

Survey Results

The results are based on the surveys from 189 respondents returned during the period April 2000 through February 2001. The respondents are from British Columbia (n=69), Saskatchewan (n=2), Manitoba (n=62), Ontario (n=41), Quebec (n=9), and Eastern Canada (n=6).

Demographic Information

The age of the participants ranged from 17 to 62 years (average=34 years, SD=8). The length of time respondents reported residing in their current town or city ranged from 1 week to 49 years (average=12 years, SD=10).

Sexual identification. When asked, “How do you presently identify yourself?” respondents could check as many descriptors as applied. Most reported they were two-spirited (58%) or gay (48%), some using both terms. Sixteen percent identified themselves as bisexual and 11% as transgendered.

Aboriginal identification. “How do you identify yourself?”. Again, respondents could check as many descriptors as applied. About half of our respondents chose to identify themselves as 'native' (53%), 'First Nations' (50%), 'Aboriginal' (50%) or 'Status' (41%). Less frequently used descriptors were 'Native Canadian' (41%), 'Treaty' (36%), and 'Indian' (27%). Very few respondents chose the remaining categories: 'Métis' (15%), 'Mixed heritage' (10%), 'C-31' (8%), 'Non-status' (6%), 'Inuit' (5%) or 'non-treaty' (3%).

Family identification. We asked participants, “Who do you consider to be your family?” and they checked as many descriptors as applied. Over two-thirds (69%) defined ‘family’ as friends and over half (57%) considered their biological family to be their family. Respondents also identified their family to be their chosen family (20%), adoptive family (12%), and foster family (5%).

Opinions about sexual orientation.
When asked “According to your **community of origin**, is it okay for men to have sex with men?”, 51% replied “no”, 26% said “yes” and 23% said “don’t know”.

“According to your **family**, is it okay for men to have sex with men?”, 42% replied “no”, 32% said “yes” and 26% answered “don’t know”.

“According to **you**, is it okay for men to have sex with men?”, 86% said “yes”, only 9% replied “no” and 5% answered “don’t know”.

"HIV/AIDS and its spread is inextricably tied to intolerance of diversity. Having the self-esteem to protect yourself from diseases is dependent on living in a society that honours and respects all people."

Sources and level of income. Sources of income are primarily from social assistance (45%), disability (31%) and wages (29%). Note that respondents were asked to check all the categories that applied and some reported having more than one source of income. Their reported weekly income ranged from \$0 to \$2,500 (average=\$304, SD=327).

Educational level. Over two thirds of the respondents reported either completing secondary school (41%) or primary school (17%). In terms of post-secondary education, 16% had completed community college, 13% had completed university, 11% had completed technical/vocational college, and 2% of respondents reported some other educational level such as Aboriginal literacy or adult education.

Housing situation. Almost half of the respondents reported living in a rental apartment (49%) and others reported living in subsidized housing (12%), in a rooming house (12%), in a rental house (7%), with friends (7%), in a house or condo (3%) or in a shelter or halfway house (2%). Three percent of the respondents said they are homeless and 5% reported living elsewhere (i.e., with family, in a hotel, etc.).

Occupation. “What is your occupation?” The respondents' written answers were classified into the following categories:

<i>Category</i>	<i>frequency</i>	<i>percentage</i>
Manual labour (e.g. construction, carpentry, cleaning)	(24)	21%
Food service industry (e.g. waiter, cook, restaurant manager)	(15)	13%
Student	(14)	12%
Retail services (e.g. hairdresser, sales, cashier, customer service)	(13)	11%
Social services (e.g. counsellor, social service or youth worker)	(10)	8%
Health services (e.g. HIV/AIDS educator, nurse, health care aide)	(9)	8%
Administration (e.g. secretary, board member, director, clerk)	(7)	6%
Arts (e.g. artist, writer, soapstone carver, designer)	(7)	6%
Sex trade (e.g. prostitution, hustling)	(5)	4%
Education/Research (e.g. teacher, researcher)	(4)	3%
Technical/Computers (e.g. computer support, technician)	(3)	2%
Other (e.g., native guide, security guard, cycle messenger)	(10)	8%

The occupation categories are diverse. About one-fifth have occupations that involve construction, carpentry and cleaning. Food service industry occupations account for 13% of the sample. Social and health services combined account for 16%. About one-tenth are students or have retail-related occupations. Occupations associated with the arts are represented (6%). A few are teachers, tutors, or computer technicians.

Background

Stability. To the multi-item question “Did you ever live...?”, the following “yes” responses were received. Note that the respondents could check more than one answer.

<i>Past history</i>	<i>frequency</i>	<i>percentage</i>
on a reserve	(121)	72%
on the street (homeless)	(83)	49%
in a foster home	(58)	34%
in a group home	(43)	26%
in a detention facility	(31)	18%
at a residential school	(24)	14%

Over 70% have lived on a reserve and half have experienced homelessness. One third have lived in a foster home. A small percentage (14%) report that they have lived at a residential school.

Negative social influences. When asked “Have any of the following social factors affected your life?”, the following responses were received. Only 8 respondents (5%) did not check at least one of these factors.

<i>Sociological Factors</i>	<i>frequency</i>	<i>percentage</i>
Unemployment	(141)	76%
Poor housing	(83)	45%
Racism	(82)	44%
Poverty	(75)	40%
Homophobia	(71)	38%
Suicide	(60)	32%
HIV discrimination	(59)	32%
Physical abuse	(59)	32%
Sexual abuse	(58)	31%
Gay bashing	(58)	31%
Partner/spousal abuse	(52)	28%
Problems with the law	(52)	28%
Mental abuse	(52)	28%
Poor health services	(49)	26%
Lack of access to education	(46)	25%
Psychological issues	(42)	23%
Learning disabilities	(32)	17%
Pollution	(23)	12%
Rehabilitation	(15)	8%
Other factor(s)	(5)	3%

(e.g., native politics, sexual assault)

"Two-spirited men experience an enormous amount of grief, much of it intergenerational -- passed on, so to speak. It usually goes unaddressed and is the major reason for the high degree of depression"

Three-quarters of our respondents have been affected by unemployment and almost half have lived in poor housing, been exposed to racism, and experienced poverty. About one-third have been affected by homophobia, suicide, HIV discrimination, physical and sexual abuse, and gay bashing.

Relationships

Home community relationships. When we asked the question “Have you ever considered moving back to your home community?”, 57% reported that they did not consider it. Only 7% said that they live in their home community. To the follow-up question “If you wanted to go home, is there anything that would prevent this?”, 52% replied “yes”. The following reasons were selected:

<i>Reasons for not going home</i>	<i>frequency</i>	<i>percentage</i>
The town I am presently living in has become my home	(43)	49%
No services that I need are available at home	(40)	46%
My community would not accept me	(38)	43%
There is no work/employment for me at home	(38)	43%
I have the support of people where I live	(29)	33%
Other reason (e.g., homophobia, HIV status)	(25)	28%
I can't afford to get there	(25)	28%
My family would not accept me	(19)	22%
I have been banished from my community	(8)	9%
Difficulties with the law prevent me from going home	(7)	8%
Probation/parole restrictions	(5)	6%

For half of the respondents, home is where they live now. About half of the respondents report that there are no services, no acceptance and no work at home.

Urban relationships. We asked “When you arrived in the town or city in which you now live, how easy was it to make contact with other **Aboriginal people?**” Most (72%) reported that it was relatively easy although 13% said it was relatively difficult. The remainder (15%) reported no interest in making contact with other Aboriginal people.

"Having an HIV/ AIDS lover made my reserve react badly towards this. I am forced to live away from those who care because I was told I couldn't be protected 24 hours/day."

“How easy was it to make contact with other **Aboriginal gay men**?”. Two-thirds (63%) reported that it was relatively easy, while 17% said it was relatively difficult. The remainder (20%) reported they were not interested in making contact with other Aboriginal gay men.

