Addressing Homophobia

IN RELATION TO HIV/AIDS IN ABORIGINAL COMMUNITIES

FINAL REPORT OF THE ENVIRONMENTAL SCAN 2004-05

A publication of the Canadian Aboriginal AIDS Network

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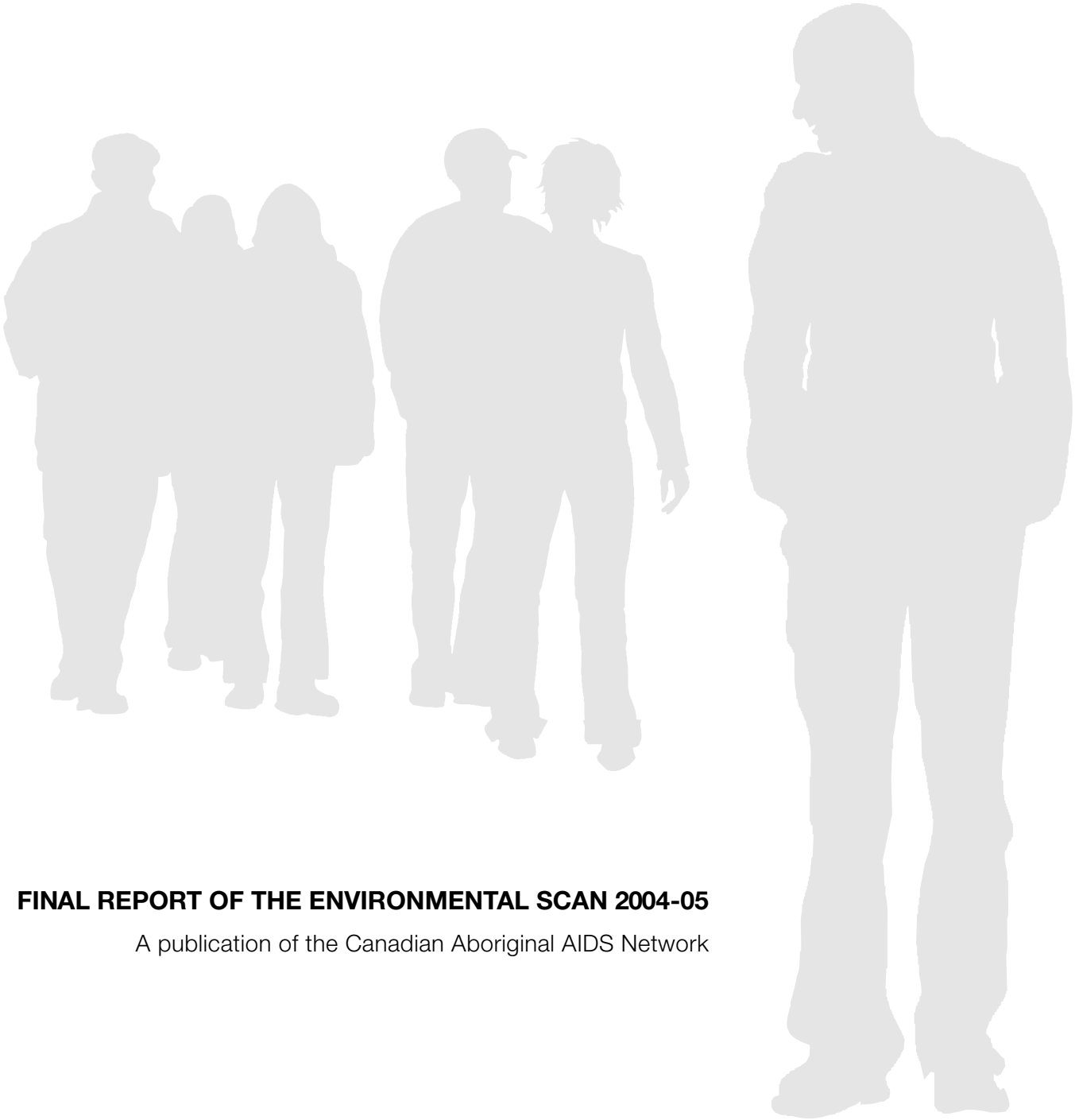

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Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities:

Final Report of the Environmental Scan 2004-05

Principal Investigator: Art Zoccole, Executive Director,
Two-Spirited People of the First Nations

Co-Principal Investigator: Janice Ristock, Professor,
Women's Studies Program, University of Manitoba

Co-Investigator: Kevin Barlow, Executive Director,
Canadian Aboriginal AIDS Network

Research Coordinator: Joyce Seto

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Our thanks to the members of the National Steering Committee and to the survey participants who shared their words and experiences for this project.

National Steering Committee:

Connie Merasty

Diane Vanderflier

Camilla Whitehawk

Alex Wilson

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Acronyms, Abbreviations, Glossary of Terms

AASO/ASO	Aboriginal AIDS Service Organization/AIDS Service Organization
Aboriginal	Indigenous peoples in Canada, including Inuit, Métis, and First Nations who are Status and Non-Status, on or off-reserve.
AIDS	Acquired Immune Deficiency Syndrome
ASHAC	Aboriginal Strategy on HIV/AIDS in Canada
APHA	Aboriginal Person living with HIV/AIDS
Anti-discrimination	Opposed to or against discrimination
Anti- homophobia	Opposed to or against homophobia
Bisexual	A person who is attracted to both men and women (but not necessarily simultaneously or equally).
CAAN	Canadian Aboriginal AIDS Network
CAS	Canadian AIDS Society
Coming out	To recognize one's sexual orientation, gender identity or sex identity and to be open about it with oneself and with others.
CSHA	Canadian Strategy on HIV/AIDS
Environmental Scan	An assessment of the current situation including resources, prevailing practices and experiences of key community stakeholders and affected individuals related to the issue of interest. For the purposes of this project this is an assessment of support and resources available to address homophobia and to determine the extent to which homophobia is experienced by GLBT/two-spirit Aboriginal peoples.
Gay	Men attracted to men
GLBT	Acronym for Gay, Lesbian, Bisexual, Transgender

Discrimination	The act of showing partiality or prejudice; a prejudicial act
HAV/HBV/HCV	Hepatitis A, B or C Virus, respectively
HIV	Human Immunodeficiency Virus
Harm Reduction	A social policy approach initially applied to injection drug use. Its first priority is to decrease the negative consequences of drug use, including alcohol.
Heterosexuality	Sexual, emotional, and/or romantic attraction to a sex other than your own. Commonly thought of as "attraction to the opposite sex". Since there are more than two sexes (including intersex and transsexual) this definition is inaccurate.
Homophobia	The irrational fear and intolerance of people who are homosexual or of homosexual feelings within one's self. This assumes that heterosexuality is superior.
Homosexuality	Sexual, emotional, and/or romantic attraction to the same sex
Internalized homophobia	A contrast to external homophobia as it comes from within and is targeted towards oneself.
Intersexed	Another term for hermaphrodite, a person born with genitals that show the characteristics of both sexes.
Lesbian:	Women attracted to women
Men who have sex with men (MSM)	Men who engage in same-sex behavior, but who may not necessarily self-identify as gay.
NSC	National Steering Committee
OCAP	Ownership, Control, Access and Possession. Refers to the status information and programs intended to benefit Aboriginal people in Canada. The current thinking is that these programs should be run under the principles of OCAP, meaning that they are owned, controlled, accessed and possessed by Aboriginal people for Aboriginal people. The ASHAC is committed to the principles of OCAP.

Sexual Orientation

The deep-seated direction of one's sexual (erotic) attraction. It is on a continuum and not a set of absolute categories. Sometimes referred to as affection orientation or sexuality. Sexual orientation evolves through a multi-stage developmental process, and may change over time.

Transgender

1) People whose psychological self ("gender identity') differs from the social expectations for the physical sex they were born with. To understand this one must understand the difference between biological sex, which is one's body (genitals, chromosomes, etc.), and social gender, which refers to levels of masculinity and femininity. Often, society combines sex and gender, viewing them as the same thing. But gender and sex are not the same things. For example, a female with a masculine gender identity who identifies as a man.

2) An umbrella term for transsexual, cross-dressers (transvestites), transgenderists, gender queers, and people who identify as neither female nor male and/or as neither man nor woman. Transgender is not a sexual orientation; transgender people may have any sexual orientation. It is important to acknowledge that while some people may fit under this definition of transgender, they may not identify as such.

Two-spirit

Aboriginal people who possess the sacred gifts of the female-male spirit, which exists in harmony with those of the female and the male. They have traditionally respected roles within most Aboriginal cultures and societies and are contributing members of the community. Today, some Aboriginal people who are Two-spirit also identify as being gay, lesbian, bisexual or transgender.

Woman have sex with women (WSW)

Women who engage in same-sex behavior, but who may not necessarily self-identify as lesbian.

Executive Summary

Purpose of the Project:

"Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities" (AHRHAAC) is a project of the Canadian Aboriginal AIDS Network (CAAN). AHRHAAC was created to look at how organizations serving Aboriginal people can help to create supportive and non-judgmental environments for two-spirit people living with HIV/AIDS through the development of policies that address homophobia and by raising awareness in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education. The final report is a summary of an environmental scan using two surveys, one for two-spirit people and another for organizations serving Aboriginal people, to get a sense of current policies and to provide recommendations for future directions for policy development. Health Canada's HIV/AIDS Community-Based and Aboriginal Research Programs funded AHRHAAC, which is now at the Canadian Institutes of Health Research.

The research questions driving this project include:

1. "How can anti-discrimination policies be developed and implemented to address the needs and rights of two-spirit people who are accessing Aboriginal organizations?"
2. "How can Aboriginal organizations best implement anti-discrimination policies to improve the quality of services for two-spirit people living with HIV/AIDS?"
3. "How can awareness be raised in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education?"

The remaining two phases that were part of the AHRHAAC project were: Phase II – create an anti-homophobia policy development model for Aboriginal organizations; and Phase III develop a communications strategy to promote the implementation of anti-homophobia policies. Due to the delay of Phase I, the Canadian Aboriginal AIDS Network is unable to complete the other two phases, however key aspects are being incorporated in other projects currently underway at CAAN, including a discrimination policy framework and a privacy and confidentiality project.

Methods

The National Steering Committee and the research team drafted the questionnaires, which were then pilot tested and approved by the University of Manitoba in Spring 2004. For the individual survey, there were 130 questionnaires handed out through six Aboriginal service organizations. There were 86 respondents to the individual survey. The organizational survey was distributed to 110 organizations and 24 questionnaires were returned.

Major Findings and Recommendations

The majority of respondents of the individual survey identified themselves as gay male and two-spirit, First Nations status and living in urban settings. Most had been tested for HIV and approximately half of the sample lives with HIV. The majority (87.2%) were 'out' in general, but only 54.1% were 'out' within organizational settings. Almost half indicated they felt most safe being out in Aboriginal gay communities. The sample of respondents indicated they were a very mobile population as more than half (54.0%) said they had moved at least one to three times in the last five years while 22.0% indicated they had moved four to six times in the last five years. Almost one fifth (17.0%) had attended a residential school. While approximately 44.0% indicated that their self-esteem was not at all affected by homophobia, most respondents had experienced verbal forms of homophobic discrimination (gossip 81.0%; verbal abuse 76.2%) and approximately a quarter had experienced some form of physical violence such as rape (21.4%) and being physically hurt (38.1%). However, these results should be viewed with caution, as chance cannot be ruled out because the sample is much smaller than other studies of similar focus and design where smaller percentages have been reported for these forms of violent homophobic discrimination.

Overall, the type of organization that responded to the survey was an HIV/AIDS service organization working in large centres with a sizeable Aboriginal population. These organizations varied in size: some served approximately 50 clients, while one served a large region of 160,000. The median number of clients served by organizations that participated in the survey was 500. From 110 distributed questionnaires, 24 organizations responded. Approximately half of the organizations (46.0%) reported cases of homophobia. The most commonly reported types of homophobic reactions were verbal, such as gossip (25.0%) and verbal abuse (33.3%). Three quarters of these organizations had policies relating to discrimination and anti-homophobia. Approximately half of them reported homophobic discrimination cases occurring within or involving their organization. However, only eight organizations provided a description of how these discrimination cases were dealt with. Most organizations offered HIV training to both staff and clients, but GLBT and Aboriginal rights training were not as prevalent.

From the individual survey, many respondents felt that non-Aboriginal organizations could be more culturally aware in order to make them feel more comfortable. They also felt that there could be more support through two-spirit staff and support groups. Organizations also felt that having more two-spirit staff and support groups would be helpful in addition to scaling up education and resource-sharing activities.

Policy and Program Implications

The results of these two surveys demonstrate a need to continue and increase education and training purposes within Aboriginal and non-Aboriginal AIDS service organizations to address homophobia within a context of anti-discrimination frameworks. The psychosocial needs of two-spirit/GLBT people needs attention in the design of intervention programs in order to facilitate and support healing from the trauma of experiencing homophobic abuse. Additionally, training and awareness building among staff is needed to create more supportive environments so that cases are reported and dealt with. While evident in some AIDS service organizations, specific anti-homophobia policies do not appear to be fully used by the organizations themselves or by their clients as a means to address homophobic-based harassment. While advocacy for policy development can be done, there needs to be increased support and encouragement to use policies and procedures that are already in place. The results of this study provide direction towards more refined qualitative research to describe and explore further how policy and education can be improved upon to address homophobia.

Dissemination of Project Findings

This report will be available on the CAAN website (www.caan.ca) for public use and it will be used to inform other CAAN projects related to discrimination and policy development. CAAN will use the results of the AHRHAAC project to develop fact sheets and to develop workshops at events such as CAAN's annual skills building forum. Preliminary results were already presented at several conferences such as the Canadian Rainbow Health Coalition Conference and the Ontario HIV Treatment Network Conference in November 2004. The research team is also considering future conference presentations and journal publications.

1.0 Introduction

Homophobia is HIV's best friend.

Not only does homophobia present a huge obstacle to our prevention efforts, it also serves to increase the stigma and isolation experienced by HIV positive Aboriginal two-spirit people. Two-spirit is defined to reflect both sexual orientation and gender identity and to reflect Aboriginal people who possess the sacred gifts of the female-male spirit, which exists in harmony with those of the female and the male. Two-spirit people have traditionally respected roles within most Aboriginal cultures and societies and are contributing members of the community. Today, some Aboriginal people who are two-spirit also identify as being gay, lesbian, bisexual or transgender.

If people feel they do not belong to a group that is impacted by HIV, they will not listen to the messages about avoiding HIV risk activities. If an Aboriginal person living with HIV/AIDS (APHA) feels isolated and fearful about disclosing their HIV status they will not seek the necessary services to assist them in fighting HIV. Since we deal with disease in a holistic manner, the emotional stress of this isolation allows HIV to thrive. This research project was conceptualized through our collective experiences in trying to educate Aboriginal communities about HIV/AIDS.

Most Aboriginal HIV/AIDS front line workers encounter homophobia as part of their work in the field of HIV/AIDS. There are many issues facing two-spirit people, including cases of two-spirit people being driven from their communities as a result of homophobia.

During the mid 90's, a few Aboriginal organizations adopted non-discrimination policies. During this period staff at these organizations were educated about the disease and two-spirit people. However, in most Aboriginal organizations there is a high turnover of staff resulting in policies that are largely unenforceable.

Due to the fact that homophobia continues to exist in our Aboriginal communities, we thought it was important to ask people and organizations directly affected by homophobia about the impact it has on their lives and work. As we present this information back to our communities, let us take a good hard look at how homophobia affects us and then respond effectively.

This report summarizes the findings of an environmental scan of organizations serving Aboriginal two-spirit people in Canada. An environmental scan can be defined as an assessment of the current situation including resources, prevailing practices and experiences of key community stakeholders and affected individuals related to the issue of interest. For the purposes of this project it is an assessment of the support and resources

available to address homophobia and to determine the extent to which homophobia is experienced by GLBT/two-spirit Aboriginal peoples.

This project reflects a partnership between the principal investigators and the Canadian Aboriginal AIDS Network (CAAN). The (AHRHAAC) Project was driven by a National Steering Committee and is in keeping with the principles of Aboriginal community-based research including OCAP: ownership, control, access and possession. Through the use of the National Steering Committee, Aboriginal participation was maintained at all stages of the research project including but not limited to needs assessments, identifying research questions, collecting and analyzing data and reporting and applying the results.

Two surveys were conducted from June to August 2004. The first surveyed 86 individuals regarding experiences of homophobia through convenience and network sampling of those who self-identified as Aboriginal (First Nations, Métis, Inuit) and as a two-spirit individual (gay, lesbian, bisexual, transgender).

The second survey reached 24 organizations (community-based, health, social, etc) that serve Aboriginal populations (including non-Aboriginal organizations) to determine the existence of anti-discrimination policies and to solicit their comments on the development of solutions to address issues of homophobia. These organizations were identified through the membership lists of the Canadian Aboriginal AIDS Network and the Canadian AIDS Society.

Few studies have been conducted with two-spirit people and the impact homophobia has had in relation to HIV/AIDS. Within the Canadian epidemiological data it is evident that a disproportionate number of new HIV infections are occurring within Aboriginal populations. A sub-population that is further impacted is men who have sex with men (MSM). For the purposes of this project, homophobia was defined as the irrational fear and intolerance of two-spirited, lesbian, gay men, and bisexual and transgendered people. People may act on their homophobic attitudes, which may be hurtful and include behaviors such as harassment and/or refusal of services.

The ultimate goal of this project is to use the findings from the surveys to help create supportive and non-judgmental environments for two-spirit people living with HIV/AIDS by assisting Aboriginal organizations and communities to develop policies that address homophobia and by raising awareness in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education. The project itself was divided into three phases: Phase I - survey of individuals and of organizations; Phase II – create an anti-homophobia policy development model for Aboriginal organizations; Phase III - develop a communications strategy to promote the implementation of anti-homophobia policies.

The research questions driving this project include:

1. "How can anti-discrimination policies be developed and implemented to address the needs and rights of two-spirit people who are accessing Aboriginal organizations?"
2. "How can Aboriginal organizations best implement anti-discrimination policies to improve the quality of services for two-spirit people living with HIV/AIDS?"
3. "How can awareness be raised in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education?"

This report specifically presents the results of the two surveys and provides some recommendations for future directions in policy development. Due to the delay of Phase I, the Canadian Aboriginal AIDS Network is unable to complete the other two phases, however key aspects are being incorporated in other projects currently underway at CAAN. For example, a policy framework to address discrimination will utilize key findings to better frame responses to overcome discrimination based on sexual orientation. In addition, another project looking into privacy and confidentiality will likely benefit from the results of this study.

2.0 Summary of the Literature and Other Studies

A full literature review focusing specifically on programs that deal with homophobia within HIV/AIDS or Aboriginal contexts was completed in early 2004. The full literature review is added as Appendix 4 for further reference. CAAN also published an annotated bibliography of general overviews regarding homophobia and two-spirits. This section provides a brief summary of relevant studies and a description of the issues being discussed in this report in order to put this survey in context of other studies.

Studies relating to homophobia to date have been able to provide compelling descriptive evidence. They can be grouped into three broad categories: a description of the social conditions faced by two-spirits and GLBT; the manner in which the broader healthcare system treats them; and the approaches that two-spirit and GLBT people use to deal with homophobic encounters.

