilson, A. (2008). *N'tacimowin inna nah': Our coming in stories* (Vol. 26).





Crisis Hotlines

If you or a friend needs any mental health support or is having a mental health crisis and/or suicidal thoughts, the following resources are available. They are all LGBTQ2S friendly!

TRANS LIFELINE:

877-565-8860

Crisis line staffed by transgender folks, for transgender folks; toll-free

THE TREVOR PROJECT:

866-488-7386

Crisis intervention and suicide prevention available 24/7 from counselors trained in supporting LGBTQ youth

CRISIS TEXT LINE:

TEXT HOME TO 741741

Text at any time to start texting with a crisis counselor