And we also asked “How easy was it to make contact with **non-Aboriginal gay men**?”. Over two-thirds (68%) said it was relatively easy, 17% said it was relatively difficult while 15% reported that they were uninterested in making contact with this group.

Urban relationships were reported as being relatively easy to establish by two-thirds of our respondents. The ease of making contact did not vary depending on whether it was other Aboriginal people, Aboriginal gay men, or non-Aboriginal gay men.

Importance and Satisfaction in Life

Importance. We asked participants to rate the importance of 15 areas of life on a 4-point Likert scale. For ease of reading, we combined the 'very important' and 'important' responses into one category. Similarly, the 'very unimportant' and 'unimportant' responses were combined.

<i>How important to you is.....</i>	Unimportant or Very Unimportant	Important or Very Important
The amount of control you have over your life?	2%	98%
Feeling pride in your cultural background?	10%	90%
The emotional support you get from others?	8%	92%
Yourself?	6%	94%
Your sex life?	22%	78%
Your usefulness to others?	8%	92%
Where you are now living?	18%	82%
Your leisure time activities?	16%	84%
Your peace of mind?	8%	92%
Your spirituality?	7%	93%
Your ability to protect yourself from abuse?	10%	90%
Your sexual identity?	11%	89%
Your financial situation?	13%	87%
Your relationship with your friends?	5%	95%
Your relationship with other gay people?	17%	83%

Satisfaction. We then asked participants to rate their level of satisfaction for these areas of their life.

<i>Areas of satisfaction/dissatisfaction</i>	Dissatisfied or Very Dissatisfied	Satisfied or Very Satisfied
The amount of control you have over your life?	24%	76%
Feeling pride in your cultural background?	21%	79%
The emotional support you get from others?	25%	75%
Yourself?	26%	74%
Your sex life?	31%	69%
Your usefulness to others?	21%	79%
Where you are now living?	37%	63%
Your leisure time activities?	34%	66%
Your peace of mind?	28%	72%
Your spirituality?	26%	74%
Your ability to protect yourself from abuse?	25%	75%
Your sexual identity?	17%	83%
Your financial situation?	58%	42%
Your relationship with your friends?	20%	80%
Your relationship with other gay people?	18%	82%

The greatest difference in the ratings of importance and satisfaction is “financial situation.” Most (88%) rated it as important or very important but rated their level of satisfaction as dissatisfied or very dissatisfied (58%). Almost everyone (98%) rated the “amount of control you have over your life” as important or very important but fewer (76%) reported being satisfied or very satisfied with their locus of control. Cultural pride was important or very important (90%) and 79% reported being satisfied or very satisfied with their cultural pride.

Themes regarding importance and satisfaction. We also asked respondents, "In order to better understand your personal situation, are there any comments or explanations that you would like to give us about your answers to the areas of life in the previous two questions?" Interestingly, their responses highlighted the importance of good or bad relationships, self-actualization and spirituality, as well as the impact of the availability of basic financial resources in day-to-day living. Most of the comments were positive and characterized by words such as ‘fighting’, ‘survival’, ‘one day at a time’, ‘spiritual connection’, ‘love’, ‘loving relationship’, ‘holistic’, ‘life is a gift’, etc. These comments seemed to be tied to spiritual and relationship themes. Negative comments, however, were flagged with words such as ‘unhappy’, ‘withdrawn’, ‘lost’, ‘isolated’, ‘dissatisfied’, ‘fear’, or ‘not a lot of control’. In all, thirteen themes emerged from the responses. Those themes and examples of them are outlined below.

Satisfaction with amount of control over own life

- I am very much in Control of my life and very contented.

- I am in a very stressful relationship, my partner is in custody and is in a lot of trouble. He owes a lot of money & cigarettes to people on his range and he relies on me to do unusual tasks.
- I'm Aboriginal transsexual prostitute living with disease of addiction & HIV...in my unhealthy relationship but too scared to leave him.
- I am a sex trade worker ONLY to support my crack addiction, alcohol addiction. I do have a boyfriend who is trying to help me help myself.

Satisfaction with feeling pride in cultural background

- So for myself my cultural background is very important to me as a person! Knowing who you are in life helps to deal with everyday, one day at a time.
- In general, I am still feeling withdrawn from the rest of society. As an Aboriginal Youth, I find people asking me about my culture. It is something that I lost and I feel that on a daily basis. People tell me that it was probably for the best. I feel that I have lost out on what seems so right.
- No access to Dene cultural activities.
- I was fortunate enough to be adopted by a family with strong ties to their culture.
- When I do go out with other men, I don't go out with other aboriginal men, I feel that I'm disrespecting my aboriginal brothers.

Satisfaction with emotional support from others

- Having looked after my dying partner I am mentally emotionally & physically exhausted as I was in an isolated situation with no support.

Satisfaction with self

- I am old; before my time. But my age has not benefited me with much wisdom, just sore bruises, and achy joints and some grey hair. I sometimes wonder about how I came to this, it should not be like this, but I see it could be no other way. I was a child once, who did not know the hand in front of his face, at least then. I knew more than my parents were allowed to know. I saw my hand.

Satisfaction with sex life

- Not sexually active. Widower, partner passed away.
- As for the sex thing, it was more important when I was younger.

Satisfaction with usefulness to others

- Due to my past life history and all the situations I was involved in, I dedicate my time in helping others so they don't endure or make the same mistakes I have. I've always been very strong mentally, spiritually, emotionally, and physically.

Satisfaction with current living situation

- At this point in my life, I wish to go back to living alone to get back to my roots and sanity back.
- My homeless situation is by my own choice and ought not be regarded in a negative light. I won't be homeless for long and right now I feel I need to experience life on the street. It makes for good wisdom.

Satisfaction with spirituality

- At times I'm very dissatisfied with life in general. I need more spirituality in my life.
- God + homosexuality?? Only he knows.
- I don't believe in homosexual sex I am a Christian and God does not approve. I don't have sex.

Satisfaction with ability to protect yourself from abuse

- I moved to get away from the abuse and ridicule from the Reserve. I'd like to participate in the future healing circles, or anything to do with the natural way of life.

Satisfaction with sexual identity

- I am ashamed to admit to being gay.
- I was raised in the Catholic church which instilled a lot of shame about sexuality in general and self-hatred because of my homosexuality.
- To be transgendered and waiting for the sex change operation makes me sometimes mad and impatient.

Satisfaction with financial situation

- Financial situation bad due to returning to school for last 5 years.
- I am unhappy at my age being untrained and finding it difficult to find resources or monies for "realistic job training."
- My financial situation is the one factor in my life that does create the most amount of stress, other than that I'm able to take life as it comes.
- I am unhappy at my age being untrained and finding it difficult to find resources or monies for "realistic job training".

Satisfaction with relationship with friends

- I feel that trust and understanding comes first in every relationship and life in general.
- I do have a few close friends, but mostly I keep people an arms length away.
- I have spent a great deal of time working on my career and establishing some kind of professional security but have neglected to take time to develop rewarding recreation and intimate personal relationships. I don't seem to have "fun" too often.

Satisfaction with relationship with other gay people

- I am totally unaware of my background I just try to live day to day trying to be happy but I find it almost impossible due to the gay scene being so mistrustful chaotic and promiscuous it's hard to have a decent relationship.

"Due to my past life history and all the situations I was involved in, I dedicate my time in helping others so they don't endure or make the same mistakes I have. I've always been very strong mentally, spiritually, emotionally and physically."

Hope. In an open-ended format, we asked “What do you hope for in your life?” The dominant themes that emerged were hopes regarding healthy and loving relationships, security, acceptance and peace of mind, better education or employment, improved physical health, enhanced self-esteem, fulfillment, and helping others. The following are examples from the 171 (96%) participants who provided answers organized into eight themes.