Ryan (2003) provides the most comprehensive literature and program review of addressing homophobia and the social conditions faced by two-spirits and GLBT in Canada. The Canadian AIDS Society commissioned the discussion paper, which examines the use of legal mechanisms to challenge homophobia, but it also looks at how to challenge homophobia in societal attitudes, religious organizations and healthcare provisions, to name a few areas. There are a number of studies that have examined the impact of homophobia on the well being of GLBT and the prevailing attitudes towards GLBT by heterosexuals in the United States[1]. In Canada, a Saskatoon study revealed that GLBT people commonly experience homophobia in forms of physical violence and victimization (Banks, 2001).

Monette et al. (2001) conducted a key Knowledge, Attitude and Behavior (KAB) cross-sectional study that looked at the social conditions of two-spirit men across Canada. The aim of this particular study was to look at reasons for the increasing prevalence of HIV/AIDS among two-spirit men. As with CAAN's anti-homophobia project, the study used a community-based approach in developing their study. It was discovered that two-spirits experience high unemployment, poverty, poor housing, homelessness, homophobia, racism, HIV/AIDS discrimination, and ostracism by the Aboriginal community. Roughly half of the study sample indicated that men who have sex with men (MSM) and two-spirit

1 See Herek, G.M., & Capitanio, J.C. (1999). Sex differences in how heterosexuals think about lesbians and gay men: Evidence from survey context effects. Journal of Sex Research, 36(4) 348-360.

Herek G.M. (2000). Sexual prejudice and gender: Do heterosexuals' attitudes toward lesbians and gay men differ? Journal of Social Issues, 56(2), 251-266.

people were not accepted in their families and communities. A study done on young Aboriginal MSM living in Vancouver supports Monette's study and revealed that these men ran a higher likelihood of being "unemployed, living in unstable housing, to having higher depression scores, to report non-consensual sex or sexual abuse during their childhood and to be involved in the sex trade" (Myers et al., 1995; Wong, 2001; Heath et al., 1999).

These greater inherent economic and societal injustices coupled with homophobia often lead to depression, low self-esteem and a turn to risky sexual behavior. Additionally, due to discrimination, particularly homophobic discrimination, two-spirited individuals and GLBT may not feel safe in accessing health care services. This delays exposure to preventative HIV/AIDS education, diagnosis of infection and care, treatment and support. Limitations in accessing healthcare have not gone unnoticed and there have been studies that have looked at homophobia within the context of accessing healthcare services. In 1997, the Coalition for Gay and Lesbian Rights in Ontario released a report calling for more action from all levels of government and service providers to address the systemic barriers and individual prejudices experienced by GLBT and two-spirits. Looking at the experiences of GLBT and two-spirits through narrative descriptions, they found that many experienced homophobia when accessing health services.

At McGill University researchers conducted an in-depth study on healthcare access for GLBT and two-spirit populations, which was reported in several publications (Brotman et al., 2002a & 2002b, Ryan et al., 2001). Brotman et al. (2002) found that safety in coming out was critical to the quality of care being accessed for GLBT and two-spirits. Though it can be problematic in coming out, those who participated in Brotman's focus groups believed that being able to speak about their experiences and being listened to was important to them when dealing with healthcare providers. The emotional and mental stress that is brought about by an inability to come out further compounds the experiences of GLBT and two-spirits. As a result, Brotman's study found that complacency was a coping strategy resulting from not being able to open up about their sexual orientation and gender identity in healthcare contexts.

Recently, Jackson and Reimer (2005) conducted a study for the Canadian Aboriginal AIDS Network on care, treatment and support issues for APHAs. They found that 30.2% of their respondents indicated that prejudices related to homophobia and racism remain prevalent among primary health care workers and 10.4% of the respondents felt addressing issues of stigma and prejudice is a needed approach in improving health care services. With HIV/AIDS being synonymously related with homosexual behaviour, the manner in which APHAs are treated and accepted in their communities is invariably affected.

The impact of homophobia within a health care context can be looked on an individual level and from the macro perspective of cost-effectiveness. A study commissioned by the

Gay and Lesbian Health Services of Saskatoon in 2001 found that there were tremendous economic costs to not addressing the health concerns of GLBT and two-spirits. It found that that life expectancy was shorter and that greater health risks and social problems were experienced more than in the heterosexual population.

A few studies suggest indicators that may precipitate the approach two-spirit and GLBT utilize to deal with homophobia. A qualitative study looking at social discrimination in ethno-cultural gay communities within the United States showed that Asian and Pacific Islander gay men who blamed themselves (or self-attribution) for being discriminated against showed greater HIV risk behaviors, whereas gay men who were 'pro-active' whether by avoiding or confronting situations displayed less HIV risk (Wilson and Yoshikawa, 2004). Huebner et al. (2004) conducted an American study that looked at self-reported harassment, discrimination and physical violence among young gay and bisexual men. In this study, the researchers found that younger men who were more open to disclosing their sexual orientation to others and were HIV positive were more likely to report such experiences. A logistic regression controlling for factors such as age, education, ethnicity, HIV status, sexual orientation, and openness of sexual orientation, found that their sample was more likely to report physical violence (OR 2.06 P=0.05, CI 1.10, 3.86) and discrimination cases (2.13, P=0.001, CI 1.36, 3.35).

In managing or mediating homophobic attitudes and behaviours other studies have taken into account the social acceptance of GLBT and two-spirits. Schneider et al. (2004) have documented lower acceptance in certain communities and correlated this to the level of acceptance of APHAs. The study Schneider et al. conducted looked at the attitudes and beliefs of Aboriginal people living with HIV/AIDS under the mandate of Healing Our Spirit, BC First Nations AIDS Society from 1996 to 1998. This study found that younger men living in rural and remote communities were more likely to have lower positive attitude scores towards people living with HIV/AIDS. This suggests a lack of understanding and education around issues of people living with HIV/AIDS and potential for anti-discriminate intolerant behavior towards APHAs.

To date, the literature has supported the understanding that two-spirits and GLBT often live in marginalized social and economic conditions, face systemic challenges within the healthcare system due to an inability to be open about orientation and sexuality. This has made them vulnerable to homophobic discrimination. Many two-spirit and GLBT have not been able to address homophobia appropriately as a result of personal coping mechanisms and broader systemic barriers.

3.0 Methods

The anti-homophobia project followed a community-based framework for research specifically embracing the principles of OCAP: ownership, control, access and possession. Historically, Aboriginal populations in Canada have been exploited by academic research and have not been permitted or able to fully participate and own data on their peoples nor have they had control over the representation and use of this data. Ownership refers to Aboriginal authority over the research process and products. Control means Aboriginal people are in control of the research process, including when and how to release findings in a way that does not cause further hardship or harm to the community. Access suggests that Aboriginal people have a right to access and use the information. Finally, possession is the right to self-determination of Aboriginal peoples and this includes the right to possess the findings of research. For this reason, the National Steering Committee, representative of the Aboriginal two-spirit community across Canada played an integral role in this project. Approval was also required through an academic institution to ensure ethical standards were maintained. The research instruments and protocol were approved by the Joint-Faculty Research Ethics Board of the University of Manitoba.

3.1 Data Collection Methods

Data were collected through two questionnaires, an individual and an organizational questionnaire. The National Steering Committee (NSC) along with the research team drafted and revised the individual and organizational questionnaires. The team based the survey tools upon a review of the international and national literature of studies already conducted and policies addressing homophobia. Afterwards, a pretest was done with fifteen individuals and five Aboriginal organizations. While pre-test results were not considered in the final analysis, the results of the pre-test were reviewed by the NSC and the research team and necessary changes were incorporated in order to improve the precision of questions and reader comprehension. Final instruments underwent plain language review and French translation. Both questionnaires were expected to take 40-60 minutes to complete. The contents of the survey packages are found in Appendix 2 and 3. Both questionnaires were completed between June and August 2004.

3.1.1 INDIVIDUAL SURVEY

The project aimed to survey 120 individuals on their experiences with homophobia and accessing organizations using convenience and network sampling. To participate in the study, individuals had to be eighteen years of age or older, self-identify as a two-spirited/ GLBT Aboriginal individual and had to be able to read and write English or French. Two-

spirit Aboriginal people in Canada are defined as possessing the sacred gifts of the female-male spirit, which exists in harmony with those of the female and the male. They are traditionally respected roles within most Aboriginal cultures and societies and are contributing members of the community. Today, some Aboriginal people who are two-spirit also identify as being gay, lesbian, bisexual or transgender.

In total, 130 questionnaires were distributed through six organizations across Canada. All organizations were urban-based Aboriginal service organizations that are either specifically HIV/AIDS related, or a section of their services are devoted to HIV/AIDS. They are not named in order to further preserve the anonymity of participants. Some of these organizations also serve some rural-based clients. Rural-based Aboriginal HIV/AIDS or GLBT organizations were approached to act as recruitment organizations, however they all declined due to staff and time constraints. Each organization was asked to recruit 20 participants. Three organizations successfully recruited 20 participants, one recruited fourteen participants, and another recruited eleven and one rural participant mailed in a survey for a total of 86 participants.

The first step in selecting recruitment sites was to approach original organizations that had written letters of support for the funding proposal to what was then Health Canada in November 2001. Two organizations were unable to act as recruitment sites due to insufficient staff. Subsequently, two other organizations were identified as replacements. The research coordinator was unable to establish an Atlantic organization, however British Columbia, Saskatchewan, Alberta, Manitoba, Ontario and Quebec are represented in the sample. It should be noted that no effort was made to maintain regional representation in the sample. When searching for alternate recruitment organizations, several Northern rural organizations were approached, however they were unable to assist with recruitment other than to call on a few individuals who fit the participation criteria. As a result only one survey was completed from the North.

Each recruitment organization identified frontline workers to act as recruiters and were briefed by the project research coordinator by telephone to explain recruitment and confidentiality procedures. In verbal and written form, participants were told that names would not be linked to questionnaires, participation would not impact the services they receive, and that they could withdraw at any point and not are required to answer all the questions. Each survey was placed in an envelope by the participant and then sealed. The ‘Information and Consent Form’ was placed in a second envelope and then sealed. Recruiters directly compensated participants with $20 after completing the survey. For each individual recruited, the recruitment organization received $10 for compensation for the time and energy spent. Individuals who participated in the pre-test also were compensated $20.

3.1.2 ORGANIZATIONAL SURVEY

Aboriginal and non-Aboriginal organizations that provide services to Aboriginal peoples were asked to participate in the study. Aboriginal organizations were defined as entities responsible for protecting, maintaining, promoting, supporting and advocating for inherent, treaty and constitutional rights, holistic health and the well-being of First Nations, Métis and Inuit people. Service providers were defined as providing social services and assistance, medical/clinical services, clinical counseling services, child protection services, family counseling services, mental health services, addictions counseling and treatment and transportation to both Aboriginal and non-Aboriginal people. A list of 110 organizations was developed from the CAAN membership list (full and associate members) and the Canadian AIDS Society (CAS) membership list. A telephone survey of the CAS membership list was conducted through another CAAN research project (Care, Treatment and Support Project) to confirm if they did serve Aboriginal populations. If they did not serve Aboriginal populations, they were dropped from the mailing list.

In May 2004, five organizations were randomly selected from a list of 110 organizations that serve Aboriginal populations for the pre-test. The pre-test results were not considered in the final analysis. For both the pre-test and final mail out, packages were addressed to the Executive Director but it was expected that in some situations a program director or such person under the Executive Director would fill out the questionnaire on behalf of the organization. Between June and August 2004, 100 organizations were contacted via a mail survey and 25 responded. One survey was returned but not completed and therefore not considered in the analysis. A total of 24 are considered in the final analysis.

3.2 Data Analysis Methods

The research coordinator located at CAAN conducted the data analysis. Data was entered into SPSS 11.5 for Windows and an analysis of the general frequencies and percentages was completed.

For the individual survey, cross tabulations were stratified by HIV status and then by sexual orientation. For sexual orientation, the category of 'inter-sexed' was dropped in the analysis because no participants chose this identifier.

3.3 Study Limitations & Strengths

The sampling or data collection methodology inherently produced a number of limitations to the results and analysis of the data. As cross-sectional data, a snapshot of what individuals and organizations are experiencing, in relation to homophobia, causality, or what event precipitated the other could not be determined. However, the frequency or size of the

issue can be approximated with the results of this study. This provides a basis for a better understanding of the issues and subsequent recommendations.

There is always the risk of misinterpretation of questions. In particular, there may have been a misunderstanding of question 29.b, “to what degree do you feel safe enough to come out?” (Appendix 2). There may also have been some confusion around gender and sexual orientation questions as not all Aboriginal people have a similar knowledge and understandings of what two-spirit means.

The sample has an over-representation of urban male respondents. This is in part reflective of the data collection methodology, which, because of current realities, was limited to urban organizations. Secondly, while many of our recruitment organizations approached Aboriginal females, some expressed reluctance to participate.

With regard to the organizational survey data, conducting further analysis beyond a frequency description was not likely to be informative because few organizations responded to the survey (n=24). Future studies should have a sufficient sample size to determine if there are specific differences in reporting homophobia and in dealing with homophobia through education, training or policy development and implementation.

4.0 Results

The results of the two surveys will be presented separately, as individual and organizational data.

4.1 Individual Survey

The results of the individual survey of 86 respondents[2] will be presented to address the objectives of the research project. First, general demographics will be presented to provide a general description of the surveyed population. Next, data specifically relating to coming out, homophobia and service delivery will be described. For the objectives of this project, analysis of these three areas of interest was first done by gender/sexual orientation and then by HIV status. To respect self-identification labels, nothing was collapsed[3].

4.1.1 GENERAL DEMOGRAPHICS OF THE SURVEY POPULATION

4.1.1.1 Aboriginal Status

As can be seen in Table 1, the majority of respondents are status First Nations (75.6%), there are 14.0% Métis, 7.0% First Nations non-status, and only 1.2% Inuit and 2.3% other.

Table 1: Aboriginal Status	
First Nations Status	75.6% (n=65)
First Nations Non Status	7.0% (n=6)
Métis	14.0% (n=12)
Inuit	1.2% (n=1)
Other	2.3% (n=2)

2 Please note that for tables if the denominator was a number of respondents less than 86, it is noted in each respective table.

3 As noted in section 3.2 Data Analysis Methods, inter-sexed was dropped for the analysis because there were no responses in this category.

4.1.1.2 Age and Education

The mean age of respondents was 36. Ages ranged from 18 to 63. Table 2 below shows the sample is evenly weighted between 18 and 49, but fewer 50+ respondents exist within the sample.

Table 2: Age Range	
18 to 29	29.8% (n=25)
30 to 39	32.1% (n=27)
40 to 49	27.4% (n=23)
50+	10.7% (n=9)
	N=84

Almost all (98.8%) respondents indicated being enrolled in some form of education at one time. The majority of respondents had completed some high school (46.5%). 9.5% of respondents said they had only received some primary schooling. Of all the responses, 17.4% had completed high school and 24.4% had completed college, technical or university schooling.

4.1.1.3 HIV Status

Overwhelmingly, 90.0% of the sample had been tested for HIV, 46.4% of which indicated they had acquired HIV. This result is not surprising as all recruitment organizations had an HIV/AIDS program component and/or specifically served Aboriginal two-spirits. Very few, only 7.1% do not know their HIV status and 2.4% either would not answer the question or have chosen not to get tested. 43% of the sample indicated that they had been tested, but were not HIV positive. This may suggest that many two-spirit Aboriginal people access HIV/AIDS service organizations for more than HIV/AIDS related services.

4.1.1.4 Self Identification: Gender and Sexual Orientation

Respondents were able to select as many identities as they felt reflected themselves; therefore many respondents chose more than one classification for gender and sexual orientation. However, most identified as gay, MSM, two-spirit or bisexual.

Gender classifications were expanded to also include two-spirit because it is a term that reflects both gender identity and sexual orientation. Many (47.6%) self-identify as two-spirit, eight surveyed self-identify as transgender, one self-identifies as transgender and male. None were transgender and female and five identified as both transgender and two-spirited (see Table 3). Sexual orientation is related more to sexuality than to societal classification, as is gender. Of the sample, the majority identify with the Aboriginal term of two-spirit (47.7%), and then with gay (see Table 4).

Table 3: Gender	
Female	15.1% (n=13)
Male	53.5% (n=46)
Two-spirit	51.2 % (n=44)
Transgender	9.3% (n=8)
Two-spirit and Male	19.8% (n=17)
Two-spirit and Female	4.6% (n=4)

Table 4: Sexual Orientation	
Lesbian	12.8% (n=11)
WSW	2.3% (n=2)
Gay	34.9% (n=30)
MSM	20.9% (n=18)
Two-spirit	47.7% (n=41)
Bi-Sexual	22.1% (n=19)

4.1.1.5 Sexuality

Sexual activity was another focus of the survey because of risk behaviors related to HIV. In reporting lifetime sexual partners, 53.6% respondents indicated that they have sex with more than one person, 21.7% respondents indicated that they have been paid to have sex, and 37.3% respondents have encountered coercion into sex (see Table 6). Thirty-one of 84 responses (37.3%) have experienced both. Table 5 outlines the main current sexual partner indicated by each respondent.

Table 5: Main Sexual Partner	
Gay	59.3% (n=51)
Heterosexual	19.8% (n=17)
Transgender male	2.0 % (n=2)
Lesbian	17.4% (n=15)
Heterosexual female	9.3% (n=8)
Transgender female	2.0% (n=2)
Transgender	2.0% (n=2)

Table 6: Experience of Exchanging Money/Gifts/Drugs for Sex or Being Forced to have Sex	
Neither	24.1% (n=20)
Money	21.7% (n=18)
Coerced	15.7% (n=13)
Both	37.3% (n=31)
	N=83

4.1.1.6 Living Conditions

The majority of respondents lives in an urban setting (91.7%) and of the remainder that do not only 2.4% of the sample lived on reserve. Again, this over-sampling of urban Aboriginal two-spirit people can be accounted for through the data collection methodology where it was difficult to establish a more rural recruitment organization.

The majority of respondents are either renting (56.0%) or living in what might be considered temporary conditions (36.9%) such as in rooming houses, shelters, subsidized housing, staying with friends or they are homeless.

4.1.1.7 Residential Schooling

Because of the dramatic impact the residential schooling experience has had on Aboriginal communities, there were some questions on personal and familial experience with residential schools. Approximately one fifth (17.0%) of the two-spirit people had attended a residential school and 40.0% of the respondents indicated that one of their parents had attended residential school while 28.0% said their grandparents had attended residential schooling. It is possible that participants in this sample experience an intergenerational impact from residential schooling. We can infer that traumas experienced within these environments included physical and sexual abuse. Both of these issues are life-long, even with effective therapy. These schools were church-run, hence Christian views toward homosexuality were likely taught. In addition, the fact that same-sex abuse occurred has relevance for some survivors of child sexual abuse where the perpetrator was the same-sex (Barlow, 2003). Of the individuals who reported rape, 22.2% indicated that they had attended residential school. There is no statistical significance to this finding, but it does provide some impetus for exploring this issue further.