Healthy and loving relationships

- A stable, equal same sex relationship.
- To meet a good friend for life.
- A fulfilling relationship.
- To remarry.
- To find the love of my life.
- To find someone who will be with me for me so that we may have a full and long happy life together.
- It is important for me and my partner to have a better future being gay.
- To settle down, slow down, develop a loving long term relationship with another stable First Nations or other man.
- I hope for a sense of belonging to my family, community and to myself.

Security

- To become financially secure for myself & my family.
- Full-time job, better apartment, new bed, clean water, independence.
- To be financially secure with my partner.
- I hope to first develop my stability and structure in order to plan ahead how well I would like to live.
- Financial independence, and freedom of choice, to do as I please and not what I'm told.
- To find a place to live, a job, and a boyfriend who won't beat me.

Acceptance and peace of mind

- To be a good person.
- I hope that I can live a long, happy, and fulfilling life, free of negativity and blame, animosity and bitterness.
- Spiritual fulfillment.
- Peace of mind.
- To be happy and accepted as I am.
- I hope for a better understanding from other native peoples who are not two spirited.
- To live in Peace and Harmony.
- A peaceful life and death.
- My spiritual life is not what it is supposed to be, but I think about it a lot.
- Le bonheur, la paix de l'espris, et d'etre considere comme un etre humain simplement!

**Le bonheur, la
paix de l'espris
et d'être
consideré
comme un être
humain
simplement!**

(Happiness, peace of mind, and to simply be treated like a human!)

Better education or employment

- To finish my education.
- To find a better life and get a good job.
- Own my own business.
- To go back to school (now that I'm well enough).
- To get a very good paying job in the future, after I get a pardon.

Improved physical health

- That they find a cure for AIDS so I can live longer.
- I especially hope for a cure for HIV/AIDS!!
- To stay alive and healthy.
- A cure.
- Quit drugs, alcohol I hope to lead an HIV positive life in 10 years without Protease Inhibitors.
- A cure.
- Right now I am just trying to survive my addiction.
- Disease free.
- Limit my intake of alcohol. Exercise, quit smoking.
- To be in good health for the rest of my life and so on.
- That they find a cure, and someday I would like to be truly happy again!
- I hope to be still living in 15 to 20 years and hope they find a cure to prevent this from happening to other Natives.

Enhanced self-esteem

- To be recognized for the work I do.
- Self-esteem.
- Sober way of life is what I strive for.
- To become something that my family and friends will be proud of.
- To be with my partner and be happy with my self and accept myself.
- I hope to see more 2 spirited people come out and be more open.

Fulfillment

- To live my life to the fullest, and do all the required tasks honourably in the eyes of the creator.
- To make something out of my life.
- To know my potential as being fulfilled.
- To be successful and overcome any barriers that may stand in my way.
- Health, wealth, and usefulness to others.
- To live happy fruitful life filled with high spirits.
- Happiness and also the fulfillment of short-term and long-term goals.
- That some day I will find a partner who will accept me for myself and settle down and build a life together.

Helping others

- I'm pretty well with my life now, speaking publicly to people about HIV/AIDS. Try to do my best to help other to learn more and to protect myself.
- Contribute to society in a meaningful way.
- To help other native youth that get kicked out of their home for being two-spirited.
- To bring good to others and all of mankind.
- To establish a healing centre for people who have experienced residential school abuse in a sound cultural environment.
- Political changes that benefit all people.
- Just to be happy and treat everyone with respect and bring enough joy for them if they feel down.
- To help others in need.
- I hope to be able to support my mother in her time of need.
- To learn as much about our culture and traditions, teach others to respect one another, and to inform society the injustices that have gone on and still go on today.
- To share my artistic skills.
- I hope to leave some positive inspiration to those who are important to me.
- Wealth to share w/family & friends & less fortunate people.

The comments show that many respondents expressed hope that showed internal locus of control, spirituality, finishing school, and other personal goals. To the follow-up question "How likely do you feel it is that you will achieve this?", 40% said "very likely", 33% said "likely", 6% said "unlikely", 6% said "very unlikely", and 16% said "don't know".

Accessing Health and Social Services

Reluctance to use health services. To the question "Have any of the following reasons kept you from using **health** services?", the following responses were received:

<i>Accessing Health Services</i>	<i>frequency</i>	<i>percentage</i>
No transportation	(54)	40%
I didn't know where to go for services	(50)	37%
Fear of discrimination because of my sexual orientation	(49)	37%
Fear of discrimination because I'm HIV positive	(45)	34%
Fear of doctors/hospitals	(39)	29%
Fear of discrimination because I'm Native	(38)	28%
I don't feel welcome where services are offered	(35)	26%
Services are too far away or inconvenient	(33)	25%
Fear of discrimination because they think I'm in the sex trade	(20)	15%
Fear of discrimination because I am an injection drug user	(14)	10%
Services aren't available in my language	(9)	7%

Lack of transportation was reported by 40% of the respondents. Lack of information on where to go for services and fear of discrimination because of sexual orientation were chosen by 37% of the respondents.

Reluctance to use social services. When asked “Have any of the following reasons kept you from using **social** services?”, the following responses were reported:

<i>Service Use Reluctance</i>	<i>frequency</i>	<i>percentage</i>
I don't feel welcome where services are offered	(37)	36%
Fear of social workers/social service organizations	(33)	32%
Fear of discrimination because of my sexual orientation	(29)	29%
No transportation	(30)	29%
Fear of discrimination because I'm HIV positive	(26)	25%
Fear of discrimination because I'm Native	(26)	25%
I didn't know where to go for services	(24)	23%
Services are too far away or inconvenient	(19)	18%
Fear of discrimination because I'm in the sex trade	(9)	9%
Services aren't available in my language	(7)	7%
Fear of discrimination because I am an injection drug user	(7)	7%

Health Concerns

Sexually transmitted disease. When asked, “From the following list, what do you consider to be your health risks with regard to sexually transmitted diseases?”, the following responses were received. Please note that 33 (18%) of the respondents said that they did not consider any of the following to be a health risk.

<i>STDs</i>	<i>frequency</i>	<i>percentage</i>
HIV/AIDS	(129)	71%
Hepatitis	(78)	43%
Herpes	(51)	28%
Genital warts	(42)	23%
Crabs	(38)	21%
Gonorrhoea	(38)	21%
Syphilis	(36)	20%
Chlamydia	(27)	15%
NSU (nonspecific urethritis)	(11)	6%
Other disease	(8)	4%

General health risks. When asked “From the following list, what do you consider to be your health risks?”, the following responses were received. Twenty-eight (16%) of the respondents reported having none of these health risks.

<i>General Health Risks</i>	<i>frequency</i>	<i>percentage</i>
Hepatitis	(68)	38%
Cancer	(59)	33%
Diabetes	(56)	31%
Heart disease	(48)	27%
Mental illness	(45)	25%
Pneumonia	(43)	24%
Tuberculosis (TB)	(43)	24%
Asthma	(36)	20%
Other disease (e.g., Arthritis, alcohol)	(24)	13%

Lifestyle Risks

Injection drug use risks. When asked “From the list below, what do you consider to be your lifestyle risks with regard to injection drug use?”, the following responses were received. Of note is the fact that 101 participants (57%), reported that none of the lifestyle risks applied to them. Of those options checked, Cocaine was selected by 32% (56).

<i>IDU Risks</i>	<i>frequency</i>	<i>percentage</i>
Cocaine	(56)	32%
Crack	(37)	21%
Heroin	(20)	11%
T and R	(14)	8%

Other lifestyle risks. When asked “From the list below, what do you consider to be your lifestyle risks?”, the following responses were received. Only 5 (3%) respondents said that none of the risks (in the list below) applied to them. Of those options selected, smoking, alcohol, poor diet, and lack of exercise were the most frequently selected risks.

"I think an important subject is a person's mental health"

<i>Other Lifestyle Risks</i>	<i>frequency</i>	<i>percentage</i>
Smoking	(142)	78%
Alcohol	(125)	69%
Poor diet	(101)	56%
Lack of exercise	(82)	45%
Undereating	(59)	33%
Marijuana/Hashish	(58)	32%
Cocaine	(57)	31%
Overeating	(38)	21%
Poppers	(36)	20%
Street drugs (E, X, GBH, K)	(35)	19%
Exposure to weather	(27)	15%
Gambling	(25)	14%
Tranquilizers (downers)	(19)	10%
Pep Pills (uppers)	(10)	6%
Solvents/glue/mouthwash	(10)	6%

Sexual Activity

Sex partner. “Do you have one steady sex partner at this time?”, 58% replied “no” and 42% replied “yes”. Of those that replied “yes”, 35% indicated that they had been together for over 5 years, 27% between 1 and 5 years, 23% between 7 months and 1 year, and 15% for 6 months or less.

Again, for those who replied “yes”, 53% stated that their steady partner had no other sex partners at that time, 18% stated that their partner did have another sex partner and 30% said that they did not know. When asked, “Do you have other sex partners?”, 42% replied that they did.

When asked, “How old were you when you had your first sexual experience?”, the answers ranged from 2 and ½ years to 25 years (average=12 years, SD=4.2).

When asked “In the past year, have you received money, gifts, drugs or favours in return for sex?”, 35% replied “yes”. “In the past year, have you been forced into having sex

with a person against your will?”, 16% replied “yes”. “In the past year, have you had sex with a person you didn't want to have sex with?”, 35% replied “yes”.

Condom use. The answers to questions on condom use for various sexual activities are summarized in the following table (reported as percentages):

Do you use a condom for:	Always	Often	Sometimes	Never
Giving oral-genital sex	21%	10%	36%	34%
Receiving oral-genital sex	23%	7%	28%	42%
Insertive anal-genital sex	55%	6%	25%	14%
Receptive anal-genital sex	57%	6%	25%	12%

Over half of the respondents always use a condom when engaging in insertive anal-genital sex and when engaging in receptive anal-genital sex. Further, in a sub-analysis of this information, 11% of the respondents said they “always” use a condom in all 4 situations and 6% said they “never” use a condom in any of the 4 situations.

When asked “Have you had sex without a condom in the past year?”, 61% said “yes” and 39% replied “no”. Of those that said “yes”, there were a number of reasons checked for why they did not use a condom when you had sex in the past year. The most frequent reason was when the respondent was using alcohol or drugs. Over half of the respondents selected this reason. The second reason was that ‘my partner did not want to use one’. Almost half (49%) of the respondents checked this option. The other reasons are outlined below.

<i>Reasons for not using a condom</i>	<i>frequency</i>	<i>percentage</i>
I was using alcohol or drugs	(59)	57%
My partner did not want to use one	(51)	49%
The sex was so exciting that I didn’t use one	(42)	40%
I did not want to use one	(39)	38%
I was with my steady partner	(37)	36%
I thought I was in a safe situation	(34)	33%
I did not have a condom at the time	(30)	29%
I find condoms uncomfortable	(21)	20%
I did not think of using a condom	(20)	19%
I could not talk about using a condom	(12)	12%
The condom broke	(9)	9%
I was forced to have sex against my will	(8)	8%
I could not afford to buy any condoms	(4)	4%
I was too embarrassed to get condoms	(4)	4%
She wanted to get pregnant	(1)	1%

Unsafe sex situations. We asked “Are there situations when you have unsafe sex?” Half (52%) of our respondents said “yes”. For those that said “yes”, we asked them to describe those situations (in an open-ended question). Eighty-seven respondents provided descriptions. In summary, twenty-four of the situations involved being under the influence of alcohol or drugs (‘too much booze’, ‘drunk or high’, ‘when I am really inebriated’). Seven respondents reported bathhouses, parks, and pick-up bars as the places they engage in unsafe sex. Five respondents reported that ‘johns’ often request sex without a condom. Six reported practising unsafe sex with their partners who are HIV+. Two respondents were the victims of rape or sexual assault. In general, the responses appear to demonstrate that situations of unsafe sex occurred when control and conscious decision were compromised by the influence of drugs or alcohol, or by other people. The exception to this was those few who practised unsafe sex with similarly HIV+ partners.

Safe sex situations. To the question, “Are their situations when you only have safe sex?” 64% responded “yes”. For those who said “yes”, we asked them to describe those situations. Ninety-two individuals gave examples. In summary, a concern about passing on or getting HIV was expressed by 27 of the respondents. Being sober was a reason expressed by nine of the respondents. Twelve practiced safe sex if anal intercourse was involved. The remainder of the comments referred to long term relationships, protection of the other person, complying with partners’ requests, or uncertainty with respect to knowing about the other partner’s history. In contrast with the previous question involving unsafe sex, the respondents’ choices for safe sex seemed to involve rational and conscious choice and/or consideration for their partners. The qualitative responses to both questions seem to suggest that the lack of knowledge is not necessarily the dominant factor involved in decisions regarding safe/unsafe sex.

Alcohol Consumption

When asked “How often do you usually have drinks containing alcohol?”, 10% said “Daily”, 16% said “More than twice a week”, 20% said “Once or twice a week”, 25% said “Once or twice a month”, 15% said “Less often than once or twice a month”, and 14% said “Never”.

Of the 86% of respondents who do drink alcohol, we asked where they normally go to drink. They could check as many options as applied. The locations chosen were a bar/nightclub (81%), at home (65%), a friend's or relative's place (58%), and a restaurant or hotel (30%).

Knowledge and Attitudes about HIV/AIDS

Prevalence. When asked the question “Do you know or have you ever known anyone with HIV/AIDS disease?”, 94% of the respondents said “yes”, 5% said “no” and 1% said “Don’t know”.

When asked “How common do you think HIV/AIDS is among First Nations, Native or Inuit people?”, 47% said “Very common”, 38% said “Moderately common”, 5% said “Not common”, 2% said “Very rare” and 8% said “Do not know/not sure”.

"I find that due to the lack of knowledge with HIV/ AIDS, people don't really take it seriously until that day it hits home"

HIV transmission. To the question “In your opinion, how great is the risk of getting HIV/AIDS from any of the following activities?” the following responses were received.

<u>Activity</u>	<u>Very great risk</u>	<u>Great risk</u>	<u>Moderate risk</u>	<u>Small risk</u>	<u>No risk</u>
Deep kissing with someone who has HIV	6%	7%	11%	28%	48%
Using a syringe or needle used by other people without cleaning it	88%	4%	2%	1%	4%
Unprotected oral sex (without a condom)	37%	15%	22%	18%	9%

About three quarters of the respondents see no risk or a small risk from deep kissing with someone who has HIV. Almost everyone (92%) reported needle sharing is very risky. Over half (52%) reported that unprotected oral sex is risky.

“Do you believe HIV/AIDS transmission among Aboriginal people is mainly by... frequency percentage

Injection drug users sharing needles?”	(135)	75%
Sex between men?”	(111)	62%
Sex between men and women?”	(108)	60%
Mother to newborn?”	(37)	21%

Sharing needles as a mode of HIV transmission among Aboriginal people was the most frequently chosen option (75%). However, sex between men and sex between men and women were also seen as modes of transmission. Interestingly, very few respondents (21%) felt that mother to newborn transmission was common among Aboriginal people.

Sharing information. We asked our respondents who they discussed HIV/AIDS with in four separate questions.

“How many times would you say ...