4.1.1.8 Connection to Home Community and Mobility

Respondents were asked about the origin of and connection to their home community in order to document the degree of mobility of the sampled population. While the results of this survey do not provide any suggestions as to why people move between urban settings and reserve and/or small communities, mobility can also mean that individuals

who are quite transient do not access nor stay on treatments. Thus, it is more than just HIV transmission that is of concern; it is treating those who are HIV positive. Related issues regarding mobility include mental illnesses and the increased chances that someone would become involved in survival sex trade.

Regarding what respondents considered to be their 'home community', 41.0% indicated a reserve, 8.3% a Métis community, 2.4% a northern community for a cumulative response of 53.6% noting an Aboriginal based home community. However, 32.1% noted that a large city was their home community and 14.2% said they were born/raised in a rural community or small city (under 100,000 population). A small portion of the sample surveyed (11.9%) still lived in their home community.

The majority of those questioned (54.0%) have moved at least one to three times in the last five years, 22.0% at least four to six times in the last five years. This result from our survey suggests a highly mobile sample of respondents. Of those who have moved away from their home community 68.9% would not consider returning to their home community despite 54.1% having said there was nothing to prevent them from going home. The majority (81.0%) said they have returned home it least once.

When asked why they would not move back to their home community, many noted the lack of services, such as medical, housing and economic. It was of particular concern that there is a lack of health services for those living with HIV/AIDS:

"The real home community has some advantages such as close to family, but for housing and medical it's better to be in the bigger cities as it's easier to access your GP and other specialists and there is a variety of support groups for health issues."

"The community is too small and no vehicle to run back and for to the city for services."

There were also those who indicated homophobia and AIDS-phobia and a lack of support for two-spirits as reasons not to return or live in their home community:

"My reserve chief and council are 'blind' to the fact that two-spirit exist. They shun you when they know you are GLBT. They need facilitators to inform them."

"Because I am HIV and people get mad at me because I have HIV and think they can get it from me."

"People now know I am gay back home and are accepting but I don't want to go back because of the loss of privacy I would encounter."

4.1.1.9 Connection to Tradition and Culture

As Table 7 below illustrates, most of those surveyed indicated that culture was very important to them (46.4%). Of the 86 respondents who completed the survey, 55.8% believe they have special gifts because they are two-spirit, gay, lesbian, bisexual or transgender.

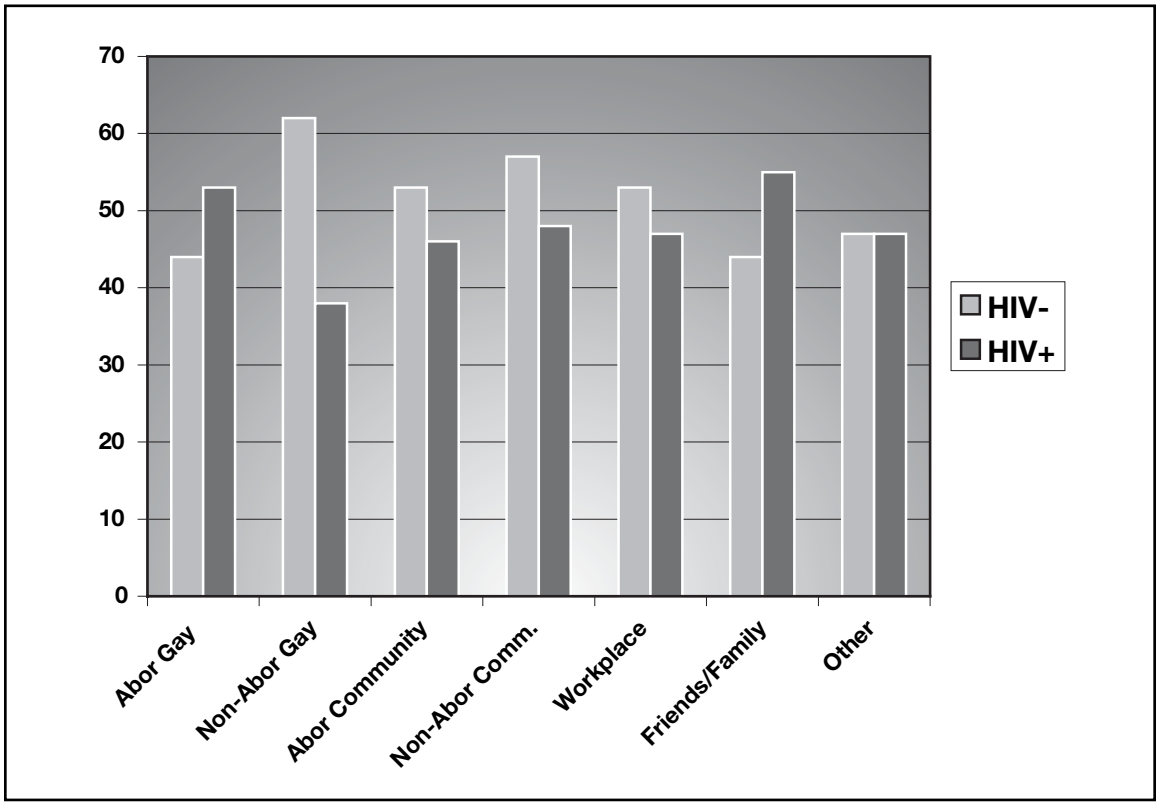
Table 7: Importance of Tradition and Culture	
Very Important	46.4% (n=39)
Somewhat Important	19.0% (n=16)
Important	22.6% (n=19)
Not Very Important	10.7% (n=9)
Not At All	1.2% (n=1)
	N=84

4.1.2 OPENNESS OF ORIENTATION: COMING OUT

When asked, all were generally comfortable being 'out', but were less comfortable being out in organizational settings: 87.2% indicated they have come out (75 out of 82 responses) while only 54.1% (of 85 responses) said they have indicated their sexual orientation within or at a (health, social or cultural) service provider. Respondents who self-identified as gay, MSM and two-spirit were more "out" in organizations in comparison to lesbian and WSW. By HIV status, more people living with HIV indicated they were comfortable coming out in an organization compared to HIV- respondents (see Table 8).

Table 8: Coming Out		
	Out in General	Out at an Organization
All (n=86)	87.2% (n=75)	54.1% (n=47)
Gender		
Lesbian (n=11)	100% (n=11)	27.3% (n=3)
WSW (n=2)	100% (n=2)	0.0%
Gay (n=30)	86.7% (n=26)	63.3% (n=19)
MSM (n=18)	94.4% (n=17)	61.1% (n=11)
Two-spirit (n=41)	87.8% (n=36)	58.5% (n=24)
Bisexual (n=19)	89.4% (n=17)	47.4% (n=9)
HIV Status		
HIV- (n=37)	95.0% (n=35)	50.0% (n=19)
HIV+ (n=41)	83.0% (n=34)	58.0% (n=24)

Graph 1: Safety in 'Coming Out' by HIV status in Different Communities



Most respondents indicated that they felt safest being out in an Aboriginal gay community (See Table 9 below). When looking at the safety of coming out according to an individuals' HIV status, Aboriginal people living with HIV/AIDS (APHAs) felt most comfortable within the Aboriginal gay community and with family and friends whereas HIV- respondents felt more comfortable in broader contexts such as the non-Aboriginal gay and general communities, the broader Aboriginal community and the workplace (see Graph 1).

Table 9: Level of Perceived Safety in "Coming Out" within Specific Communities						
	Not Safe at All	A Little Safe	Not Very Much Safe	Somewhat Safe	Safe A lot	Total (n=86)
Aboriginal Gay Community	15.0% (n=11)	13.7% (n=10)	8.2% (n=6)	13.7% (n=10)	49.0% (36)	84.9% (n=73)
Non-Aboriginal Gay Community	20.8% (n=10)	20.8% (n=10)	16.6% (n=8)	39.6% (n=19)	43.8% (n=21)	55.8% (n=48)
Aboriginal Community	20.0% (n=14)	11.4% (n=8)	25.7% (n=18)	21.4% (n=15)	21.4% (n=15)	81.4% (n=70)
Workplace	22.4% (n=15)	9.0% (n=6)	14.9% (n=10)	19.4% (n=13)	34.3% (n=23)	77.9% (n=67)
Friends and Family	11.3% (n=8)	11.3% (n=8)	5.6% (n=4)	23.9% (n=17)	47.9% (n=34)	82.6% (n=71)
Home Community Friends and Family	15.9% (n=11)	15.9% (n=11)	11.7% (n=8)	17.4% (n=12)	39.1% (n=27)	80.2% (n=69)
Other	15.0% (n=6)	20.0% (n=8)	12.5% (n=5)	10.0% (n=4)	42.5% (n=17)	46.5% (n=40)

4.1.3 EXPERIENCE WITH HOMOPHOBIA

Individuals were asked directly about their experiences of homophobia (see Table 10). The most common forms of homophobic abuse/encounter were, being gossiped about (81%) and direct verbal abuse (76.2%). Approximately half indicated they had been 'outed' (45.2%), experienced slander (52.4%), been harassed (47.6%), and/or received threats (48.8%). To a lesser extent those surveyed had attributed the following to homophobia: being robbed (29.8%), physically hurt (38.1%), and raped (21.4%). Few indicated experiencing blackmail (9.5%), arson (1.2%) or losing a job (7.1%) due to homophobia. Overall, many respondents reported no-contact, verbal and emotional forms of homophobic encounters. What is troubling is that close to a quarter of the sample indicated they had been raped, a third were robbed, and almost 40% had been physically hurt due to homophobia. This result suggests a need to look closer into violence and homophobia. An interesting trend in the data by HIV status shows that APHAs report more violent and physical forms of homophobic encounters compared to HIV- respondents (see Table 10). Compared to other studies, the frequency of rape is much higher in this study (i.e. Myers,

Ontario Men's Study and Huebner et al., 2004). Other studies have found 4.0 to 5.0% reported physical violence. Huebner et al. found that by stratification by HIV status, more PLWHA reported physical violence compared to those not living with HIV/AIDS. Note that due to the fact that the sampling method was not random and smaller than Myers and Huebner's studies, chance cannot be ruled out and these reported results should be viewed with caution and in context of these results of these other two studies.

Respondents were asked to indicate if they made a complaint about the homophobic discrimination they encountered. Only eleven responded. Two people had positive experiences and accepted apologies. On the other hand:

"The supervisor addressed the issue to those responsible for harassing me but no company documentation of the complaint was done and no punishment was offered."

"I got laid off from work because they knew I was (HIV) positive."

"Being less important than other Native people (two-spirit people), when seeking help from healthcare center here in the city."

Most described negative experiences when asked what happened to their complaints. One person said their case was still in the courts and another was seeing justice through human rights law. However, there are others who indicated losing their jobs or being laid off due to making a complaint.

For those who did not file a complaint, they were asked why not. Most did not complain out of fear, complacency, and that general belief that there is a lack of support within the system:

"The Aboriginal community of Canada is small. If I was to make a formal complaint against anyone all people would know and it would be more damaging to me personally"

"I don't need to be raped by the system. It's none of the authorities' business. The first thing that happens when a crime is reported is that the victim is treated as a suspected perpetrator of the crime."

Table 10: Reported Homophobic Encounters			
	All (n=86)	HIV + (n=41)	HIV– (n=37)
Gossip	81.4% (n=70)	75.6% (n=31)	86.5% (n=32)
Outed	45.3% (n=39)	43.9% (n=18)	51.4% (n=19)
Slander	51.2% (n=44)	48.8% (n=20)	56.8% (n=21)
Verbal Abuse	76.7% (n=66)	78.0% (n=32)	78.4% (n=29)
Bashing	34.7% (n=29)	39.0% (n=16)	32.4% (n=12)
Harassment	48.0% (n=41)	53.7% (n=22)	45.9% (n=17)
Threats	50.0% (n=43)	53.7% (n=22)	54.1% (n=20)
Theft	29.0% (n=25)	43.9% (n=18)	16.2% (n=6)
Property Damage	22.1% (n=19)	29.3% (n=12)	16.2% (n=6)
Physically Hurt	37.2% (n=32)	41.5% (n=17)	37.8% (n=14)
Rape	21.0% (n=18)	26.8% (n=11)	18.9% (n=7)

Next, individuals were asked if they had experienced any homophobic discrimination in the work place or any 'formal' setting. The majority (64.3%) said no, while 7.1% did not answer the question, but nearly a third, 27.7% (23 individuals), said they had experienced homophobia. Twenty of the 23 respondents who indicated they had experienced homophobia in a 'formal' setting responded to the follow up question. Nine (39.0%) said they did report a complaint of some form to a supervisor, Board of Directors, Band Council, Human Rights Commission or other authority. When asked, 44.2% said that homophobia has not made them feel bad about themselves, while 20.9% said it did a little, 7.0% said not very much, 15.1% said somewhat and 11.6% said that homophobia made them feel bad about themselves a lot.

4.1.4 USE OF COMMUNITY ORGANIZATIONS AND ACCESS TO INFORMATION (HUMAN RIGHTS, HIV/AIDS, GLBT)

Over half of the sample (54.7%) reported using Aboriginal urban community organizations and 39.5% indicated they used urban non-Aboriginal organizations. Fewer respondents recorded current use of rural services. 29.1% of the respondents said they used rural Aboriginal community organizations while only 18.6% of the respondents indicated using rural non-aboriginal community organizations. To gain some understanding of what type of services two-spirit/GLBT Aboriginal people use, respondents were asked to indicate the type of services they use and if they sought this service from an Aboriginal or non-Aboriginal organization. In short some of the more frequently indicated services include: social services (69.8% Aboriginal-based social services; 68.6% non-Aboriginal-based social services); health services (33.7 % Aboriginal-based; 44.2% non-Aboriginal-based); HIV/AIDS services (52.3% Aboriginal-based; 46.5% non-Aboriginal-based); legal services (20.9% Aboriginal-based; 29.1% non-Aboriginal-based); spiritual services (36.0% Aboriginal-based; 24.4% non-Aboriginal-based). Interesting differences to highlight include the use of non-Aboriginal organizations for legal and health services, but the use of Aboriginal-based organizations for spiritual services and HIV/AIDS services.

Respondents were then asked if they had ever stopped attending an organization (see Table 11). There was no real difference between Aboriginal and non-Aboriginal organizations as 13 to 14% indicated they had ever stopped attending either type of organization.

Over a third (34.9 %) of the sample have received training or participated in a workshop on human rights for Aboriginal, two-spirit, gay, lesbian, bisexual, and transgender people or for PLHA (see Table 12).

Table 11: Ever stopped attending an Organization		
	Aboriginal Organization	Non Aboriginal Organization
All (n=86)	13.0% (n=11)	14.0% (n=12)
Orientation		
Lesbian (n=11)	18.2% (n=2)	18.2% (n=2)
WSW (n=2)	0	50.0% (n=1)
Gay (n=30)	6.7% (n=2)	16.7% (n=5)
MSM (n=18)	11.1% (n=2)	22.2% (n=4)
Two-spirit (n=41)	14.6% (n=6)	17.1% (n=7)
Bisexual (n=19)	21.1% (n=4)	10.5% (n=2)
HIV Status		
HIV+ (n=41)	14.6% (n=6)	12.2% (n=5)
HIV- (n=37)	10.8% (n=4)	16.2% (n=6)

Table 12: Ever Requested Human Rights Information or Received Training		
	HR Information Requested	Received Training
All (n=86)	21% (n=18)	35% (n=30)
Orientation		
Lesbian (n=11)	9.1% (n=1 (didn't receive info)	0
WSW (n=2)	50.0% n=1 (received)	0
Gay (n=30)	13.3% (n=4) (3 received info)	40.0% (n=12)
MSM (n=18)	33.3% (n=6) (all received)	55.6% (n=10)
Two-spirit (n=41)	21.9% (n=9) (all received)	34.1% (n=14)
Bisexual (n=19)	15.8% (n=3) (all received)	36.8% (n=7)
HIV Status		
HIV+ (n=41)	19.5% (n=8)	46.3% (n=19)
HIV- (n=37)	21.6% (n=8)	24.3% (n=9)

4.1.5 SURVEY PARTICIPANTS RECOMMENDATIONS FOR IMPROVED SERVICE DELIVERY

Participants were asked if they had suggestions for reducing homophobia in Aboriginal and in non-Aboriginal organizations, and how both Aboriginal and non-Aboriginal organizations can make them feel more comfortable.

To the open-ended questions regarding reducing homophobia, the majority (79.0%) of participants made useful comments. Suggestions to reduce homophobia in Aboriginal organizations were focused on increasing openness and visibility of two-spirit people through training, education, support groups and having more of a two-spirit presence by having two-spirit or gay-positive staff. By having two-spirit/gay-positive staff, participants felt there would be an increase in tolerance and acceptance. For non-Aboriginal organizations, many participants felt similar approaches such as increased training and workshops were needed, however, there were several suggestions to increase cultural awareness. For example, *"Go to a sweat and get in touch with and experience the true beauty of our culture."* One interesting comment suggested that complacency was due to high staff turnover: *"Don't think you can. They will always be replaced by the next generation."*

With regards to increasing the comfort levels of two-spirits, fewer participants provided comments (57.0%). Overall, comments were made about the need for well-trained staff and more funding to run programs effectively. Gay-positive staff that show respect and acceptance was also encouraged. Notably, there were also several comments indicating they were already comfortable in Aboriginal organizations. As for specific comments towards non-Aboriginal organizations, increasing the number of Aboriginal staff was suggested by a number of participants.

To summarize the nature of the comments from two-spirit individuals who completed the survey, as on person put it, *"Talk about it. Bring it out into the open so everyone who wants to learn can."*

4.2 Organizational Survey

4.2.1 DESCRIPTION OF ORGANIZATIONS SURVEYED

Almost half of the organizations surveyed (46.0%) serve large cities (populations larger than 40,000) while 20.8% serve small towns between 10,000 and 39,000 in population. The remaining seven organizations (29.2%) serve populations smaller than 2,000.

Approximately one third (29.0%) serve Aboriginal populations of 2,000 to 10,000 people. One fifth, or 21.0% serve smaller Aboriginal populations (less than 2,000 people), 16.7% serve Aboriginal populations between 10,000 to 39,000 and another 16.7% serve greater geographic regions where the Aboriginal population served is greater than 40,000. When asked to indicate the specific Aboriginal groups served, 95.8% indicated they serve urban First Nations and 83.3% also served urban Métis, while 70.8% serve urban Inuit. In relation to serving rural populations, some organizations covered a range of geographic regions, but still fewer organizations serve rural areas and when asked about specific Aboriginal groups served, the frequencies were much less, 62.5%, 41.7% and 29.2% respectively.

The majority of organizations surveyed are HIV/AIDS service organizations (83.3%), that also provide social services (50.0%), crisis (54.6%), health services (62.5%), social events (45.8%), and mental health services (41.7%). Fewer surveyed organizations offered spiritual programming (37.5%), drug rehabilitation (37.5%) and legal services (12.5%).

The average number of staff in the surveyed organizations was 29, with six of them having as few as three staff members and one with up to 200 staff. On average organizations indicated they had 20 volunteers. Eleven organizations indicated GLBT staff, with an average of four being GLBT and only three organizations noted HIV+ staff members, with an average of one person. As for volunteers, only one organization knew they had GLBT volunteers and two organizations indicated HIV+ volunteers. The median number of clients of organizations that participated in the study was 500; the range was from 50 to 160,000 clients.