	<i>Never</i>	<i>Once or twice</i>	<i>More often</i>
You have discussed AIDS with your family or relatives?”	24%	26%	50%
You have discussed AIDS with your friends?”	8%	22%	70%
You have discussed AIDS with a health professional?”	15%	20%	65%
You have discussed sexual orientation with your family?”	26%	32%	41%

About one quarter of respondents have not discussed sexual orientation or the topic of AIDS with their family. Few (15%) have never discussed AIDS with a health professional. Most (92%) report discussing AIDS with their friends.

Support. To the hypothetical question “If you had or thought you had HIV/AIDS, would you be comfortable speaking to your family (i.e., spouse, parents or children) about it?”, 60% said that they would be comfortable speaking to their family. 26% replied that they would not be comfortable speaking to their family. 14% reported that they “don’t know”.

When asked, “If you had or thought you had HIV/AIDS, who would you feel most comfortable speaking about it? From the options below, respondents were asked to check all that apply.

<i>Comfortable with:</i>	<i>frequency</i>	<i>percentage</i>
Friends	(134)	74%
Other family member (sibling, relative)	(91)	50%
Praying to the Creator	(85)	47%
Spiritual advisor	(70)	39%
Community health representative	(70)	39%
Traditional Aboriginal healer	(65)	36%
Elders	(63)	35%
Telephone hotline	(45)	25%
Keep it to myself	(22)	12%
Don’t have anybody to talk to	(10)	6%
Other (i.e. partner, therapist)	(10)	6%

“If you had or thought you had HIV/AIDS, **would** you seek support from any of the following?”

<i>Seek Support from:</i>	<i>frequency</i>	<i>percentage</i>
Friends	(151)	81%
Family	(128)	68%
Aboriginal AIDS Organizations	(124)	66%
Doctor	(119)	64%
AIDS support group	(108)	58%

Other Aboriginal people with HIV/AIDS	(92)	49%
Community Health Representative	(91)	49%
Nurse	(87)	46%
Spiritual advisor	(76)	41%
Traditional Aboriginal healer	(76)	41%
Elder(s)	(74)	40%
Sweet grass	(74)	40%
Talking circle	(74)	40%
Sweat lodge	(72)	38%
Non-Aboriginal AIDS Organizations	(66)	35%
Power of healing circle	(63)	34%
Holistic practitioner	(33)	18%
Homeopathic practitioner	(32)	17%
Acupuncturist	(25)	13%
Other (i.e. self, natural remedies, self)	(12)	6%

Perceived risk. When asked “How much of an immediate threat do you think HIV/AIDS is to the health of Aboriginal people?”, 3% said “No threat at all”, 9% said “Some threat”, 77% said “Serious threat” and 11% responded with “Do not know/not sure”.

When asked “What are the chances that you yourself might get HIV/AIDS?”, 12% said “None”, 20% said “Very small”, 16% said “Moderate”, 17% said “High”, 26% said “Very high” and 9% responded with “Do not know/not sure”.

When asked “How worried are you about getting HIV/AIDS?”, 40% said “Very worried”, 15% said “Moderately worried”, 17% said “Slightly worried”, 20% said “Not worried” and 8% responded with “Do not know/not sure”.

"Try not to be swayed by another when it could be just a one-night stand and no condom is in sight"

Behaviour Change and High Risk Situations surrounding HIV/AIDS

Behaviour change. To the question “Do you think that you need to change any of your behaviours to protect yourself from getting HIV/AIDS?”, 50% replied “yes”, 36% replied “no” and 14% responded with “Don’t know/not sure”. Eighty-nine percent (76 people) of the respondents who said “yes” commented on the behaviours that need changing.

Avoiding drugs, alcohol or related situations

- Picking up after going out to the bar.

- Alcohol & drugs.
- Stop hustling, stop drinking!!
- Drinking too much.
- The way I think when I drink.
- Limiting myself on drinking, because I feel I am more sexual when I'm drunk.
- Stop sticking needles in my veins.
- Too much partying, over consumption of alcohol.
- Drinking (alcohol) and the way in which meet people if I'm drinking too much.
- When drinking no sex.
- Alcohol abuse -- going out and getting too loaded and not remembering.
- I use alcohol to lower inhibitions, which may cloud judgement.
- Don't share my syringes with anybody, don't use anybody else's syringe.

Condom use

- If sleeping with someone; protect yourself & partner.
- Use condoms more often.
- Use condoms while having sex with my dates.
- Never have sex without a condom. I don't do injection drugs.
- Start using condoms and requesting one if need be.
- I don't want to re-infect myself so using condoms with my partner is a must
- Always use protection -- no matter the situation.

Limited number of partners

- Finding one sex partner.
- Sleeping around with different partners.
- Abstain from multiple partners.
- Multiple partners and risky sexual behaviors.
- Sticking with the same partner in a monogamous relationship.
- I have to stay with one person.

Avoiding men or sexual situations

- Quit selling my body and get better boyfriend in my life... or just be alone like every other trannie.
- Meet fewer gay men.
- Not being with other people.
- Try to stop soliciting, because I don't know if the person I am with has some other disease that he can pass on to me.
- Stop being a hooker.
- Stop drugs and working on streets.

Relationship or interpersonal issues

- Start asking my partner if he ever cheated on me because he doesn't use condoms.
- I drink too much but my partner and I have been able to stay faithful nonetheless.
- Try not to be swayed by another when it could be just a one-night stand and no condom is in sight.

- Know who you are with and not take people at face value.

Self-Esteem

- I respect myself and hope others do.
- Need to feel better emotionally about being native + gay. Sex is just a tool for immediate satisfaction of that!

Abstinence from sex

- Abstain/celebrity.
- I may have to stop having sex all together.

Why change?

- I am positive have been for 11 years
- I'm already HIV+

In summary, a number of the respondents referred to avoiding drugs and alcohol, or situations where they normally might use these substances. Others referred to relationship and interpersonal issues, making comments such as 'try not to be swayed', 'get a better boyfriend', 'limit my partners', or 'requesting [condom] if need be'. The other behaviours that respondents identified were to use condoms always or to abstain. In general, the responses reveal recognition on the respondents' part that they may often be coerced for one reason or another to engage in risky behaviour despite being knowledgeable about the risks.

High risk situations. To the question "Have there been situations in which you felt that you should protect yourself from getting HIV/AIDS but were not able to?", 64% replied "no" and 36% replied "yes". Of those who said "yes", 79% (50 people) commented on these situations.

Alcohol and drug use

- When I'm drunk or under the influence or something.
- Sharing needles knowing they may be infected.
- More than 5 years ago, I would have sex with someone when I was drunk or high. We usually had oral sex. Twice I had sex with someone who was HIV+
- Not getting drunk.
- Shared needles.
- Back when I used needles I didn't use clean ones when getting high.
- Drinking and sex don't mix.
- Whenever I "black out" due to drinking, then I know that I don't care what happens to me.

Partner pressure

- Partner unwilling.
- Partner drunk wanting sex.
- Aggressive partner.

- Johns don't want to use condoms.
- Partners promiscuity.

Inconvenience

- When picked up or engaged in a sexual manner and it was late or no services around.
- No condom.
- No condoms available.

Spontaneous or anonymous sex

- Anonymous sex.
- Having safe sex then getting caught up in the heat of the moment & not really knowing the other person sexual history.
- Parks & cruising areas.

Lack of communication

- Meeting people who are not open.
- My partner and I had unprotected sex... I didn't know that he may have been infected.
- Partner removed condom during intercourse without informing me.

Assume partner is HIV negative

- To think he or she is not HIV or aids.
- Sex with male partner trusted no discussion of HIV/STD risk.

Prostitution

- Being raped.
- Hooking.
- When I am working the streets.

Situations that were cited were those that involved prostitution, spontaneous sex, the partner's desires/wishes/urges/habits, their partner's failure to disclose his HIV+/AIDS status, or being the victim of rape or assault. Other situations that were identified were those that involved alcohol or drug use. What emerges is that those situations where people felt that they should protect themselves seem to be those that involve a lack or loss of an internal locus of control. Empowerment seems to be an important theme.