4.2.2 CASES AND TYPES OF HOMOPHOBIA ENCOUNTERED WITHIN ORGANIZATIONS

4.2.1.1 Description of Cases

Of the 24 organizations, almost half (46.0%) reported cases of homophobia. The breakdown as to the nature of homophobic encounters is reflective of the results within the individual survey. Verbal abuse was reported by a third of the organizations and 25.0% indicated gossip. Approximately one fifth of the organizations noted that bashing, harassment and threats have occurred with two-spirits in their organization. Being 'outed', slander and rape were the next most frequently reported type of homophobic encounters occurring (see Table 13).

Table 13: Homophobic Cases Indicated by Organizations

	All
Gossip	25.0% (n=6)
Outed	16.7% (n=4)
Slander	16.7% (n=4)
Verbal Abuse	33.3% (n=8)
Bashing	20.8% (n=5)
Harassment	20.8% (n=5)
Threats	20.8% (n=5)
Theft	8.3% (n=2)
Property Damage	12.5% (n=3)
Physically Hurt	20.5% (n=5)
Rape	16.7% (n=4)

4.2.2.2 Follow-up on Cases of Homophobia

Approximately one third of the surveyed organizations (8) described how they responded to cases of homophobia. One indicated that they did not have to deal with the problem because although they heard about the incidents, they were not approached. Three organizations described pro-active resolutions where in two cases a series of anti-discrimination and HIV/AIDS workshops were offered and a third organization indicated proper protocol was followed to support an APHA client who experienced discrimination in a hospital setting. The other five organizations dealt with the cases in an informal one-on-one manner with the involved clients.

4.2.3 TRAINING, INFORMATION AND POLICIES

The majority of organizations (75.0%) indicated some form of staff policies that address homophobia and other forms of discrimination within their organization. Fifteen of the 24 organizations described their policies. One organization noted confidentiality agreements with staff and volunteers, while another indicated providing anti-discrimination training that involved explaining the procedures to address such concerns. Two organizations indicated following the Canadian Human Rights Act specifically while another indicated dismissal of staff is considered if cases are raised, and another indicated providing a dispute resolution process.

Slightly fewer organizations (62.5%) indicated that they have client anti-discrimination policies including anti-homophobia. Three organizations offer mediation services, while one noted that part of their mandate is to help communities develop policies and education on two-spirit teachings. Nine of these organizations (a majority) said they follow broader human rights policies and human rights codes. Another organization indicated offering group sessions to talk about discrimination, which includes a question and answer period. Two indicated their policy includes an entitlement to care and service, no one is refused.

It should also be noted that only six were comfortable sharing their policies with CAAN. These six organizations have been contacted for a project on a broader anti-discrimination project being conducted by CAAN.

Beyond policies, organizations were also asked about the type of training and information they offered to staff and to clients:

- 71.0% of surveyed organizations provide their staff Aboriginal rights information and training and 54.0% indicated they provide this type of information to their clients.
- A number of organizations (71.0%) provide GLBT information and training to staff, and 41.0% provide GLBT information and training to clients.
- The majority (92.0%) provides staff HIV/AIDS information and training and even more (96.0%) provide HIV/AIDS information and training to their clients.

From these results we can conclude that more training and resources are available for staff but not for clients in Aboriginal rights and GLBT issues, but both staff and clients are considered when offering HIV training and information.

Of the 11 organizations that reported cases of homophobia, nine said yes to provide staff training and Aboriginal rights information to staff (81.8%), and all 11 said they had given GLBT and two-spirit information to their staff. We can conclude that there is the support available, but whether or not staff is using it should be taken into consideration.

4.2.4 RECOMMENDATIONS BY ORGANIZATIONS SURVEYED

Organizations were finally asked for their suggestions to improve anti-homophobia efforts and to be more welcoming to two-spirits and to APHAs. Regarding specific suggestions relating to improving relations with two-spirit/GLBT populations, six organizations either indicated there was little more they could do because they felt they were addressing GLBT issues appropriately or felt that there were not many issues in the first place. Five organizations felt they could offer support groups such as elder sharing circles or coming out groups. A few organizations felt it was important to offer non-judgmental and accepting support, where two organizations specifically said they could be more supportive by increasing the number of two-spirit/GLBT staff. Three organizations felt they could improve their service delivery by increasing information dissemination or by partnering with other organizations that already have programs or resources related to two-spirit/GLBT concerns.

When asked specifically about how they could be more welcoming to APHAs, most organizations felt that the same approaches applied for APHAs and two-spirits. Such suggestions as increasing education and resources, providing support, engaging APHAs in program development and delivery were made. One organization felt they could develop a program specifically geared to Aboriginal youth and women, while another organization felt they might lean towards more intervention-based services.

Overall, despite the relatively high number of organizations that offer training and education, most organizations felt they could offer more in order to be more welcoming to GLBT/two-spirit. Recommendations for making organizations more welcoming to two-spirits/GLBT and APHAs are all community-focused and directed specifically at clients, but none of the organizations suggested any policy-related improvements.

5.0 Analysis and Recommendations:

5.1 Analysis

Both the individual and organization surveys show that there are consistent experiences of homophobia. Most forms of homophobic discrimination were verbal, but also a fair proportion included many forms of physical violence. What compounds the issue of homophobic discrimination is that few survey participants indicated seeking any formal action to address the violation.

This environmental scan provides evidence that homophobia is ever-present in our society in organizations serving Aboriginal people. Only 21.0% of individual survey participants looked for human rights information and 35.0% indicated receiving some form of training. This is further supported by the organizational survey where organizations offered more GLBT and Aboriginal rights training to staff over clients. The only exception concerned HIV training where almost all surveyed organizations provided such training to both clients and staff.

It is clear that the individual participants in this study have experienced a number of homophobic encounters from gossip, verbal abuse to harassment, and physical and sexual violence. Further homophobia is experienced on the street, in communities and within services. Even though attitudes towards lesbian, gays and two-spirit people have changed over the years, homophobia remains as a societal and health issue. The results from the individual survey echo the findings of other studies that show two-spirits living in marginal housing conditions and indicating a high level of movement between communities and types of housing.

Differences in accessing Aboriginal versus non-Aboriginal services are minimal where there were subtle differences between ceasing the use of Aboriginal services versus non-Aboriginal services (13.0% compared 14.0% respectively). Interestingly however, in their study Jackson and Reimer (2005) found that 30.2% of the surveyed APHAs indicated that homophobic attitudes are a barrier to effective primary healthcare.

The organization survey in this project offers validation by confirming the types of homophobia experienced by individuals. It is positive to note that anti-homophobia training is being offered in most of the services that responded to this questionnaire. However there remains a lack of policy development and perhaps a lack of specific training on the types and forms of homophobic encounters that people experience.

From this data, there is some suggestion that two-spirits are gravitating to larger urban centers. This is a trend that should be further explored in future research, as this would impact care and support offered in urban centers. Understanding the nature and reasons for more two-spirits in urban centers will improve service provision because it will be targeted to their needs.

5.2 Recommendations

These following recommendations are targeted to service providers who work in some capacity with Aboriginal people, but also to Aboriginal community-based researchers. There are some organization practices that have been highlighted from these two surveys that suggest practices have changed little in addressing homophobia among two-spirit/ GLBT Aboriginal people. The results from these surveys can be informative in developing workshop or training programs for all staff at organizations serving Aboriginal people. They can provide direction towards more refined qualitative research to describe and explore further how policy and education can be improved to address homophobia.

General recommendations that address the original focus of this anti-homophobia project can be made based on the results of the environmental scan:

1. "HOW CAN ANTI-DISCRIMINATION POLICIES BE DEVELOPED AND IMPLEMENTED TO ADDRESS THE NEEDS AND RIGHTS OF TWO-SPIRIT PEOPLE WHO ARE ACCESSING ABORIGINAL ORGANIZATIONS?"

Anti-discrimination policies need to continue in the spirit of OCAP and involve two-spirit people in policy development. With the results of these surveys and other studies, we need to acknowledge that there is a high number of homophobic occurrences, but little is being done by the ones being violated because they are fearful and do not believe the system can support them. Listening to their experiences is critical. Many suggest they are complacent in going against the 'system' and in part because they believe it is already inherently discriminatory. There needs to be an increase in frequency and visibility of two-spirit people. Either people do not feel safe to report abuses, or clients are not using them, it is unclear.

Any reluctance in the Aboriginal community needs to be overcome in order to reduce homophobia. There needs to be a commitment through funding support for organizations to do the appropriate advocacy work and develop necessary prevention and intervention programs by trying to incorporate human rights frameworks in policies and programs. There seems to be the means and interest, but formalizing mechanisms in organizations have not necessarily occurred.

Improving upon systemic barriers through policy is further supported by Matiation (1998) who also advocates for education to address discrimination and to reduce the spread of HIV/AIDS by dealing with approaches of ignoring, or merely tolerating APHAs and two-spirits. Matiation also advocates for greater engagement of leaders and for Aboriginal people to take greater control by participating in HIV/AIDS issues. Another approach is taking on a human rights perspective to homophobia issues and using legal avenues. However this is closely tied to systemic barriers and strong commitment is needed.

2. "HOW CAN ABORIGINAL ORGANIZATIONS BEST IMPLEMENT ANTI-DISCRIMINATION POLICIES TO IMPROVE THE QUALITY OF SERVICES FOR TWO-SPIRIT PEOPLE LIVING WITH HIV/AIDS?"

Anti-discrimination education and resources are needed and more two-spirit staff and volunteers need to be present in ASOs. In the two surveys, there were suggestions to increase the number of GLBT and HIV+ staff to be more welcoming to two-spirits and APHAs. Presently many organizations surveyed could improve on staff and volunteer composition to be reflective of their client population. For non-Aboriginal organizations, respondents to the individual survey suggest they can improve services by encouraging staff to be more culturally aware in order to make them feel more comfortable and that there could be more support through two-spirit staff and support groups. Organizations also felt that having more two-spirit staff and support groups would be helpful.

Scaling up education and resource sharing activities was a major theme in recommendations from the two surveys. Interventions that address the psychosocial needs of two-spirit people who have experienced homophobic trauma were also suggested. Training and awareness-building for organization staff should focus on helping clients to feel safe and included so that when homophobia occurs, they feel they are capable of approaching staff to report the occurrence and deal with the issue. Organizations acknowledged the lack of services and programs. One organization felt they could develop a program specifically geared to Aboriginal youth and women while another organization thought that more intervention-based services would be beneficial to their clientele population. Additionally, with other studies that indicate homophobia being a major barrier to accessing health services, education and training of healthcare providers on anti-homophobia is critical if healthcare environments are to be more welcoming to APHAs and two-spirit people in general (Jackson and Reimer, 2005).

3. "HOW CAN AWARENESS BE RAISED IN ABORIGINAL COMMUNITIES ON HOW TO ADDRESS HOMOPHOBIA WHEN IT IS A BARRIER TO HIV/AIDS PREVENTION AND EDUCATION?"

Addressing the reluctance in the Aboriginal community to acknowledge and do something about homophobia is a great challenge. To encourage the process, both survey results support education efforts and increasing awareness of two-spirit issues in Aboriginal communities. This is also echoed in the Urban Native Youth Association's (UNYA) analysis of their needs assessment tool (2004). Key recommendations in the UNYA report included increasing education, improving the training of service providers to be more sensitive and responsive to the needs of two-spirit people, and helping young two-spirit people to develop the tools to help build self-esteem to ensure healthy behaviors and activities.

The Urban Native Youth Association (UNYA) offers a template for a needs assessment tool to help organizations understand the needs of two-spirit youth and how to address safety in their communities. For future work in developing anti-homophobia policy and education programs, organizations can turn to already developed frameworks such as the UNYA needs assessment tool along with the Rainbow Resource Center's "Breaking Barriers: A Workshop and Facilitation Guide."

Another approach in acknowledging homophobia is exploring the role of church groups in many Aboriginal communities. The inter-generational impacts of child sexual abuse are significant factors in terms of "how" to overcome and address discrimination based on homophobic attitudes. Acknowledging the impact of the affected generation and the residual inter-generational effects is an important step in dealing with homophobia before dealing with teaching how to reduce and prevent homophobia.

For all of these recommendations, support through research is a continued need. The project's National Steering Committee believes all research should continue and never stray from the principles of community-based research and OCAP. An action component to research is integral and dissemination, or the sharing of findings is crucial if we are to learn from the research.

It would be worthwhile for future studies on organizational capacity to handle anti-discrimination and in particular anti-homophobia. Such studies would need to increase the sample size so that the analysis could be based on the Aboriginal population size served in order to determine if there are specific differences in reporting homophobia and dealing with homophobia through such means as education, training or policy development and implementation. With the organizational survey data, conducting further analysis beyond a frequency description is not likely to be informative because of the few organizations that responded to the survey (n=24).

Further research could examine narrative responses to the following topics: social discrimination to determine if 'confrontation' or 'social network-based' coping mechanisms are used by two-spirit/GLBT people; AIDS-phobia; education and homophobia, what are the systemic barriers in the education system and school boards that inhibit prevention efforts; youth experiences in schools; women's perspectives; and an analysis to reveal if there are any differences according to Aboriginal status.

The results of these two surveys demonstrate a need to continue and increase education and training within Aboriginal and non-Aboriginal AIDS service organizations to address homophobia within a context of anti-discrimination frameworks. Specific anti-homophobia policies, while evident in some AIDS service organizations, do not appear to be fully developed and used by the organizations themselves and are not fully used by clients as a course of action to address homophobic-based harassment. While advocacy for policy development can be done, there needs to be increased support and encouragement to use policies and procedures in place.

These recommendations remain simple and echo what has been said for the past decade, but it is clear that homophobic discrimination is experienced by many two-spirit/GLBT and few seek any form of assistance or justice. Taking the step to listen to two-spirit people and their experiences with homophobia and using these experiences to create supportive environments and better education and resources is still critical for addressing homophobia in Aboriginal communities.

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Appendix 1

Recruitment Protocol: Individual and Organizational Survey

Proposed Protocol for Individual Survey Recruitment

A. Summary:

For the individual survey, six organizations across Canada will be identified as recruitment sites. Each selected site represents the different regions of Canada.

Frontline workers from each site will be identified as contact people, or 'Recruiters' and will be briefed by the Research Coordinator by telephone to explain recruitment and confidentiality procedures.

The goal is to get 120 individuals to fill out the survey, 20 from each site. The survey is expected to take place over the month of May 2004. The report should be done by Summer 2004.

B. Steps with the Recruiters:

1. Initial Orientation with the Research Coordinator

Once recruitment organizations have been secured and contact people (recruiters) have been selected, the Research Coordinator will email or fax background information and the survey for review. A time will then be set to discuss the process over the telephone. The main points to go through include the purpose of the study, this protocol and the individual questionnaire package.

2. Pre-test

A pretest will be done with 18 individuals. Recruitment sites for the individual survey will be asked to pretest the questionnaire on three (3) eligible participants. Individuals will receive $20 for doing the pre-test and the Recruitment Organization will be compensated $10 per pre-tested survey. The pre-tested surveys will be sent back immediately so that the Research Team can assess if the questionnaire should be revised and we will move forward with translating the questionnaire from English to French.

3. Finding Individuals

At the recruitment organizations, it is hoped that the contact people (recruiters) through their main jobs will be aware of who may fit within the criteria we are looking for. They will approach individuals who fit the criteria to explain the study and ask if they are interested. For this survey, we are looking for individuals who are: 18 years of age or older, self identify as a two-spirited individual and can read and write English or French.

4. Mailing the Surveys back

Sealed envelopes will be couriered back to the Research Coordinator in two packages, one for the information/consent envelopes and another for the questionnaire envelopes after three weeks or when the quota is met.

5. Compensation

For each individual recruited, the recruitment organization receives $10 for compensation for the time and energy spent. The recruitment organization will be asked to first 'pay out of pocket' to compensate participants ($20) and then bill the Canadian Aboriginal AIDS Network back. Therefore, for each individual who is compensated to do the survey, the organization can bill CAAN $30. The Research Coordinator will create a template in order that the organization knows how to bill CAAN.

C. Role of Recruiters:

The commitment is for three weeks, during the month of May 2004. In short, Recruiters are being asked to do the following:

1. Find individuals
2. Explain the process
3. Compensate individuals
4. Provide support or referral to support if the individual needs it after filling out the survey
5. Mail back completed forms and questionnaires
6. Prepare the billing statement for organizational compensation

D. Recruiting Individuals:

1. Individual Questionnaire Package

It will include:

- The Questionnaire
- The Information and Consent Form (2 copies)
- Two (2) envelopes: one (1) envelope for the Information Consent Form and one (1) envelope for completed questionnaire.

2. Obtaining Consent

Once an individual has been found and said they are interested in participating, consent is required. In verbal and written form, participants will be told that names are not linked to

questionnaires, participation will not impact the services they receive, they can withdraw at any point nor are the required to answer all the questions. The Information and Consent Form will be put in the marked envelope and then sealed. One copy is for the individual to keep for his or her own information.

3. Recruiters leave the individual in a private room to complete the survey

The survey should take about 30 to 45 minutes to complete. The individual will need to put the questionnaire in the remaining envelope by the participant and then sealed.

4. Compensation

Recruiters (the contact person) will compensate participants with $20 immediately after completion (receiving the sealed envelope).

5. Reminder about the report & follow up

Before the individual leaves, the contact person/recruiter will remind them that the report will be available with the results at the organization if they are interested in having a copy.

The questionnaire may possibly bring up issues that upset the participant and if the contact person notices or asks or the person reveals distress, the contact person is expected to provide support if that is within their mandate, or refer the individual to appropriate services. If needed, the contact person can also ask the Research Coordinator (and Research Team) on guidance on how to provide appropriate support.

E. Final Remarks:

The contact person is more than welcome to ask questions along the way and the Research Coordinator will be maintaining regular contact to ensure the recruitment process is going okay.

Proposed Protocol for Organizational Survey Recruitment

In total, a purposive sample of approximately 176 organizations that serve Aboriginal populations will be mailed the survey. Aboriginal and non-Aboriginal organizations who provide services to Aboriginal peoples will be asked to participate in the study. A mailing list will be generated through the CAAN membership (n=66) and the Canadian AIDS Society Membership who serve Aboriginal people living with HIV/AIDS (APHA) (N=110). These organizations are defined as follows:

Aboriginal organizations are responsible to protect, maintain, promote, support and advocate for inherent treatment and constitutional rights, holistic health and the well-being of First Nations, Metis and Inuit people. Service providers may also provide social services and assistance, medical/clinical services, clinical counseling services, child protection services, family counseling services, mental health services, addictions counseling and treatment and transportation to both Aboriginal and non-Aboriginal people etc.

They will be given three (3) weeks to return the questionnaire. The package will be addressed to the Executive Director. We will ask her/him to fill out the survey, but it is expected that in some cases a program director or such person under the Executive Director will be asked to fill out the questionnaire on behalf of the organization. If after three weeks we do not receive our minimal quota of 30 responses, the Research Coordinator will be making follow up telephone calls to organizations that have not returned the questionnaire. There are no quotas based on regional locations.