Supportive relationships. Ninety-seven percent of the respondents said that if one of their friends were to be diagnosed with HIV/AIDS, they would still continue to visit him/her. Only 2% said they would not continue to visit their friend and 1% said "Don't know/not sure".

When asked "Who do you think should care for a person with HIV/AIDS?", the following responses were reported.

Should care for a person with HIV/AIDS: frequency percentage

Friends	(141)	76%
His/her own family	(140)	76%
AIDS service organizations	(131)	71%
Doctors/nurses specially trained	(130)	70%
Other people with HIV/AIDS	(113)	61%
Home community	(84)	45%
Ordinary doctors/nurses	(54)	29%
Religious or charitable groups	(48)	26%
Do not know/not sure	(8)	4%
Other (i.e. partner, everyone)	(15)	8%

What can be done? We asked the following open-ended question, “Some people may have HIV and pass it on to others. What do you think should be done to make sure that the virus is not passed from one person to another?”, and received 156 comments. We have grouped them into eight themes and provide examples for each.

Education

- Educate people to protect themselves.
- Educate on HIV/AIDS transmission in schools and religious entities.
- Teach it in school to kids at an early age.
- Make sure everyone knows the consequences.
- Educate yourself on HIV with others all the time.
- Education, stress abstinence!
- Educate them more and make them more aware.
- Educate people about transmission and prevention.
- Educate people in condom use.
- Sex education.
- More education on HIV/AIDS.
- More education on safe sex.
- Additional information/sessions on top of the current awareness that is out there but geared towards two-sprited men in terms of education and prevention.
- There is no way to control other people’s behaviour so education is the best.
- Make it very known that one time you have sex without protection is like putting a gun to your head 5 or 10 years from now.
- Education – prevention programs.
- You cannot do anything to prevent that person from spreading it. Just more education.
- Get the word out that HIV doesn’t come from gays.
- Keep on educating facts on HIV and AIDS.
- Teaching the importance of being safe with any situation with AIDS/HIV at a young age.
- I know that it should not be made known to the public the person’s name who is infecting others, other than that, educate other people about the disease.

Safe sex

- Safe sex.
- They should use a condom every time they have sex.
- Make sure that people use condoms and have some respect for others.
- People are going to have sex no matter what, and I believe the only appropriate way to make it safe is to use protection or become celibate until people with AIDS die out (and that will never happen).
- Wear a condom at all times.
- Protected sex.
- Stop having unsafe sex.

Honesty (by infected partner) and Asking (by non-infected partner)

- Always be honest about your HIV+ status and always ask.
- See a doctor first, and be honest about sexual issues.
- People who are HIV+ should tell the truth always when asked, then the negative partner can decide, do it as safe as possible – always.
- The person should ask that person if they have HIV/AIDS.
- Honest communication. Openness re: health re: HIV/AIDS.
- Always tell your new partner that you are HIV+ and have safe sex.
- The person that is infected with AIDS should tell people that he is or she is HIV infected.
- Let the person know about the situation.
- Talk about being positive.
- I think those people should tell others about their condition.
- Get to know the person.
- Truth + honesty. Shared communication.

Penalties and responsibility

- Stiffer penalties should be implemented in the Criminal Code never the precedents of case law.
- People who knowingly pass the virus to others should be charged and quarantined.
- If intentionally spreading the virus they should be institutionalized.
- Make it a criminal offense punishable by long-term imprisonment, if they are knowingly passing it on.
- They should be fined. It is wrong!
- Everybody is responsible for themselves. Everybody is responsible.
- Certain cases may require quarantine.
- They should be made to tell you. Face jail time for passing on a life threatening illness death slowly.
- Those people should be charged for giving other people a death sentence.
- Invoke criminality.
- In the extreme – perhaps some form of legislation if that person is knowingly passing it on.
- Tattoos on buttocks.

"People who knowingly pass the virus to others should be charged and quarantined."

Protect yourself

- People should protect themselves! If someone is going to have sex with someone else? They should think in their mind that the person may have HIV/AIDS.
- No cuts or blood between you and your friends.
- Assume everyone is HIV + and take the safety precaution.
- People should be aware about HIV/AIDS and not trust anyone!
- Protection, condoms, etc.
- Universal precaution gloves personal hygiene.
- Always use protection, never share needles.
- Take all precautions that are needed.

Make it easier for HIV positive people to be open and honest

- Have more awareness workshops for both gay and straight comm. So stigmatization is reduced or eliminated.
- Make him/her aware that they have the virus, without damaging their friendships.
- Education – assist in losing the stigma and ignorance.
- Strict conscious counselling to let people know that they may be killing each other.
- More counselling and support, outreach and traditional healing services, addictions treatment.
- Social acceptance of people with HIV.
- More involvement with others, and hope the other person is aware and not vindictive.
- I think people with HIV should get help and to get help from the people who say that care about them.

Testing

- Continuous testing
- Make sure people get tested.
- Go for bloodwork.
- Go get yourself checked often.
- Regular blood tests.
- Encourage people to be tested and make healthier lifestyle choices.

For the most part, respondents identified safe sex methods and education as an important part of the prevention of HIV/AIDS. Comments also referred to a need for culturally sensitive/peer support interventions. Two other interesting themes were that of anger towards those who knowingly spread the disease, as well as a sense of personal responsibility in the matter in the form of knowledge ("Always tell your partner..."), self-esteem ("love yourself..."), or interpersonal assertiveness ("Confront the person with HIV...").

HIV/AIDS Testing and Prevention

Testing. When asked “Have you ever been tested for HIV/AIDS?”, almost everyone (91%) stated that they had been tested. Of those that said they had been tested, the year of their last HIV test ranged from 1982 to 2001. Those who have been tested reported having the tests done by/at places such as a clinic (44 people), hospital (16 people), doctor/nurse (11 people), health/community centre (7), etc. Forty-eight respondents gave a specific address, city, or province where they were tested but did not indicate the type of place it was.

Of those that had been tested, 54% stated that the test was anonymous, 30% responded that it was not anonymous and 16% said “Can’t remember/not sure”. And again, of those that had been tested for HIV, 45% said that they received “guidance/counselling”, 42% reported they had not, and 13% were not sure or couldn’t remember.

For the 161 respondents that had been tested for HIV, 48% said they “did not have the virus”, 3% did not know the result, and 49% responded that “they have the virus”.

For those respondents that are HIV positive, 65% said it was “5 years or more” since they found out. 24% reported they found out “1 to 4 years ago”, 2% stated it was “7 to 11 months ago”, 4% said it was “4 to 6 months ago”, and 2% responded it was “less than 3 months ago”. 2% were unsure of when it was that they found out they were HIV+.

For those respondents who are HIV+, 49% reported they were not taking any drug therapy, while 42% said they were on some drug therapy. 9% of HIV+ respondents reported they were “thinking about it”.

Two-thirds of the respondents who are HIV+ said they “know how they were infected”, 17% reported that they did not know and 15% replied “don’t know/not sure”. Of those who know how they were infected, 59 people made a comment about how they were infected. The most common themes were unsafe sex (22), sharing needles (15) and partner (13).

The testing experience. Of those that had been tested for HIV in the past, 32% said that they had been tested “more than six times” while 32% stated that they had been tested “three to six times”. 16% reported that they had been tested “twice” and another 15% replied that they had been tested “once”.

Prevention programs. When asked, “Which HIV/AIDS prevention programs do you think are most effective for Aboriginal people?” respondents answered as follows.