For organizations, they will not be asked to sign a consent form. Their participation is voluntary and a returned survey will be assumed acceptance of participation and understanding of why they were asked to participate. It is assumed they will review the cover letter and questionnaire instructions, which provide the purpose, methodology, and intended use of the data they provide. They are also told in the cover letter that they can ask further questions to the Research Coordinator.

Appendix 2

Individual Survey: Information Sheet, Consent Form, and Questionnaire

Addressing HIV/AIDS and Homophobia in Aboriginal Communities

Spring 2004

Information Sheet

CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

251 Bank Street, Suite 602, Ottawa, Ontario K2P 1X3
Tel: (613) 567-1817 / Toll Free: 1-888-285-2226 / Fax: (613) 567-4652
Website: http://caan.ca / Email: joyce@caan.ca

About our study

The Canadian Aboriginal AIDS Network (CAAN) and the University of Manitoba, Women's Studies Program are trying to understand more about the homophobia in both cities and on reserves. We are especially interested how homophobia affects HIV/AIDS education and prevention. The University of Manitoba's Joint-Faculty Research Ethics Board has approved this study.

Homophobia is the irrational fear and intolerance of homosexuals. Homosexuals are people who are attracted to the same sex. There is no reason to be afraid but people get wrong information and stereotypes. Lesbians and gay men face homophobic situations like violence, verbal abuse, and harassment. People can also try to refuse to give them services, jobs or places to live. Part of homophobia is the belief that heterosexuality is better. People who are gay, lesbian or bisexual can believe this, too. This is "internalized homophobia".

In this study, we ask you about homophobia you've had to deal with. We will also ask you what you think we can do to get rid of that fear. There is no direct benefit from filling out the survey, but we will look at your problems and ideas and come up with guidelines or policies. These policies will help Aboriginal organizations and communities deal with homophobia. In the future this will hopefully benefit you.

We also hope that our work will help create places where two-spirited people won't feel judged or afraid so that they can get information and support on HIV/AIDS.

Who can be in the study?

To be in the study, you must be:

- at least 18 years old
- an Aboriginal person living in Canada who is Inuit, Métis or First Nations
- gay, lesbian, bisexual, transgender or two-spirit, and
- able to speak either English or French

What do I have to do?

To be part of the study, we need you to do three things:

1) Read this Consent Form. The form tells us that you agree to be part of this study and that you understand why we are doing this study.

2) Sign both copies of the Consent Form. Keep one copy for yourself and put the other copy in the white letter envelope.

3) Answer the survey. Remember you decide if you want to be part of this study. You don't have to answer any question if you don't feel safe or comfortable. Please do not write your name on the survey. Your role in the study will not affect your right to receive services or care. The survey should take about 30 to 45 minutes to complete.

When you are finished answering the survey:

- Put your survey in the yellow business envelope.
- Seal the envelope and put an "X" over the seal on the envelope.
- Give the two envelopes back to the person who gave it to you
- We will give you $20.00 for taking time to be in our study.

Your answers will be kept confidential. The only person who will see your Consent Form is the Research Coordinator. The Coordinator will put all of the signed forms in a separate, locked filing cabinet. We will destroy all the questionnaires and consent forms 5 years after the study ends.

After we have collected all of the questionnaires, we will go through the answers and write a report. The final report will be finished this summer. You can see or get a copy of the report at the organization where you filled out the survey. We will also share the report in a journal or conferences. We might also use the report for fact sheets to hand out to people and organizations.

Some of the questions might bring up some painful memories for you. If you feel upset, tell the person who gave you this package. They will help you figure out what kind of support you need. You can also call Joyce Seto at 1-888-285-2226.

Who is doing this research?

The Research Coordinator at the Canadian Aboriginal AIDS Network is Joyce Seto.

If you have any questions or concerns about the study call Joyce at:

- (613) 567-1817 ext. 113 or
- 1-888-285-2226

The other people involved with the survey are:

Art Zoccole, Executive Director of 2-Spirited People of the 1st Nations

and

Janice Ristock, Professor, Women's Studies Program, University of Manitoba

This research has been approved by the Joint Faculty, University of Manitoba. If you have any concerns or complaints about this project you may contact Joyce Seto or the Human Ethics Secretariat at the University of Manitoba at (204) 474-7122 or you can e-mail Margaret_Bowman@umanitoba.ca.

This research project is sponsored by Health Canada, HIV/AIDS Community-Based and Aboriginal Research Program.

Code

CONSENT FORM

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent.

I AGREE:

I have read the Information and Consent Form and the Recruiter has also verbally explained and answered my questions about the research project and reason for my participation on "Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities". I understand:

- I am being asked about homophobia I've experienced in both Aboriginal and non-Aboriginal communities in Canada
- I choose to answer the questions in this survey
- I do not have to answer all the questions
- After I begin answering questions, I can stop at any time
- I will get $20.00 Canadian for being in the study
- My right to care and services will not change because I've taken part in this study
- The information that the researchers gather in this study may be used in a report for journals, books and fact sheets
- No one will know which completed survey is mine. My name is not on the survey. The survey and Consent Form will be kept separate locked cabinets
- The survey and consent form will be destroyed after 5 years
- I will keep one copy of the Consent Form
- My signature on this form indicates that I have understood to my satisfaction the information regarding participation in the research project and agree to participate as a subject
- In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities

- My continued participation should be as informed as my initial consent, so I know that I am free to ask questions at any time while I am answering the survey
- I understand there is no direct benefit by being involved in this study, but my input will help to further shape future anti-homophobia policies which I may indirectly benefit from in the future.
- I understand that there may be risk of emotional stress when thinking about homophobic experiences I may have encountered. I am free to withdraw from the study at any time, and /or refrain from answering any questions I prefer to omit, without prejudice or consequence. If I do feel stress, I know I can speak to the person who asked me to do this survey for counseling referral, or I can address concerns about this study, to Joyce Seto at 1-888-285-2226 or (613) 567-1817 ext 113.

PLEASE ANSWER:

If I decide to stop before I finish the questionnaire, I permit the researchers to use the information that I have shared.

❑ Yes ❑ No

This study is being conducted by the Canadian Aboriginal AIDS Network in partnership with the Women's Studies Program at the University of Manitoba. It has been approved by the Joint Faculty Research Ethics Board, University of Manitoba. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at (204) 474-7122 or e-mail Margaret_Bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

_____ _____

Participant's Signature Date

_____ _____

Researcher and/or Delegate's Signature Date

Code

Addressing HIV/AIDS and Homophobia in Aboriginal Communities

Spring 2004

CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

251 Bank Street, Suite 602, Ottawa, Ontario K2P 1X3
Tel: (613) 567-1817 / Toll Free: 1-888-285-2226 / Fax: (613) 567-4652
Website: http://caan.ca / Email: joyce@caan.ca

Survey about:
HIV/AIDS Homophobia in Aboriginal Communities

The purpose of this study

The Canadian Aboriginal AIDS Network (CAAN) and the University of Manitoba, Women's Studies Program, are trying to understand more about homophobia in cities and on reserves. We are especially interested in knowing how homophobia affects HIV/AIDS education and prevention. Your answers to this survey will help us do this work.

Your comfort

If you don't feel comfortable or safe about a question, don't answer it. You do not have to answer any question you don't want to!

How to fill out this survey

Each question in this survey includes answers for you to choose from. "Please check the one answer that is true for you" when only one answer is requested; and, "Please check all of the answers that are true for you" when more than one answer is allowed.

A few questions ask you to write out an answer. If there is not enough room in the space provided, "Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering."

When you are done

Put your finished survey in the large brown envelope provided. Seal both envelopes and give them to the person who gave you your survey kit.

Thank you for your time!

Tell us about yourself

1. How do you describe yourself? Please check one answer that is true for you.

- ☐ First Nations (status)
- ☐ First Nations (non-status)
- ☐ Métis
- ☐ Inuit
- ☐ Other _____

2. How old are you? _____

3. How long did you go to school? Please check the one answer that is true for you

- ☐ Did not go to school
- ☐ Grade 1-8
- ☐ Some high school
- ☐ Finished high school
- ☐ College or Technical
- ☐ University

4. Are yo HIV+? Please check the one answer that is true for you

- ☐ I won't answer this question
- ☐ Yes
- ☐ No and I have been tested
- ☐ I don't know
- ☐ I don't want to get tested

5. What is your gender? Please check all the answers that are true for you.

- ☐ Female
- ☐ Male
- ☐ Transgender (which means born male but feel like a woman; or born female but feel like a man)
- ☐ Two-Spirit (Aboriginal people who possess the sacred gifts of the female-male spirit which exist in harmony with those of the female and male. They have traditionally respected roles within most Aboriginal cultures and societies and are contributing members of the community. Today, some Aboriginal people who are Two-Spirit also identify as being gay, lesbian, bisexual or transgender)
- ☐ Intersexed (which means with a body that is both male and female)

6. What is your sexual orientation? Please check all of the answers that are true for you.

- ☐ a) Lesbian
- ☐ b) Woman who has sex with women
- ☐ c) Gay
- ☐ d) Man who has sex with men
- ☐ e) Two-Spirit
- ☐ f) Bisexual
- ☐ g) Unsure

7. Where do you live? Please check the one answer that is true for you.

- ☐ Reserve/First Nation
- ☐ Rural/Remote community
- ☐ Metis Settlement
- ☐ Northern Hamlet
- ☐ City under 100,000 people
- ☐ City with more than 100,000 people

8. What kind of housing do you live in? Please check the one answer that is true for you.

- ☐ Renting
- ☐ Rooming House
- ☐ Shelter or Halfway House
- ☐ Subsidized Housing
- ☐ Staying with friends/family
- ☐ Homeless
- ☐ Own a house or a condo
- ☐ Other: _____

9. How many times have you moved in the last 5 years? Please check the one answer that is true for you.

- ☐ 1 to 3 times
- ☐ 4 to 6 times
- ☐ 7 to 10 times
- ☐ More than 10 times
- ☐ Never

10. In the past, where have you lived? Please check all of the answers that are true for you.

- ☐ a) On a reserve/First Nation
- ☐ b) In a Metis settlement
- ☐ c) In an Inuit community
- ☐ d) In a foster home
- ☐ e) In a group home
- ☐ f) At a residential school
- ☐ g) In a prison
- ☐ h) On the street
- ☐ i) Somewhere else:_____

11. Where is your home community? Please check the one answer that is true for you.

- ☐ Reserve/First Nation
- ☐ Rural/Remote Community
- ☐ Metis Settlement
- ☐ Northern Hamlet
- ☐ City under 100,000 people
- ☐ City with more than 100,000 people

12. How many times have you visited your home community in the past 5 years? Please check the one answer that is true for you.

- ☐ 1 time
- ☐ 2-5 times
- ☐ More than 5 times
- ☐ Never
- ☐ I live in my home community (go to question 15)

13.A Have you ever thought about moving back to your home community? Please check the one answer that is true for you.

☐ Yes (Please go to 14.A) ☐ No (Please go to 13.b)

13.B If you said no, can you tell us why? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

14.A If you wanted to move back to your community, is there anything to stop you? Please check the one answer that is true for you.

☐ Yes (Please go to 14.B) ☐ No (Please go to 15)

14.B If you said yes, why won't you move back home? Please check all of the answers that are true for you.

- ☐ a) Afraid my family wouldn't
- ☐ b) Afraid my community
- ☐ c) Afraid because of my
- ☐ d) Afraid people will treat
- ☐ e) Afraid people will treat
- ☐ f) Afraid people will treat
- ☐ g) Other reason (please

15. Who do you consider to be your family? Please check all of the answers that are true for you.

- ☐ a) Birth family
- ☐ b) Foster family
- ☐ c) Friends
- ☐ d) Adopted family
- ☐ e) Chosen family
- ☐ f) Two-spirited community
- ☐ g) Other people: _____

16.A Did you go to residential school? Please check the one answer that is true for you.

☐ Yes (Please go to 16.B) ☐ No (Please go to 17)

16.B If you said yes, how long were you in residential school? _____ years

17. Did anyone in your family go to residential school? Please check all of the answers that are true for you.

- ☐ a) Grandparents
- ☐ b) Mother/Father
- ☐ c) Brother/Sister
- ☐ d) Uncle/Aunt
- ☐ e) Step family (parent/brother/sister)
- ☐ f) Adopted family
- ☐ g) No one
- ☐ h) Other people: _____

Let's talk about sexuality

18. Who is the main/primary person you have a sexual relationship with? Please check all the answers that are true for you.

- ☐ Gay male
- ☐ Heterosexual man
- ☐ Transgender male – female to male
- ☐ Lesbian
- ☐ Heterosexual woman
- ☐ Transgender woman – male to female
- ☐ Transsexual
- ☐ No one
- ☐ Someone else: _____
- ☐ Not sure: _____

19.A Do you have sex with more than one person? Please check the one answer that is true for you.

☐ Yes (Please go to 19.B) ☐ No (Please go to 20)

19.B If you answered yes, who else do you have sex with? Please check all of the answers that are true for you.

- ☐ a) Gay male
- ☐ b) Heterosexual man
- ☐ c) Transgender male – female to male
- ☐ d) Lesbian
- ☐ e) Heterosexual woman
- ☐ f) Transgender woman – male to female
- ☐ g) Transsexual
- ☐ h) Someone else: _____

20. Has anyone ever given you money, gifts, drugs or favours for sex? Please check the one answer that is true for you.

☐ Yes ☐ No

21. Did anyone ever force you to have sex with them when you didn't want to? Please check the one answer that is true for you.

☐ Yes ☐ No

What is your connection to tradition and culture?

22. How important is tradition and culture in your life? Please check the one answer that is true for you.

- ☐ Very important
- ☐ Somewhat important
- ☐ Important
- ☐ Not very important
- ☐ Not at all important

23.A Do you feel you have any special gifts or skills because you're Two-spirited, gay, lesbian, bisexual or transgender? Please check the one answer that is true for you.

☐ Yes (Please go to 23.B) ☐ No (Please go to 24)

23.B If you said yes, what kind of gifts or skills do you have? Please check all of the answers that are true for you.

- ☐ a) Cultural or ceremonial
- ☐ b) Healing
- ☐ c) Understanding
- ☐ d) Leadership
- ☐ e) Medicine gifts
- ☐ f) Humour
- ☐ g) Spiritual
- ☐ h) Dreams/Visions
- ☐ i) Other gifts: _____

23.C Please tell us why you think you have these special gift(s) or skills(s)? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

24. Please tell us why you think you are Two-spirited or GLBT. Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

Let's talk about homophobia

Homophobia is an irrational fear and intolerance that people have of two-spirited, lesbians, gay men, bi-sexual and trans-gendered people. Or they may fear homosexual feelings within themselves. This assumes heterosexuality is superior. People may act on their homophobia, which may be hurtful such as harassment and or refusal of services.

25. People can try to hurt you in many ways when they are afraid of or hate homosexuality. Have any of these happened to you? Please check all of the answers that are true for you.

- ☐ a) Gossip
- ☐ b) 'Outed' in public
- ☐ c) Slander / Defamation of character
- ☐ d) Verbal abuse / Name calling
- ☐ e) Gay bashing
- ☐ f) Harassment
- ☐ g) Threats / Intimidation
- ☐ h) Blackmail
- ☐ i) Theft
- ☐ j) Damage to property
- ☐ k) Arson
- ☐ l) Physically hurt
- ☐ m) Rape / Sexual assault
- ☐ n) Lost a job
- ☐ o) None
- ☐ p) Other things: _____

26.A While seeking services, in the workplace or any 'formal' setting, have you ever been discriminated against because you're two-spirited, gay, lesbian, bisexual or transgendered?

☐ Yes (Please go to 26.B) ☐ No (Please go to 26.D)

26.B Did you ever make a complaint to your supervisor, Board of Directors, band council, Human Rights Commission or other authority? Please check the one answer that is true for you.

☐ Yes (Please go to 26.C) ☐ No (Please go to 26.D) ☐ Not Applicable (Please go to 26.D)

26.C Please tell us what happened when you made a complaint. Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

26.D Why didn't you file a complaint? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

27. Has homophobia made you feel bad about yourself? Please check the one answer that is true for you.

☐ Not at all

☐ A little

☐ Not very much

☐ Somewhat

☐ A lot

28.A Was there ever a time you did not like yourself or wished you were someone else? Please check all of the answers that are true for you.

- ☐ a) I wished I could change and be straight.
- ☐ b) I have been afraid to tell my friends or family that I am gay or lesbian.
- ☐ c) I don't want to be seen or in contact with other people who are gay, lesbian or transsexual
- ☐ d) I have treated gay men, lesbians, bisexuals or transgendered people badly or differently
- ☐ e) I would be disappointed if my children were gay
- ☐ f) None of these statements are true for me.

28.B Please tell us about any other ways you have felt badly about yourself. Please tell us about things you did because you did not like being two-spirited, gay, lesbian, bisexual or transgender: Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

_____

29.A Have you "come out"? Please check the one answer that is true for you.

Coming out means you have told other people that you are gay. It can also mean you acknowledge or accept your own feelings.

☐ Yes (Please go to 29.B) ☐ No (Please go to 30)

29.B If you said 'Yes', please tell us for each community listed below to what degree you feel safe enough to "come out" to? Please check all of the answers that are true for you.

	Not at all	A little	Not very much	Somewhat	A lot
a) Aboriginal gay community	☐	☐	☐	☐	☐
b) Non-Aboriginal gay community	☐	☐	☐	☐	☐
c) Aboriginal community	☐	☐	☐	☐	☐
d) The people I work with	☐	☐	☐	☐	☐
e) Family and friends	☐	☐	☐	☐	☐
f) Friends in my home community	☐	☐	☐	☐	☐
g) Other people: _____	☐	☐	☐	☐	☐

Let's talk about community or social service agencies.

30. Where do you go for services and programs? Please check all of the answers that are true for you.

In the city:

- ☐ a) Services for status First Nations
- ☐ b) Services for non-status First Nations
- ☐ c) Services for Métis
- ☐ d) Services for Inuit
- ☐ e) Services for Aboriginal people
- ☐ f) Services for non-Aboriginal people

In the country or on reserve:

- ☐ g) Services for status First Nations
- ☐ h) Services for non-status First Nations
- ☐ i) Services for Métis
- ☐ j) Services for Inuit
- ☐ k) Services for Aboriginal people
- ☐ l) Services for non-Aboriginal people

31. Have you ever "come out" or told anyone at these services about your sexual orientation? Please check the one answer that is true for you.

☐ Yes ☐ No

32. Which Aboriginal services do you use? Please check all of the answers that are true for you.

☐ a) Social Services (i.e. food bank, subsidized housing, daycare, education/employment assistance)

☐ b) Crisis Intervention

☐ c) Health Services (i.e. medical care, traditional healing)

☐ d) HIV/AIDS programs or services

☐ e) Legal Services (i.e. legal aid, probation services)

☐ f) Social events or sports programs

☐ g) Drug and/or alcohol rehabilitation

☐ h) Mental health / counselling

☐ i) Spiritual support

☐ j) Other: _____

☐ k) None

33. Which non-Aboriginal services do you use? Please check all of the answers that are true for you.

- ☐ a) Social Services (i.e. food bank, subsidized housing, daycare, education/employment assistance)
- ☐ b) Crisis Intervention
- ☐ c) Health Services (i.e. medical care, traditional healing)
- ☐ d) HIV/AIDS programs or services
- ☐ e) Legal Services (i.e. legal aid, probation services)
- ☐ f) Social events or sports programs
- ☐ g) Drug and/or alcohol rehabilitation
- ☐ h) Mental health / counselling
- ☐ i) Spiritual support
- ☐ j) Other: _____
- ☐ k) None

34.A Did you stop going to any Aboriginal services because they treated you badly because you're two-spirit, gay, lesbian, bisexual or transgender?

☐ Yes (Please go to 34.B) ☐ No (Please go to 35.A) ☐ Not Applicable

34.B If 'Yes', Please check all of the answers that are true for you.

- ☐ a) Social Services (i.e. food bank, subsidized housing, daycare, education/employment assistance)
- ☐ b) Crisis Intervention
- ☐ c) Health Services (i.e. medical care, traditional healing)
- ☐ d) HIV/AIDS programs or services
- ☐ e) Legal Services (i.e. legal aid, probation services)
- ☐ f) Social events or sports programs
- ☐ g) Drug and/or alcohol rehabilitation
- ☐ h) Mental health / counseling
- ☐ i) Spiritual support
- ☐ j) Other: _____

35.A Did you stop going to any non-Aboriginal services because they treated you badly because you're two-spirited, gay, lesbian, bisexual or transgender?

☐ Yes (Please go to 35.B) ☐ No (Please go to 36.A) ☐ Not Applicable (Please go to 36.A)

35.B If 'Yes', Please check all of the answers that are true for you.

☐ a) Social Services (i.e. food bank, subsidized housing, daycare, education/employment assistance)

☐ b) Crisis Intervention

☐ c) Health Services (i.e. medical care, traditional healing)

☐ d) HIV/AIDS programs or services

☐ e) Legal Services (i.e. legal aid, probation services)

☐ f) Social events or sports programs

☐ g) Drug and/or alcohol rehabilitation

☐ h) Mental health / counselling

☐ i) Spiritual support

☐ j) Other: _____

Let's talk about rights and policies against homophobia.

36.A Have you ever asked for human rights information about Aboriginal, Two-Spirit, gay, lesbian, bisexual, transgender or HIV/AIDS issues? Please check the one answer that is true for you.

☐ Yes (Please go to 36.B) ☐ No (Please go to 37.)

36.B If you said yes, did you get the information you needed? Please check the one answer that is true for you.

☐ Yes ☐ No ☐ Not sure

37. Have you ever gone to a workshop or got training on human rights information for Aboriginal, Two-spirit, gay, lesbian, bisexual and transgendered people or for people living with HIV/AIDS? Please check the one answer that is true for you.

☐ Yes ☐ No ☐ Not sure

Let's talk about how organizations and services could change.

38.A What can Aboriginal organizations do to get rid of homophobia? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

38.B What would make you feel more comfortable in using Aboriginal services? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

39.A What can non-Aboriginal organizations do to get rid of homophobia? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

39.B What would make you feel more comfortable in using non-Aboriginal services? Please feel free to write on the back of the page; but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

Thank you!

Everyone at the Canadian Aboriginal AIDS Network thanks you for taking the time to fill out this survey.

Put your finished survey in the large brown envelope provided. Seal both envelopes and give them to the person who gave you your survey kit.

How are you feeling?

We asked you about a lot of difficult topics in this survey.

If you are upset and want to talk to someone you can ...

- Talk to the person who gave you this survey
- Call the Coordinator of this study:

Joyce Seto

1-888-285-2226 extension 113 no charge long distance
(613) 567-1817 extension 113 for local calls

Appendix 3
Organizational Survey Letter and Questionnaire

Letter

July, 7 2004

To Whom It May Concern:

Re: Requesting Participation in Survey for "Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities"

Your organization has been identified though either the Canadian Aboriginal AIDS Network, or the Canadian AIDS Society membership list as an agency that serves Aboriginal populations. Enclosed is a questionnaire we would appreciate that you complete regarding your organization's perspective on homophobia and HIV/AIDS in Aboriginal communities. This is a Canadian Aboriginal AIDS Network study in partnership with the University of Manitoba's Women's Studies Program and is funded by Health Canada. The principal researchers are Art Zoccole at 2 Spirited People of the 1st Nations and Janice Ristock from Women's Studies at the University of Manitoba in partnership with the Canadian Aboriginal AIDS Network.

It should take 45 minutes to complete and we would like to receive completed questionnaires before or by Friday, July 30, 2004. Please used the stamped and addressed envelope enclosed to return the questionnaire.

(AHRHAAC) is a community-based research project with the primary focus of conducting an environmental scan across Canada of: (1) Individuals who self identify as Aboriginal (First Nations, Métis, Inuit) and as a two spirit individual (gay, lesbian, bisexual, transgender) about any experiences they may regard as being stemmed by homophobia; and (2) Organizations (community-based, health, social, etc) who serve Aboriginal populations (including non-Aboriginal organizations) of any existence of anti-discrimination policies and their comments on the development of solutions to address issues of homophobia.

The (AHRHAAC) Project is driven by a National Steering Committee in order to keep within the principles of Aboriginal Community Based Research. Through the use of the National Steering Committee, Aboriginal participation is maintained in all stages of the research project. The ultimate goal of this project is to create a supportive and nonjudgmental environment for two spirit people (gay, lesbian, bisexual and transgender) living with HIV/AIDS by assisting Aboriginal organizations and communities to develop policies that address homophobia and by raising awareness in Aboriginal communities on how to address homophobia when it is a barrier to HIV/AIDS prevention and education.

There is no direct benefit to organizations from filling out the questionnaire however your

input will help to shape further anti-homophobic policy, which will indirectly provide benefit in the future. Your responses will be seen by the Research Team and only be shared with the National Steering Committee in an aggregated format, unconnected to your organization's name. A final report will be made available by Summer 2004.

If you have further questions regarding this survey, please contact the Research Coordinator, Joyce Seto at the CAAN office, (613) 567-1817 ext. 113 or 1-888-285-2226, ext. 113. This study is approved by the Joint Faculty Research Ethics Board, University of Manitoba. Any complaints can be directed to the Human Ethics Secretariat at (204) 474-7122.

Thank you very much for your time and we appreciate your assistance by completing the questionnaire.

Sincerely,

Joyce Seto
Research Coordinator
"Addressing Homophobia in Relation to HIV/AIDS in Aboriginal Communities"
Canadian Aboriginal AIDS Network

Code

Addressing HIV/AIDS and Homophobia in Aboriginal Communities

A Survey of Aboriginal Organizations Across Canada

Spring 2004

CANADIAN ABORIGINAL AIDS NETWORK (CAAN)

251 Bank Street, Suite 602, Ottawa, Ontario K2P 1X3
Tel: (613) 567-1817 / Toll Free: 1-888-285-2226 / Fax: (613) 567-4652
Website: http://caan.ca / Email: joyce@caan.ca

Organization Survey:
HIV/AIDS and Homophobia in Aboriginal Communities

About this survey

The Canadian Aboriginal AIDS Network (CAAN) and the University of Manitoba, Women's Studies Program, are trying to understand more about homophobia in cities and on reserves. We are especially interested in how homophobia affects HIV/AIDS education and prevention. Your answers to this survey will help us do this work.

With this survey, we are trying to understand anti-discrimination policies and procedures in Aboriginal organizations. Anti-discrimination policies are all the rules, laws and procedures set up to prevent people and organizations from treating people badly or differently because of some of their characteristics. Human rights codes say we can't refuse jobs, apartments or other services because of someone's age, race, religion or sexual orientation.

HIV continues to spread among Aboriginal people. We need to be concerned about HIV/AIDS. We hope that this survey will also help us come up with ways to deal with the impact of HIV/AIDS on individuals, families and Aboriginal communities.

Any information you give us in this survey will be kept strictly confidential. We will study all of the information you give us and it will become part of the final report.

What you agree to

We do not have a consent form for this survey. Answering the questions means that you have read and understood this page. You also consent on behalf of your organization to take part in this survey.

We have included a prepaid and addressed envelope. Please return your survey to us as soon as you can.

Thank you for your time!

Tell us about your organization

1. How many people live in the community that your organization serves?

☐ 1 – 499 ☐ 500 – 999
☐ 1,000 – 1,999 ☐ 2,000 – 9,999
☐ 10,000 – 39,999 ☐ 40,000 or more ☐ Not Sure

2. How many Aboriginal people are in this community?

☐ 1 – 499 ☐ 500 – 999
☐ 1,000 – 1,999 ☐ 2,000 – 9,999
☐ 10,000 – 39,999 ☐ 40,000 or more ☐ Not Sure

3. What kind of services do you offer? Please check all the services that you offer.

☐ a) Social Services (i.e. food bank, subsidized housing, daycare, education/
☐ b) Crisis Intervention
☐ c) Health Services (i.e. medical care, traditional healing)
☐ d) HIV/AIDS programs or services
☐ e) Legal Services (i.e. legal aid, probation services)
☐ f) Social events or sports programs
☐ g) Drug and/or alcohol rehabilitation
☐ h) Mental health / counselling
☐ i) Spiritual support
☐ j) Other (i.e. do not offer direct service or service is not listed): _____

4. How many people work in your organization?

Paid staff _____ Volunteer staff _____ Directors _____

5. How many people who work in your organization do not try to hide the fact that they are two-spirited, lesbian, gay, bisexual or transgendered?

PAID STAFF	**VOLUNTEER STAFF**	**DIRECTORS**
Number:_____	Number:_____	Number:_____
Not Sure: ☐	Not Sure: ☐	Not Sure: ☐

6. How many people who work in your organization are living with HIV/AIDS?

PAID STAFF	**VOLUNTEER STAFF**	**DIRECTORS**
Number:_____	Number:_____	Number:_____
Not Sure: ☐	Not Sure: ☐	Not Sure: ☐

7.A Which population(s) does your organization serve? Please check all that apply.

In the cities or towns:

- ☐ a) First Nations (status)
- ☐ b) First Nations (non-status)
- ☐ c) Métis
- ☐ d) Inuit
- ☐ e) Aboriginal
- ☐ f) Non-Aboriginal

In the country or on reserve:

- ☐ g) First Nations (status)
- ☐ h) First Nations (non-status)
- ☐ i) Métis
- ☐ j) Inuit
- ☐ k) Aboriginal
- ☐ l) Non-Aboriginal

7.B Approximately, what is the total number of client-base, or population served?

Number (#) : _____ Not Sure: _____

"Sexual orientation" is a way of talking about who we have sexual, emotional and romantic relationships with. We can describe our sexual orientation as homosexual, heterosexual or bisexual. Homosexual people are sexually, emotionally or romantically attracted to people of the same sex as themselves. Heterosexual people are sexually, emotionally or romantically attracted to the opposite sex. Bisexual people are sexually, emotionally or romantically attracted to both men and women. These three categories are not fixed or absolute. Our sexual orientation evolves over time as we are growing and can continue to change when we are adults.

When someone tells you they are gay, lesbian, bisexual or transgendered we call this **"coming out"**.

"Two-Spirit" - Aboriginal people who possess the sacred gifts of the female-male spirit, which exist in harmony with those of the female and the male. They have traditionally respected roles within most Aboriginal communities and societies and are contributing members of the community. Today, some gay, lesbian, bisexual or transgender people define themselves as being Two-Spirited.

8. To your knowledge, how many of your clients are "out" or generally do not try to hide their sexual orientation?

- ☐ All
- ☐ Most
- ☐ About half
- ☐ Less than half
- ☐ Very few
- ☐ Not sure

9. How many of your clients are living with HIV/AIDS?

- ☐ All
- ☐ Most
- ☐ About half
- ☐ Less than half
- ☐ None
- ☐ Not sure

Tell us how your organization deals with homophobia

Homophobia is an irrational fear and intolerance that people have of two-spirited, lesbians, gay men, bi-sexual and trans-gendered people. Or they may fear homosexual feelings within themselves. This assumes heterosexuality is superior. People may act on their homophobia, which may have negative consequences such as harassment and or refusal of services.

Transgender means someone who was born male but feels like a woman, or born female but feels like a man.

Intersexed means being born with a body that is both male and female. It is another term for hermaphrodite.

Homophobia assumes that heterosexuality is superior. People who are gay, lesbian or bisexual can also believe this as well as all of the bad things that people say about them. This is called "internalized homophobia".

10.A Have any clients or staff at your organization been abused, attacked or had other problems because they're two-spirited, lesbian, gay, bisexual and/or transgendered?

☐ Yes (Please go to 10.B) ☐ No (Please go to 12) ☐ Not Sure (Please go to 12)

10.B If yes, how have they been abused? Please check all the problems that have ever taken place in your organization.

- ☐ a) Gossip
- ☐ b) "Outed" in public
- ☐ c) Slander / Defamation of character
- ☐ d) Verbal abuse / Name calling
- ☐ e) Gay bashing
- ☐ f) Harassment
- ☐ g) Threats / Intimidation
- ☐ h) Blackmail
- ☐ i) Theft
- ☐ j) Damage to property
- ☐ k) Arson
- ☐ l) Physically hurt
- ☐ m) Rape / Sexual assault
- ☐ n) Lost a job
- ☐ o) None
- ☐ p) Other things: _____
- ☐ i) Not Sure

11. Please tell us how your organization dealt with the most recent homophobic attack or problem that happened. You can tell us about more than one problem. Use the back of the page if you need to, but remember to write down the number of the question that you are answering. If you don't know of any problems, skip to the next question.

_____

_____

_____

_____

_____

_____

_____

12. Do you offer your staff any training or workshops on homophobia?

☐ Yes ☐ No ☐ Not Sure

Tell us about your organization's anti-discrimination policies

Anti-discrimination means against or opposed to discrimination. In the past, people have been unable to get services, jobs or housing because of their race, gender, sexual orientation, or age. Anti-discrimination policies say that an organization can't refuse someone based on one of these characteristics.

13.A Does your organization have policies that protect staff and volunteers from discrimination?

☐ Yes (Please go to 13.B) ☐ No (Please go to 15.A) ☐ Not Sure (Please go to 15.A)

13.B If 'yes', What kind of discrimination are they protected from? Please check all that apply:

☐ a) Age

☐ b) Race

☐ c) Sexual orientation (two-spirited, homosexual, lesbian, gay, bisexual)

☐ d) HIV/AIDS

☐ e) Religion

☐ f) Physical/mental disabilities

☐ g) Sex

☐ h) Other areas that are protected: _____

☐ i) Not Sure

14. What procedures does your organization follow to protect your staff and volunteers from discrimination? Please describe them. Use the back of the page if you need to, but remember to write down the number of the question that you are answering

_____

_____

_____

_____

_____

_____

15.A Does your organization have policies that protect clients or the population served from discrimination?

☐ Yes (Please go to 15.B) ☐ No (Please go to 17.A) ☐ Not Sure (Please go to 17.A)

15.B If 'yes', Please check all of the areas that your organization protects.

☐ a) Age

☐ b) Race

☐ c) Sexual orientation (two-spirited, homosexual, lesbian, gay, bisexual)

☐ d) HIV/AIDS

☐ e) Religion

☐ f) Physical/mental disabilities

☐ g) Sex

☐ h) Other areas that are protected: _____

☐ i) Not Sure

16. What procedures does your organization follow to protect your clients or the population served from discrimination? Please describe them. Use the back of the page if you need to, but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

_____

17.A There are many municipal, provincial, territorial, federal and international policies that make it illegal to discriminate against people because they're gay, lesbian, bisexual, transgendered or HIV positive. These policies are part of Human Rights and Aboriginal Rights laws. Do the policies of your organization meet the standards of any of these laws?

☐ Yes (Please go to 17.B) ☐ No (Please go to 18.A) ☐ Not Sure (Please go to 18.A)

17.B If you said 'yes', which laws does your organization's policies comply with? Please list all of the laws. Use the back of this page if you need to, but remember to write down the number of the question that you are answering

_____

_____

_____

_____

_____

_____

_____

18.A Does your organization give staff and volunteers information on Aboriginal rights?

☐ Yes (Please go to 18.B) ☐ No (Please go to 19.A) ☐ Not sure (Please go to 19.A)

18.B If you said 'yes', how do staff and volunteers get information?

☐ a) Training or Workshop

☐ b) Information sheets or manuals

☐ c) Other ways: _____

19.A Does your organization give information on Aboriginal Rights to clients or population served?

☐ Yes (Please go to 19.B) ☐ No (Please go to 20.A) ☐ Not sure (Please go to 20.A)

19.B If you said yes, how do clients or population served get the information?

☐ a) Training or Workshop

☐ b) Information sheets or manuals

☐ c) Other ways: _____

20.A Does your organization give information about two-spirited, gay, lesbian, bisexual and transgendered people to staff and volunteers?

☐ Yes (Please go to 20.B) ☐ No (Please go to 21.A) ☐ Not sure (Please go to 21.A)

20.B If you said yes, how do staff and volunteers get this information?

☐ a) Training or Workshop

☐ b) Information sheets or manuals

☐ c) Other ways: _____

21.A Does your organization give information on two-spirited, gay, lesbian, bisexual and trans-gendered people to clients or the population served?

☐ Yes (Please go to 21.B) ☐ No (Please go to 22.A) ☐ Not sure (Please go to 22.A)

21.B If you said yes, how do clients or the population served get this information?

- ☐ a) Training or Workshop
- ☐ b) Information sheets or manuals
- ☐ c) Other ways: _____

22.A Does your organization give information on HIV/AIDS to staff and volunteers?

☐ Yes (Please go to 22.B) ☐ No (Please go to 23.A) ☐ Not sure (Please go to 23.A)

22.B If you said yes, how do staff and volunteers get this information?

- ☐ a) Training or Workshop
- ☐ b) Information sheets or manuals
- ☐ c) Other ways: _____

23.A Does your organization give information on HIV/AIDS to clients or the population served?

☐ Yes (Please go to 23.B) ☐ No (Please go to 24) ☐ Not sure (Please go to 24)

23.B If you said yes, how do clients or the population served get this information?

- ☐ a) Training or Workshop
- ☐ b) Information sheets or manuals
- ☐ c) Other ways: _____

Tell us how organizations can be safer for two-spirited, gay, lesbian, bisexual and transgendered people. How can organizations help them to access services?

24. What could your organization do to make two-spirited, gay, lesbian, bisexual and transgendered people feel more welcome and comfortable at your organization? Use the back of the page if you need more room, but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

25. What could your organization do to make people living with HIV/AIDS feel more welcome and comfortable at your organization? Use the back of the page if you need more room, but remember to write down the number of the question that you are answering.

_____

_____

_____

_____

_____

26. If you organization has policies against discriminating against people because they're two-spirited, gay, lesbian, bisexual, transgendered or HIV positive can we contact you to get a copy of these policies? We are using these policies to help us develop a best practices model.

☐ Yes ☐ No

27. Would you like to receive a copy of the final report of this study?

☐ Yes ☐ No

Thank you for taking time out of your busy schedule to answer these questions!