<i>Prevention Programs</i>	<i>frequency</i>	<i>percentage</i>
Promoting condom use	(146)	79%
Talking/Healing Circles	(119)	64%
Needle exchange program	(115)	62%
Elder counselling	(79)	43%
Medicine Wheel	(74)	40%

General Comments

Seventy-eight respondents chose to make a comment at the end of the survey. Many of them wrote about the acute need to have more support and education with respect to risky lifestyles and behavior before it is too late. Others referred to the discrimination they suffered. Quite a few respondents chose to offer comments on being part of the survey, and most felt positively about it either as a chance to reflect, or as a chance to pass on their experience and knowledge to others. Several chose to make specific comments about the questionnaire. The responses are grouped under five headings.

Need for/importance of specific support/education/strategies for First Nations

- I believe the biggest problem is that our people are coming to the cities not knowing anything about HIV/AIDS! Not having the education about this problem, coming from their community they could get HIV/AIDS and go from the city to back home not knowing that he or she has HIV/AIDS pass it on to others in the First Nation's Communities. I believe that Health Canada should have done something about this long ago. Now I feel that a lot of my people are at risk because of this problem and also back in the 1980s! People as a whole believe that this disease was a GAY PEOPLE PROBLEM.
- I am a firm believer that preventing the spread of HIV/AIDS will come through educating the people that this horrible disease is not just a 'gay' thing. I also believe that the people who are doing the educating had better be walking the talk
- I am a status Indian and we should put all our heads and power and money and education together and address the problem not the end result our people need help.
- There should be more people in the support system who have been affected by street life styles.
- There should be way more institutions or places like Healing Our Spirits because there are many many Gay people in the reserve both boy/girl and these "boy/girl" come to the big Metropolitan and party with new people they meet and don't always know their past history about especially the younger people
- Education in schools talking about HIV/AIDS in reserve schools is very important.

Stigma

- In some instances, family is both a strength and barrier for me, because some of my siblings are very homophobic. The extended family (i.e. aunts and uncles) are homophobic as well. However I do have a sister who is supportive and non-judgmental. My father regularly prays to have me cured of my "lifestyle". I am suspicious of most people and tend to avoid them wherever I can. I also believe that most people are homophobic.
- I was adopted at a young age, lived with adopted family who were ministers. Grew up well, missed out on my heritage, and got kicked out when I came out of the closet at age 15. Been on my own since I know how to survive, but that's about it. Lost my

culture due to adoption. I consider myself fortunate to be two-spirited and proud to be First Nations.

- Traditional healers from my experience aren't open minded to Gay issues.
- I hate going to a clinic & the clinic is full of gay men. Oh, there's another faggot with AIDS.

Telling their stories

- Yes, the term two spirited has been commercialized. You can talk the walk but don't walk the talk. Two-spirited people are dedicated to their culture. Now-a-days two-spirited people are just gay. I find this offensive as a true two-spirited man.
- I believe the greatest prevention against HIV/AIDS, other STDs and unhealthy lifestyles is sobriety. Abstinence from all drugs including "legal" drugs makes a tremendous difference not only in the individual, but all around that person. I'm living proof that addiction can be overcome. I imagine you will look for correlations of alcohol/drugs and HIV infection. Prevention starts with sobriety. The road to recovery for myself started there and it only gets better. I hope that in the future sobriety is listed as a prevention and healthier lifestyle choice for all 2 spirits who choose life. The good life! Believe me, it's way more fun remembering the fun.
- Stay off the street. It will kill you.
- I think mental illness is a serious problem among gays. There are so many people out there who are alone.
- Although I am very aware of the issues around HIV/AIDS and Aboriginal Two Spirited men I struggle with my own risk behaviors. It is about self-esteem and a sense of belonging sometimes when I engage in high risk behaviors. I really do not care if I become sick.
- I find that due to the lack of knowledge about HIV, AIDS people don't really take it seriously, until that day it hits home. Also the amount of people who do have the virus are not even aware. Sex used to be something we enjoy.. and still do. It's sad to know the very act that brings life (to some) also brings death. Only in my wildest dreams will I be able to enjoy a loving sexual encounter with another man, and not have to worry about the reaction to my actions.
- HIV is very common in First Nations people, we are a people with very low self-esteem. Alcohol and drugs are the real problem. We use substances to get away and hide, we get drunk and high, we may have unsafe sex, or we may have safe sex. Sometimes we just do not care. Alcohol and drugs gives us courage sometimes. It is not even the sex it is the affection. That we really want.
- We need to address homophobia at the national level i.e., National Aboriginal organizations. There is a lot of historical information about traditional roles for two spirit people.

Observations on the survey process and purpose of results

- I feel that survey is well structured and is long overdue. It is important that studies should be done in order to facilitate proper care for ALL persons including Aboriginals.
- Thanks for the opportunity to participate. Good luck with your results.

- Thanks and good luck in all your endeavors to keep our brothers and sisters healthy.
- I hope this survey does help our people, and not to condemn them. Natives have a hard time with “white society” and living among them. With time & love, I believe that circle will heal itself.
- I’ve truly enjoyed this survey I’m please with the questions that were presented to me thank you for this survey
- I sure hope we learned from this
- I think this is good asking us all of these questions to answer. So we could give you comments about your questions we have to answer
- I wish I completed a survey like this prior to becoming HIV positive. Unfortunately, I did not know too much about HIV/AIDS before. Due in large part, to my own lack of interest in researching what HIV is, how it is spread and what happens once becoming HIV positive. To be blunt, I was ignorant.
- It took me a long time to accept that I am HIV/AIDS and feel now I have to embrace all components of my life, physically & mentally. Including the HIV virus is now a part of me
- Some of the questions did not apply. But I hope at the end if you do decide to write up something one the outcome of your research I hope that you will write something positive, even if it is a negative response. I'm not telling you to lie, I'm just hoping you use a positive manner in which you use your new information.
- I hope I've been a help to you and maybe one day there will be a care and we as Aboriginal People will be at peace of mind.

Feedback on the survey questions (omissions and suggestions)

- The questionnaire was targeted for two-spirited people. More questions that link to or evolve around two-spiritedness should be implemented. Some questions should follow around the percentage of Aboriginal people actually know what it is meant by two-spirited or just say they are because of being gay. I was born and raised a traditional two-spirited person and I’m interested in how many people actually know what that really means.
- I would like to see more ask about IV drug users who are affected and are two spirited and about alcohol related HIV
- Could be more expanded for those already with HIV. But very good.
- Please make some sections more clearly printed. See questions 13, 14, 49, 50.
- I would like to thank you for giving me this questionnaire, in a confidential matter, whereas I think I wouldn't have been as truthful, if it were an oral questionnaire
- This is a good survey hope to participate in the future.
- Wonderful questions and an eye opener for me. Question 67 needs to be more clarified, and in my mind it could be all depending on living lifestyle. Thanks for having me in your survey. Meegwetch!
- I feel this questionnaire could be biased in the fact it assumes all native people drink. Question 40. None of the questions deal with a native person (who drinks/who quits) in relation to sexual practices when he was a user/to when he was an abstainer.
- More info/questions regarding emotional needs while filling out the survey.

- My question is the terminology used. Two-Spirited. I like the fact a survey has been done.
- Thank -you for letting me participate. I hope the results help Native peoples
- I really appreciate the fact someone is concerned for the 2 spirited community.
- This should be taught in school, so they don't discriminate later on when they do meet someone like myself who is positive in the reserves. Education is the best medicine.
- You missed out I think is an important subject is about a person's mental health. And also about a person's personal diet and access to food services.
- Privacy plays a big part of people's lives, especially when healing of mind and body, more intimate counselling and workshops on aboriginal towns to let them know this is important to us all not only homosexuals. With all of this training and talking circles we all can "talk" and take time to listen to our bodies and mind to help in the fight to heal and keep healthy mentally, physically, and spiritually. Meeguiittch.
- The questionnaire seems to focus on the negative. I think you might have asked whether or not you come from a stable, supportive family -- I do. One area, which was not mentioned, was the issue of grief. Two-spirited men experience an enormous amount of grief, much of it intergenerational -- passed on, so to speak. It usually goes unaddressed and it is the major reason for the high degree of depression in the aboriginal community. Question 68 should have included a category asking which nation the respondent belongs to, i.e. Cree, Beaver, Dene - most of the categories listed are terms applied to Indigenous Canadians by their colonizers.
- It's about time something like this is done. This is for everyone white, yellow red and black. Only good can come from this.
- I think I learned more about AIDS than I ever did thank you so much.
- Put in some SEX TRADE WORKER questions. A lot of aboriginal are working the streets, that's probably how the virus is passed a lot of the time, too.
- This was a good survey, as it allowed me to share anonymously and to purge myself to help others with this survey. Ekosani!!