Appendix 4
Literature Review

Ellen Nowgesic

Literature Review

Summary

HIV/AIDS-related discrimination has been detrimental for many Aboriginal Two-Spirited people who are First Nations, Metis and Inuit people in Canada living with HIV/AIDS. For many Two-Spirited people living with HIV/AIDS or affected by it, a life of dignity, respect, and support, however, has not been fully achievable. This paper will describe how Two-Spirited people experience HIV/AIDS-related discrimination in Canada in the absence of policies addressing homophobia and reviews best-practice models to assess their potential for use in Aboriginal organizations.

RESPONDING TO HIV/AIDS-RELATED DISCRIMINATION HAS BEEN PROBLEMATIC FOR TWO-SPIRITED PEOPLE.

History has contributed other forms of discrimination, which have been detrimental to their ability to develop socially and economically and to sustain themselves in ways that were significant to their culture and way of life. These multi-faceted barriers such as systemic racism, cultural racism, community and family rejection further discourage Two-Spirited people because they are currently living with discrimination in all contexts regardless of where in Canada they reside. The vulnerability that this system creates disables their effectiveness to fully respond to HIV/AIDS-related discrimination.

A description of approaches to the legal system and HIV/AIDS policies and programs amendment suggestions to address HIV/AIDS-related discrimination will be provided but not reviewed. The focus of this paper is review anti-homophobia models that can be useful in Aboriginal organizations. There is a gap in the current literature that specifically addresses anti-homophobia best-practice models. The models that do exist have been drawn from a variety of sources and have been reviewed for their potential usefulness in Aboriginal organizations because of their similar process, elements and adaptability.

The first model provides organizational strategies that assess what changes need to be made in the workplace. It provides suggestions on designing and implementing strategies, and identifying tools needed for evaluating process and progress. There is potential to draw from this model because it recognizes the importance of maintaining sensitivity to culture as a key component in organizational change. This emphasis on culture is useful for Aboriginal organizations because preserving, practicing and respecting culture is an import facet of First Nations, Metis and Inuit contemporary life. The model presents a plan for organizational change, however it does not provide Aboriginal specific educational materials or sources. More research is needed to address this gap.

The second model provides an educational program for Aboriginal communities. The sections contained in the program outline goals, objectives and methods, a teaching plan, a sample lecture, and stories which focus on HIV prevention. This outline is useful for Aboriginal organizations because it is designed to reach community leaders and is structured in a way that can be easily modified for organizational use.

The third model provides an anti-homophobia work plan for Aboriginal communities. It outlines activities, resources, data sources and is results based. It is useful for Aboriginal organizations because of its cultural component and anti-homophobia strategy that places an emphasis on outreach to community members by supportive Elders.

The fourth model advocates for participation of community members who are affected by HIV/AIDS in the development of designing and implementing strategies addressing HIV/AIDS. This approach is useful for Aboriginal organizations because it could address issues of stigma and discrimination in the workplace.

The review includes published literature produced by Aboriginal and non-Aboriginal scholars and organizations, documents and reports from government programs, gay activist organizations and Internet documents. There is much work to be done in this field. More research and specific data is required. These models however can provide a useful starting point for Aboriginal organizations wanting to address homophobia. By supporting the development of Aboriginal culturally specific anti-homophobia best-practice models can be further developed and subsequently used in Aboriginal organizations.

INTRODUCTION

The initial rational for this review is to define the human rights issues of a sexual minority within a racial, cultural and social minority. While there is a wealth of literature on how international and national laws are used to prohibit discrimination based on sexual orientation, there is very little that describes its relevance to Two-Spirited people. This is indicative of how disenfranchised two-spirited people are from their communities and citizens of Canada. There is only one funded organization in Toronto, Ontario that provides services specifically for Two-Spirited people. Outside of that, two-spirited people have to make their own way in society without anyone advocating on their behalf. Also, in terms of being recognized as a distinct group within the Aboriginal population, it is only over the last thirty years that modern day Two-Spirited people have become politically active. Primarily non-Aboriginal scholars, who can only provide a narrow perspective on two-spirited lives, have produced the narrow research that does exist.

The review will attempt to answer the question, "What are the current anti-discrimination mechanisms that address homophobia and how are they relevant to the needs of two-spirited people?" There are a large number of publications that fit within the scope of this review's objectives, however, it was necessary to narrow the focus to describing the two-spirited population in Canada; non-Aboriginal anti-discrimination laws and policies, and to identify culturally relevant models and assess their for potential use Aboriginal organizational. Within each area of investigation, the language, tone and views vary widely. For example, anti-discrimination legislation and statutes do not specifically refer to homosexuality or homophobia. These terms are commonly used in the social science research and human rights sectors related to gay, lesbian, bisexual and transgender people.

There was a large number of published materials that fit within the scope of the review's objectives, however, it was necessary to limit the focus. Therefore, the focus was on describing the Two-Spirited population in Canada; non-Aboriginal anti-discrimination laws and policies, and on identifying culturally relevant models and assess there potential for use in Aboriginal organizations. This paper will describe approaches that can be taken by Aboriginal people to address HIV/AIDS-related discrimination and will review anti-homophobia models and assess their potential for use in Aboriginal organizations. Four models will be reviewed on the basis of their similar elements, process, and adaptability. This paper will conclude by providing lessons learned, identifying gaps in the current research, and implications for future directions

TWO-SPIRITED PEOPLE AND HIV/AIDS-RELATED DISCRIMINATION

In Canada, HIV/AIDS-related discrimination affects all. However, it is especially problematic for Aboriginal peoples. To be more specific, the First Nations, Inuit, and Metis who are living with HIV/AIDS. This form of discrimination is generally based on prejudice and ignorance and "is expressed in particularly harsh forms against the most vulnerable" (see Cohen R, Wiseberg LS. *Double Jeopardy – Threat to Life and Human Rights. Discrimination against Persons with AIDS*. In: Jurgens R, Waring B. *Legal and Ethical Issues Raised By HIV/AIDS: Literature Review and Annotated Bibliography*. Montreal: Canadian HIV/AIDS Legal Network and UNAIDS, November, 1998, 1).

But I ask you to also understand the difficulty that First Nations people put on First Nations people who are living with HIV/AIDS. I ask you to understand that. I ask you to open your hearts and understand how hard you make it for us, to be who we are and to accept ourselves.[4]

The stories of discrimination told by those consulted suggest that discrimination relating to HIV/AIDS and Aboriginal people comes from a variety of sources and takes many forms. Misunderstandings and denial about HIV/AIDS are often reinforced by other forms of discrimination, such as discrimination against two-spirited people, women, drug users, and Aboriginal people generally. Finally, it finds its roots in a history of oppression, racism and colonialism.[5]

First Nations, Metis and Inuit people living with HIV/AIDS-related discrimination have lived with discrimination all their lives. History has shown that discrimination in one context or another has plagued this group of people, however, the full impact is only now becoming known. "This history has resulted in a maze of interconnected spiritual, communal, social, economic and political problems that strain the resources, the will, and the spirit of Aboriginal communities. Therefore, improving the health and well-being of Aboriginal people (including those with HIV/AIDS) means addressing the causes of cultural dislocation, ruptures within families, violence within families, substance use, chronic poverty, unemployment, poor housing and utilities, environmental destruction, lack of information and services, and lack of control over resources and programming" (Royal Commission on Aboriginal Peoples).[6]

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4 Healing Our Nations: Proceedings of the 4th Canadian Aboriginal Conference on HIV/AIDS and Related Issues. November 9-13, 1996: 68.

5 Matiation S. Discrimination, HIV/AIDS and Aboriginal People. Montreal: Canadian HIV/AIDS Legal Network, March, 1998:2-33 at 32.

6 Royal Commission on Aboriginal Peoples. Report on the Royal Commission on Aboriginal Peoples. Vol. 3: Gathering Strength. Ottawa: Minister of Supply and Services, 1996.

The system in which they live has been a contributing factor to this form of discrimination. Many two-spirited people living with HIV/AIDS have expressed concerns regarding the health care system and social services agencies. Negative experiences with welfare services, family benefits, and health service providers such as social workers, psychiatrists and physicians were cited as major barriers to regularly seeking essential services. Non-acceptance of their sexual orientation was the main reason for their reluctance to seek health care and social support (Coalition for Lesbian and Gay Rights in Ontario. *A Report on the Experiences of Sexual Minorities –Systems Failure in Ontario's Health-Care and Social-Services Systems*. Toronto: CLGRO, 1997, 61-64).

Those who resided in reservations, half of those surveyed would return, "citing lack of services, lack of acceptance, and lack of employment as major reasons."[7]

HIV/AIDS-related discrimination in their communities has also been extensively documented in literature. The articles reviewed reveal the extent and prevalence of HIV/AIDS-related discrimination in Aboriginal communities and in the lives of Two-Spirited people. Systemic and individualized discrimination as experienced by Aboriginal people in general and for those affected or living with HIV/AIDS in particular, has been analyzed in detail. Matiation (1998), identifies that this form of discrimination contributes to an impact of the disease on Aboriginal communities that is disproportionate. In his view, "[t]he risk factors associated with HIV transmission are overrepresented among Aboriginal people. The prevalence of such risk factors

reflects, again, the disturbing historical relationship between Aboriginal people and Canadian society, governments and institutions." Matiation also points out in his discussion on discrimination, HIV/AIDS and Aboriginal people that the "deplorable level of health and the social problems in Aboriginal communities represent a failure of human rights in Canada." In his view, "overcoming homophobia and AIDSphobia will not happen easily."

HIV/AIDS-related discrimination is also detrimental to the sociological and socio-economic well being of two-spirited people living with HIV/AIDS. In Canada, a survey was conducted through service providers in an attempt to uncover reasons behind the increasing prevalence of HIV/AIDS among two-spirited men. The results were based on 189 returned responses and represented a response rate of 38.6%. Respondents experienced personal and sociological pressures, unemployment and poverty, poor housing and homelessness, homophobia, racism, HIV/AIDS stigma, ostracism, and "devastating effects of HIV/AIDS

7 This summary of major findings profiles survey participants who where responding to life circumstances. More that 93 % currently do not live on their communities and more than 70% have lived at one time or another on a reservation. In: Monette L, Albert D. Voices of Two-Spirited Men: A Survey of Aboriginal Men Across Canada. Toronto: Ryerson University Press, 2001: 76.

in their own lives or in the lives of people close to them" (data from A Survey of Aboriginal Two-Spirited Men Across Canada, Toronto, ON, 2001).[8]

Not only does this form of discrimination impact there lives but their communities and families and has contributed to family and community breakdown and disintegration. Generally, there appears to be limited support and acceptance for two-spirited people in many Aboriginal communities, as a result, many have "lived away from their communities for years and feel rejected because they are two-spirited or because of their HIV status" (McLeod A. *Aboriginal Communities and HIV/AIDS. A Joint Project with the Canadian AIDS Society and the Canadian Aboriginal AIDS Network*. Ottawa: Canadian AIDS Society, 1997, 10).

The psychological impact of HIV/AIDS-related discrimination has caused personal suffering of Two-Spirit people living with HIV/AIDS and is exhibited in the form of shame, hurt, and anger. The following statement illustrates this point: "[W]here is the strength that those people need to stand or sit with other people who are First Nations, Aboriginal, Inuit and Metis. Where is the strength that those people need to sit in the same room with other people who are HIV positive" (Healing Our Nations, 1996).[9]

A lack of adequate anti-homophobia education on many First Nations communities has distanced Aboriginal communities further away from mainstream societies where progress is currently being made to educate the general public. More education in this regard needs to occur so that a better understanding of Two-Spirited People and their experiences with HIV/AIDS-related discrimination and its implications are fully understood and appropriate measures taken to counteract it negative impact. By providing these communities with anti-homophobia education materials, which target youth and Elders, inroads can be made to bridge this gap and reduce the negative impact of HIV/AIDS-related discrimination. Neither Aboriginal nor mainstream societies have ever addressed homophobia in open and public dialogue nor has there ever been social consensus condemning homophobia in "the same way that a consensus has been formed condemning racism, sexism, and other forms of discrimination" (Deschamps G. *A Guide on Two-Spirited People For First Nations Communities*. Toronto: 2-Spirited People of the 1st Nations, 1998, 34). Deschamps argues that "[t]he connection of homophobia to HIV/AIDS and the general identification of AIDS as a gay disease, continue to hinder efforts to address this crisis not only for two-spirited people, but also for women and all other Aboriginal people." Deschamps points out that, the unaddressed issue of homophobia is the cause of AIDS-related stigma in Aboriginal communities. In his words, "the issue of homophobia in the Aboriginal communities is met

8 Ibid at 5-7.

9 Supra, note 1 at 68.

with indifference and aversion by most of our social service agencies, leaders and even AIDS educators." Deschamps concludes, "it is only by openly and sincerely addressing the underlying issue of homophobia that pervades our attitudes towards HIV and AIDS, can we start to face this epidemic with the clear focus and objectivity that it needs."

There are also specific areas in which homophobia "interacts with HIV": as a key factor in discrimination against all people living with HIV/AIDS; as a major barrier to effective HIV prevention among gay men; as a barrier to objective and effective policy, resource allocation, and other decision-making by government and community bodies; and as playing a key role in the inappropriate use of HIV organizations, structures and processes to address broader gay and lesbian issues."[10]

The vulnerability that HIV/AIDS-related discrimination causes put Aboriginal people at risk for continued exposure to HIV infection. "The combination of racism, homophobia, and AIDSphobia means Aboriginal people living with or affected by HIV/AIDS are one of the most marginalized groups in Canada" (see LaVerne Monette. In: Matiation S. *Discrimination, HIV/AIDS and Aboriginal People*. Montreal: Canada HIV/AIDS Legal Network, March, 1998, 5).

LEGAL AND POLITICAL APPROACHES TO HIV/AIDS-RELATED DISCRIMINATION

There are legal mechanisms for dealing with discrimination that Canadians can resort to. These legal approaches have been discussed in detail by Matiation (1998) who refers to the Canadian Human Rights Act, a Charter of human rights in Canada and its various sections as "an important component in the legal approach to human rights". These approaches as he points out, unfortunately, raise issues in its application to Aboriginal governments, band councils and Charter litigation:

> in reducing HIV/AIDS-related discrimination, recourse to human rights legislation is not recommended as the best approach;
>
> a renewed relationship between Aboriginal communities and Canada and recognition of the inherent right to self-government in addition to the existence of the Charter and s 35, there exists an opportunity to re-examine s 67 of the CHRA, as it may no longer be necessary and should be revoked with the Indian Act;
>
> it is imperative that HIV/AIDS awareness be increased before inappropriate policies are proposed through mechanisms of s 35 and 25;

10 Toonen N. Homophobia and HIV. [Australian] National AIDS Bulletin, December 1992/January 1993: 35-37 (as cited in Jurgens R, Waring B. Legal and Ethical Issues Raised By HIV/AIDS: Literature Review and Annotated Bibliography. Montreal: Canadian HIV/AIDS Legal Network and UNAIDS, November 1998 (2nd ed.): 114.

> a complaint, or threat of a complaint with the human rights system, in some circumstances may discourage inappropriate actions with respect to HIV/AIDS, however, most persons consulted do not think that recourse is a useful approach to HIV/AIDS-related discrimination for Aboriginal people. It is important that public legal education material be available to Aboriginal AIDS organizations and for Aboriginal people living with or affected by HIV/AIDS;
>
> education to control the spread and reduce the impact of discrimination as it relates to HIV/AIDS is imperative;
>
> leadership at all levels needs to be more involved in HIV/AIDS issues so that denial and discrimination can be overcome; and
>
> a commitment to Aboriginal control and participation in proposals for action to assist people must guide HIV/AIDS initiatives and appropriate public education measures to control the epidemic's spread.

Matiation also suggests that the participation of leadership in Aboriginal communities is imperative in reducing "the spread of HIV among Aboriginal people." In his view, "[t]he expertise of Aboriginal people in issues affecting their communities is the greatest resource in the effort to control the spread of HIV and reduce HIV/AIDS-related discrimination."[11]

> The core issue of homophobia must be addressed if we seriously hope to see a reduction in risk-taking behaviour among two-spirited men. There are too many two-spirits who are excluded from the circle, estranged from their traditions, families, and communities. Our survey respondents have shown us their deep craving for self-esteem, familial love, community belonging, and spiritual connection. If their families and reserves reject them - if their traditional healers, elders, and teachers denounce them - they will try to find what they are seeking elsewhere. More than any other factor, it is the sense of alienation that contributes to their engaging in the high-risk activities which make them vulnerable to HIV/AIDS. The painkiller used and the dosage is as individual as the pain and the pain threshold.[12]

Community-based interventions also need to be sought to address HIV/AIDS-related discrimination so that there can be a reduction in risk taking behaviour and efforts taken that focus on prevention. Interventions also need to be developed so that they are culturally meaningful. Communities also need to be educated on the benefits of interventions as a

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11 Matiation S. Discrimination, HIV/AIDS and Aboriginal People. Montreal: Canadian HIV/AIDS Legal Network, March, 1998: 2-33 at 31.

12 Supra, note 4 at 78.

method of preventing, redressing, and eliminating this form of discrimination. In addition to this, other suggestions to effectively respond to HIV/AIDS-related discrimination include: "community participation in designing, implementing, and evaluating policies and programs; staff, protocols, systems, and networks to gather information on stigma and discrimination, analyze information, develop policy, and promote change in policies and practice; reviewing and recommending reforms to legislation and law enforcement practices that have an adverse effect on people with HIV/AIDS and populations affected by HIV/AIDS, to human rights legislation and procedures, and to human rights policies; initiatives to address HIV/AIDS-related harassment and discrimination in the workplace; and a plan to monitor and evaluate annually efforts to prevent, redress, and eliminate HIV/AIDS-related discrimination."[13]

There are few articles that deal specifically with policies that address homophobia. There are no national or international policies that specifically address homophobia in the context of HIV/AIDS-related discrimination. Canada has a human rights policy that stresses equality, dignity and prohibits discrimination, regardless of HIV/AIDS status. The United Kingdom has a declaration of the rights of people with HIV/AIDS and the United States Equal Employment Opportunity Commission has a policy that pertains to employment discrimination and HIV. The articles reviewed address the need for the creation of more effective laws that address HIV/AIDS and HIV/AIDS discrimination and support the development of more effective HIV/AIDS policies and programs that address the human rights aspects of those individuals living with or affected by HIV/AIDS. These policies prohibit discrimination, but unfortunately do not deal directly with HIV/AIDS-related discrimination stemming from homophobia. Most legal or policy responses address HIV and its containment. In addition, "[i]t is generally agreed that many of the legal or policy responses to HIV/AIDS are useless and often can be harmful and counterproductive because, instead of being based on an understanding of the medical issues, they are driven more by fear and the resulting public demand for action than by medical research and its findings."[14] "The most effective laws to stop the spread will include laws which help with the confidence and attention of people at risk. If we can change their behaviour – and keep it changed – we will reduce the risk of the spread of HIV/AIDS. By winning their confidence we protect them – and by protecting them, we protect ourselves and our world."[15] Justice Michael Kirby, the President of the Court of Appeal of

13 deBruyn T. HIV/AIDS and Discrimination: A Discussion Paper. Montreal: Canadian HIV/AIDS Legal Network and the Canadian AIDS Society, March, 1998: 107-119.

14 Jurgens R, Waring B. Legal and Ethical Issues Raised By HIV/AIDS: Literature Review and Annotated Bibliography. Montreal: Canadian HIV/AIDS Legal Network and UNAIDS, November, 1998 (2nd ed.): 1.

15 Kirby M. The Ten Commandments. [Australian] National AIDS Bulletin. March 1991: 30-31 (as cited in Jurgens R. Waring B. Legal and Ethical Issues Raised By HIV/AIDS: Literature Review and Annotated Bibliography. Montreal: Canadian HIV/AIDS Legal Network and UN AIDS, November, 1998 (2nd ed.): 5.

the Supreme Court of New South Wales also offers the following "ten commandments" that need to be taken into account for legal measures in the area of HIVAIDS:

- respect the cultural and legal diversity of every jurisdiction;
- ensure that the guiding criterion is containment of the spread of the virus;
- ensure that the law is based on sound scientific data;
- review old laws on public health and reform them;
- face up to making unpalatable and unpopular decisions;
- respect the human rights of all persons;
- resist simplistic solutions;
- ensure that coercive measures are proportional to the needs for action;
- do not put too much faith in law; and
- acknowledge the paradox of AIDS law.

In addressing how laws and policies can be reformed to be more effective in the response to HIV/AIDS, they also need to be reformed in ways that will effectively address discrimination towards Two-Spirit people who are First Nations, Metis and Inuit and are living with HIV/AIDS.

Gruskin and Tarantola (2001), also point out that cultural factors have to be reviewed when examining public health in the context of HIV/AIDS policy and program design. "These factors may include, for example, gender relations, religious beliefs, homophobia, or racism. Individually and in synergy, these factors may influence the extent to which individuals and communities are able to access services or to make and effectuate free and informed decisions about their lives and, therefore, the extent of their vulnerability to HIV/AIDS, including accessing needed care and support once HIV infection has set in."[16]

"HIV/AIDS policies and programs can be improved by a systematic review of how and to what extent interventions are both respectful of human rights and of benefit to public health. The following questions can be used by policymakers and public health and other government officials to help in the development, implementation, and evaluation of more effective HIV/AIDS policies and programs. They can also be used by nongovernmental organizations and other concerned actors as an advocacy tool to hold governments accountable for the ways they are and are not in compliance with their international legal obligations to promote and protect both public health and human rights. They are intended only to serve as a starting point" (International Federation of Red Cross and Red Crescent

16 Gruskin S. Tarantola D. Discrimination & Human Rights: HIV/AIDS and Human Rights Revisited. Canadian HIV/AIDS Legal Network – Canadian HIV/AIDS Policy and Law Review Internet, November, 2001; 6(1/2): 2-3.

Societies and Francois-Xavier Bagnoud Center for Health and Human Rights. The Public health-human rights dialogue. In: *AIDS, Health and Human Rights: An Explanatory Manual*. Boston, 1995. WHO/UNAIDS. Partner Notification and Disclosure of HIV and/or AIDS Serostatus to Others. Geneva, June, 1999):

- What is the specific intended purpose of the policy or program?
- What are the ways and the extent to which the policy or programs may impact positively and negatively on public health?
- Using the international human rights documents for guidance, what and whose rights are impacted positively and negatively by the policy or the program?
- Does the policy or program necessitate the restriction of human rights?
- If so, have the criteria/preconditions been met?
- Are the health and other relevant structures and services capable of effectively implementing the policy or program?
- What steps are being taken to progress toward the optimal synergy between the promotion and protection of health and rights in relation to the issue?
- What system of monitoring, evaluation, accountability, and redress exists to ensure that the policy or program is progressing toward the intended effect and that adverse effects are acted upon?

Unfortunately, the human rights of Aboriginal peoples have been all too often neglected as history has shown. The intention here, is to improve HIV/AIDS laws, policies and programs so that they are respectful of human rights and will benefit the health of all people, including Two-Spirit people living with or effected by HIV/AIDS and HIV/AIDS-related discrimination who are First Nations, Metis or Inuit and regardless of where in Canada they reside.

POTENTIAL MODELS FOR USE IN ABORIGINAL ORGANIZATIONS

The section deals with models that may support a better understanding of homophobia and will be reviewed for there potential use in Aboriginal organizations. Four models will be reviewed and assessed for there potential use in Aboriginal organizations. The first model identifies approaches that AIDS organizations can use to assist them with HIV/AIDS programming for minority communities. It also assists AIDS organizations with programming and integrating AIDS education materials and services that are provided by ethno-specific organizations (*Responding To Diversity – A Manual for Working on HIV/AIDS Issues with Racially and Ethically Diverse Communities*. Ottawa: Canadian Public Health Association, 1993, 1).

This model is a framework intended as a guide to assist AIDS organizations that are working with ethnic and racial diverse communities on issues related to HIV/AIDS. The model recommends drawing on effective leadership who can motivate organizational change and are committed to champion diversity from within. This model advocates for representation

of diverse cultures at all levels. Efforts should focus on; diversity, outreach, hiring under-represented groups, bias free staffing criteria, job descriptions and accommodating employee differences. It supports cross cultural staff training and development of such strategies.

This model provides useful organizational strategies that assess what changes need to be made in the workplace, designing and implementing strategies, and identifying tools needed for evaluating process and progress. There is potential to draw from this model because it recognizes the importance of maintaining sensitivity to culture as a key component in organizational change. This emphasis on culture is useful for Aboriginal organizations because preserving, practicing and respecting culture is an import part of First Nations, Metis and Inuit contemporary life. This model can be useful when introducing organizational interventions that support Two-Spirited people living with HIV/AIDS as it emphasizes the importance of maintaining cultural sensitivity – when culture is respected this enables discussions to occur more freely around sensitive issues. Therefore, it supports more readily discussions that aim at resolving contentious issues in the workplace, for example, homophobia. The model also presents a plan for organizational change, however it does not provide Aboriginal specific educational materials or sources.

The second model was developed as a guide to physicians, nurses and community health representatives. Dealing specifically with the historical, epidemiological and confidentiality considerations they need to be aware of as well as the clinical aspects of the virus when working with Aboriginal communities. It focuses on prevention and health education and is intended for use in northern or remote Aboriginal communities (Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS): Clinical Guideline Manual. Ottawa: Indian and Northern Health Services-Medical Services Branch, Health and Welfare Canada, 1988, section 18, 19-39).

It stresses the importance of providing baseline information such as data on sexually transmitted diseases and prevalence of drug and alcohol use and how to effectively engage leadership in discussions. This model provides an informative HIV educational programs that can be used by Aboriginal organizations. The sections contained in the program outline goals, objectives and methods, a teaching plan, a sample lecture, and stories which focus on HIV prevention. It is useful for Aboriginal organizations because it is designed to reach community leaders and is structured in a way that can be easily modified for organizational use.

The third model was developed by Deschamps (1998) and is an anti-homophobia work plan intended for use in Aboriginal communities. Activities include the development of anti-homophobia strategies to be developed by community health staff and Elders in consultation with community members. The emphasis is on outreach to Aboriginal communities and organizations. Anti-homophobia workshops are considered significant

when addressing homophobia in Aboriginal organizations and communities and can assist in the elimination of barriers to access services.

This model provides a useful anti-homophobia work plan for Aboriginal communities. It outlines activities, resources, data sources and is results based. It is useful for Aboriginal organizations because of its cultural component and anti-homophobia strategy that places an emphasis on outreach to community members by supportive Elders.

The fourth model is a grassroots, community-based, "health-from-below" model focusing on empowerment (*Homophobia, Heterosexism and AIDS – Creating a More Effective Response to AIDS*. Ottawa: Canadian AIDS Society, 1991, 42). It supports the inclusion of those living with HIV/AIDS in the development of the strategy and support peer counseling activities. The model emphasizes respect, explicitness and self-help.

This model advocates for participation of community members who are affected by HIV/AIDS in the development of designing and implementing strategies addressing HIV/AIDS. This approach is useful for Aboriginal organizations because it would address issues of stigma and discrimination in the workplace.

With the exception of the last model, the previous three focus on engaging leadership, community members, and Elders who can support initiatives, interventions and are willing and capable of supporting anti-homophobia strategies for use in Aboriginal communities or organizations.

The models selected for this review can also be of use to Aboriginal organizations that are developing community-based interventions that address HIV/AIDS prevention and HIV/AIDS-related discrimination in ways that are culturally appropriate and support Aboriginal value systems. Aboriginal community-based interventions can potentially be of more use if they champion leaders who can effect change in organizations located in urban settings, reservations or in remote communities.

Interventions may be more successful if they focus on targeting supportive leadership who are willing to be champions of change. Community members elect strong leadership so that their needs will be presented to government. Engaging leadership is an effective solution to the prevention and spread of HIV and can assist in the reduction of risk taking behaviours and HIV/AIDS-related discrimination in these communities.

Effective leadership can also influence legislative change, provide solutions to legislative and policy responses to HIV/AIDS-related discrimination and can support effective interventions. They can also lobby for better HIV education in these communities and can engage community members to participate in all areas of community administration and community government that provide programs and services to address HIV/AIDS and HIV/AIDS-related discrimination.

CONCLUSIONS

The human rights of Two-Spirited people living with HIV/AIDS have not been recognized or addressed in Canadian society. HIV/AIDS-related discrimination of this racial, cultural and social minority has negative impacts and far reaching implications. There is a wealth of literature on international and national laws used to prohibit discrimination based on sexual orientation, however, in reality there is little is that is actually done to address there needs within both the mainstream and Aboriginal society as a whole.

Recognized as a distinct group within the Aboriginal population, it is only over the last thirty years that modern day Two-Spirited people have been active in politics, in the legal system and in all matters pertaining to there overall health and wellness. As a result primarily non-Aboriginal scholars, who can only provide a non-Aboriginal perspective on their lives, have produced the narrow research that does exist.

The framework of this review emphasized the necessity of providing Aboriginal cultural perspectives, cultural relevance, and respect of First Nations, Metis and Inuit beliefs and value systems in the creation of interventions that support Two-Spirit people living with or effected by HIV/AIDS and HIV/AIDS-related discrimination in contemporary Aboriginal society and their respective organizations.

Four models were reviewed on the basis of their similar elements, significance on process, and for their adaptability. The first model provided organizational strategies. It recognized the importance of maintaining sensitivity to culture as a key element in organizational change. The second model provided a useful approach that can be taken to engage community leadership. The third model provided an anti-homophobia work plan for Aboriginal communities. It is potentially useful for Aboriginal organizations because of its cultural component, anti-homophobia strategy and emphasis on outreaching and engaging community members such as Elders. The fourth model advocated for participation of community members who are affected by HIV/AIDS in the development of designing and implementing strategies for HIV/AIDS prevention. This approach is useful for Aboriginal organizations because it could address stigma and discrimination in the workplace.

More specific data is required. The models were limited to issues specifically addressing mainstream populations with the exception of the anti-homophobia work plan that supported the use of Elders in outreach interventions. The models, however, can provide a useful starting point for Aboriginal organizations wishing to address homophobia because of their processes, elements and adaptability. Additional data are required to identify culturally specific interventions that focus on Aboriginal organizations in both urban and remote settings and on the creation of strategies that concentrate activities, outcomes and indicators on producing and measuring changes in workplace attitudes.

Annotated Bibliography

General (Overviews)

Belrose D., Spencer B. (eds). *Violence Prevention Action Plan*. Thunder Bay: Northern Pride, 1996.

This manual aims to help schools respond to HIV/AIDS more effectively. It includes information on violence prevention strategies, education on HIV/AIDS and homophobia, and provides guidelines to counseling gay and lesbian students.

Blumenfeld W. (eds). *Homophobia-How We All Pay The Price*. Boston: Beacon Press, 1992.

This book contains a collection of essays about homophobia, oppression, and intolerance. It explores the affects on family relationships, religious institutions, and on social policy. It also contains a section on how to conduct an anti-homophobia workshop.

Canadian Public Health Association. *Responding to Diversity: A Manual for Working on HIV/AIDS Issues with Racially and Ethically Diverse Communities*. Ottawa, 1993.

This manual has been produced to serve as a guide for organizations implementing change. It contains useful approaches and guidance in assisting organizations in choosing appropriate approaches they should adopt when responding to racial and diverse communities in the workplace environment.

de Bruyn T. *HIV/AIDS and Discrimination: A Discussion Paper*. Montreal: Canadian HIV/AIDS Legal Network and the Canadian AIDS Society, March, 1998.

This paper reviews definitions of discrimination, nature of stigma and vulnerability. It provides ways to respond to stigma and discrimination as experienced by people with HIV/AIDS.

Deschamps G. *A Guide on Two-Spirited People For First Nations Communities*. Toronto: 2-Spirited People of the 1st Nations, 1998.

This manual was designed to assist people in conducting culturally sensitive workshops on two-spirited people. It also provides information on homophobia, prejudices, and how they interact with HIV/AIDS. It contains an anti-homophobia work plan model for Aboriginal Communities.

Healing Our Nations: Proceedings of the 4th Canadian Aboriginal Conference on HIV/AIDS and Related Issues. November 9-13, 1996.

The conference was held to provide a forum for Aboriginal people living with HIV/AIDS. The conference objective was to bring together Aboriginal people living with HIV/AIDS, Aboriginal community, the scientific, research, medical establishment and community, and government agencies together to provide information and empowerment to Aboriginal people living with HIV/AIDS and to identify ways to reduce risk of infection.

Canadian AIDS Society. *Homophobia, Heterosexism and AIDS – Creating a More Effective Response to AIDS*. Ottawa: 1991.

This guide has been created for individuals working in the HIV/AIDS fields. It provides a community-based response to HIV/AIDS. It is useful for those interested in prevention, education, treatment and advocacy. It provides insight into the experiences of gays, lesbians and bisexuals who operate in silence and who are excluded from mainstream experiences with HIV/AIDS.

Indian and Northern Affairs Canada. *Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)*. Ottawa: Minister of Public Works and Government Services Canada, 1988.

This manual was developed to provide guidance to physicians, nurses, and community health representatives in the Medical Services Branch. It contains information about HIV/AIDS and focuses on prevention, education, and useful guidelines that may be of interest to northern and remote communities.

Jacobs S, Thomas W, Lang S (eds). *Two-Spirit People – Native American Gender Identity, Sexuality, and Spirituality*. Chicago: University of Illinois Press, 1997.

This book contains a collection of essays providing anthropological perspectives, life experiences, comments, reflections, and generalizations. Section five provides transcripts expressing the personal fears, anger, and love of two-spirit people.

Jurgens R, Waring B. *Legal and Ethical Issues Raised By HIV/AIDS: Literature Review and Annotated Bibliography*. Montreal: Canadian HIV/AIDS Legal Network and UNAIDS, November, 1998 (2nd ed).

This second edition is an update of the first edition. The complete text has been maintained and is intended to expand the annotated bibliography by identifying and summarizing literature from developing countries including the former Soviet Union. It also contains literature of national and international perspectives.

Mann J, Tarantola D (eds). *AIDS in the World II – Global Dimensions, Social Roots, and Responses*. Oxford: Oxford University Press, 1996 (2nd ed).

This edition continues to track the efforts, successes, and failures by the world to curb the AIDS pandemic and mitigate its impact. It presents an analysis of the pandemic and what needs to occur. It also provides various perspectives from individuals, communities, nations, and international organizations.

Matiation S. Discrimination, *HIV/AIDS and Aboriginal People*. Montreal: Canadian HIV/AIDS Legal Network, March, 1998.

This paper examines issues related to HIV/AIDS discrimination for Aboriginal communities. It contains interviews with individuals who work in the field of HIV/AIDS and the author's research.

Monette L, Albert D. *Voices of Two-Spirited Men: A Survey of Aboriginal Two-Spirited Men Across Canada*. Toronto: Ryerson University Press, 2001.

This survey was conducted to gain better insight into the high-risk population. It considers the findings from Aboriginal research from the experiences of Aboriginal men and provides feedback to the Aboriginal community. The survey conducted was national in scope.

National Advisory Committee on AIDS. *HIV and Human Rights in Canada*. Ottawa: The Committee, 1992.

This report contains recommendations on human rights legislation and policy, public health and employment issues, and issues specific to Aboriginal communities in Canada.

Report. *Breaking Barriers Project – Needs Assessment Report*. Winnipeg: Winnipeg Gay/Lesbian Resource Centre, June, 1996.

This report provides basic questions and assumptions about the healthcare system. It contains a useful summary about the effects of homophobia on the treatment of people living with HIV/AIDS. It was initiated as an anti-homophobia training program to address barriers interfering with HIV/AIDS treatments in the healthcare profession.

Report. Current Realities: Strengthening The Response – Canada's Report on HIV/AIDS 2001. Health Canada, 2001.

This report reviews Canada's progress in shaping a coordinated response to HIV/AIDS. It outlines current challenges in the fight to control the spread of HIV/AIDS and provides a framework for collaboration, innovation and engagement in addressing the epidemic. It addresses the need for improving surveillance systems, research and revitalizing prevention efforts as well as the need for developing and implementing unique approaches to addressing the needs of people living with or vulnerable to HIV/AIDS.

Report. *Northern Ontario Access to HIV Care Project*. Sudbury, ON: Glen Murray Ltd., 1999.

This report identifies the barriers to accessing care in Northern Ontario. It identifies services needed for HIV/AIDS clients in Northern Ontario and well as provides recommendations on relationships building and ways to address HIV/AIDS in the north.

Report. Systems Failure – *A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems*. Coalition For Lesbian & Gay Rights In Ontario, 1997.

This final report contains a section that profiles the experiences of first nations two-spirited people in dealing with the health care and social services systems of Ontario.

Tilleraas P. *Circle of Hope*. New York: Hazelden, 1990.

This book contains stories of AIDS, addiction, and recovery. It is intended to provide courage, strength and hope to those affected by AIDS.

Periodicals

Canadian HIV/AIDS Policy & Law Newsletter

This quarterly promotes the exchange of ideas, information and experiences containing articles about human rights, discrimination, and other issues raised by HIV/AIDS. It provides a summary of development law in Canada, abroad and in HIV/AIDS policy.

Health and Human Rights

This quarterly journal is dedicated to the relationship between health and human rights. It is published by the Harvard School of Public Health Francois-Xavier Bagnoud Center for Health and Human Rights.

Native Social Work Journal

This journal is published by Laurentian University. It contains articles of interest to those who want to know about Native issues within Aboriginal population. It also contains and special edition on HIV/AIDS.

SITES CONTAINING INFORMATION AND RESOURCES ON HIV/AIDS-RELATED ISSUES

Australian Federation of AIDS Organizations
http://www.afao.org.au

Canadian HIV/AIDS Legal Network
http://www.aidslaw.ca

Human Right Internet
http://www.hri.ca

International Gay and Lesbian Human Rights Commission
http://www.iglhrc.org

UNAIDS-HIV/AIDS Human Rights
http://www.unaids.org/en/default.asp

UN High Commission for Human Rights
http://www.ohchr.org/english/

Canadian Aboriginal AIDS Network

602-251 Bank Street
Ottawa, Ontario K2P 1X3

Telephone: (613) 567-1817 or 1-888-285-2226
Fax: (613) 567-4652

Email: info@caan.ca
Internet: http://www.caan.ca or http://www.linkup-connexion.ca