Major Findings

From this analysis, we found that our respondents represent a broad age spectrum (17 to 62 years). Approximately two-thirds have lived on a reserve. Their level of education ranges from primary school completion to university degrees. Most currently live in rental accommodations. Less than one-third are currently employed. Sources of income are primarily from social assistance, disability, and wages. For those who are waged, their occupations include manual labour, artistic or writing occupation, counsellor, director, native guide, or office clerk. Almost half have experienced homelessness. Most report they are two-spirited or gay, some using both terms. Most identify themselves as either native, First Nations, Aboriginal or Status.

Less than half would consider moving back to their home community citing a lack of services, a lack of acceptance, and a lack of employment as the major reasons.

Almost all respondents have been tested for HIV disease (often repeatedly). Half of the respondents are HIV+. Of those who are HIV+, only 50% are receiving drug therapy. The most frequently chosen reasons given for a reluctance to use health services involve fear of discrimination because of HIV status, lack of transportation, and lack of knowledge about where to go for services.

The most important sociological factors negatively affecting their lives are unemployment, poor housing, racism, poverty, homophobia, physical abuse and gay bashing. Their reluctance to access social services to deal with these issues is primarily associated with feeling unwelcome, fear of social worker/social service organizations, fear of discrimination because of sexual orientation, and lack of transportation.

In general, their greatest lifestyle risks are associated with activities that expose them to HIV/AIDS or hepatitis or that result from their use of tobacco, alcohol, or cocaine. They also report that poor diet and lack of exercise put them at greater risk.

With regard to sexual activity almost half have a steady sex partner. Two thirds of these relationships have been in existence for over one year. However, over half of those respondents with a steady sex partner have other sex partners.

Over half report always using a condom for anal-genital sex. Several respondents expressed concern about passing on or being

"We should put all our heads and power and money and education together and address the problem not the end result. Our people need help"

infected by HIV disease as the reason for this practice. They report that if they engage in unsafe sexual practices, the events are usually associated with alcohol, bathhouse environments, or prostitution.

Their knowledge of HIV transmission is accurate. Most understand the risks of using a syringe or needle used by other people without cleaning it. Two-thirds see little or no risk associated with deep kissing someone who has HIV disease. Unprotected oral sex (without a condom) was deemed a very great or great risk by over half of the respondents. Half reported a need to change behaviours to protect themselves from getting HIV/AIDS. Personal behaviours that needed changing included using condoms, avoiding drugs and alcohol, and limiting the number of partners.

The prevention programs seen as effective were those that promote condom use (79%), the Talking/Healing Circles (64%), needle exchange programs (62%), Elder counselling (43%) and the Medicine Wheel (40%).

Friends are very important to our respondents. Over two-thirds regard them as 'family'. Three-quarters felt they could share information about their HIV status with them or have shared this information. Almost all (81%) would seek support from their friends, family (68%), Aboriginal AIDS Organizations (66%), and a doctor (64%).

Their hopes are for healthy and loving relationships, security, acceptance and peace of mind, better education, better employment, improved physical health, and enhanced self-esteem. Most felt it was likely or very likely that they would achieve their goals. However, most felt that HIV/AIDS is a serious threat to the health of Aboriginal people.



A Survey of Aboriginal Two-spirited Men across Canada

October, 1999

Dear Study Participant,

This study is about knowledge, attitudes, behaviours and social conditions of Aboriginal, two-spirited men across Canada. The study has been commissioned by *2-Spirited People of the 1st Nations* in Toronto and is being conducted by researchers at the Centre for Quality Service Research, Ryerson Polytechnic University, in Toronto. Drs. Dennis J. Haubrich and Judith K. Waalen are the principal investigators of this study. Aboriginal people representing various communities were involved in the development of the survey questions. The information gathered from this survey will be used to further understanding of Aboriginal, two-spirited men in Canada. You will be able to obtain a copy of the survey report from *2-Spirited People of the 1st Nations*, Toronto in April, 2000.

The survey that we are asking you to complete is anonymous. The questions we ask you are personal. However, your answers to these questions do not allow us to identify you by name. If you do not want to answer a question, put an "R" beside it. If a question does not apply to you, put an "N" beside it. The questionnaire should take 45 minutes to complete.

Once you have answered the questions, put the survey in the envelope provided, seal it, and return it to the person who gave it to you. You will be given \$ 25.00 for your participation. The sealed envelope will be mailed to the Centre for Quality Service Research, Ryerson Polytechnic University, Toronto.

If you have any questions or concerns about your participation in this study, please call us on our toll-free line (1-877-282-0222), or in Toronto at (416) 593-7162. Your call will be treated confidentially. Please keep this letter for further reference.

Thank you for your participation. We value your input.

Yours sincerely,

Dennis J. Haubrich, Ph.D.

Judith K. Waalen, Ph.D.

Before you complete this survey, the study investigators, Dennis Haubrich and Judith Waalen, need to know that you have read the enclosed information letter, that you understand the purpose of the study, and that you have decided to participate in the study.

Please indicate your consent to participate in this study by checking (☐) this box: ☐.

A Survey of Aboriginal Two-spirited Men across Canada

Please enter the appropriate response in the space provided or circle or check the response that most accurately reflects your situation or the way you feel. Circle or check **ONLY ONE** response unless you are asked to circle or check **ALL THAT APPLY TO YOU**.

Please record today's date: _____

Demographic questions: The following set of questions concerns basic information about yourself.

1. How old are you? _____ years
2. How many years have you lived in the town or city where you live? _____ # of years
3. How do you presently identify yourself? **(Check all that apply to you.)**
 - Two-spirited
 - Bisexual
 - As a man who has sex with men
 - As a man who has sex with women
 - Gay
 - Transgendered
 - Unsure
4. What are your sources of income? **(Check all that apply to you.)**
 - Wage/salary
 - Employment insurance
 - Private insurance
 - Disability
 - Social service benefits
 - Band council
 - Other (please specify _____)
5. What is your current weekly income? \$_____per week
6. What is the highest level of school that you have completed?
 - No school
 - Primary
 - Secondary
 - Technical/Vocational college
 - Community college
 - University
 - Other (please specify _____)
7. What is your current housing situation?
 - Rental apartment
 - Subsidized housing
 - Shelter or halfway house
 - Homeless
 - Rental house
 - Rooming house
 - Own house/condo
 - I stay with friends
 - Other (please specify _____)
8. What is your occupation? _____

Background Information and Relationships

9. Did you ever live (Check all that apply to you.)

	<u>Yes</u>		<u>Yes</u>
on a reserve?	<input type="checkbox"/>	in a group home?	<input type="checkbox"/>
at a residential school?	<input type="checkbox"/>	in a detention facility?	<input type="checkbox"/>
in a foster home?	<input type="checkbox"/>	on the street? (homeless)	<input type="checkbox"/>

10. When you arrived in the town or city in which you now live, how easy was it to make contact with other Aboriginal people?

- I was not interested in making contact with Aboriginal people
- It was relatively easy
- It was relatively difficult

how easy was it to make contact with other Aboriginal gay men?

- I was not interested in making contact with other Aboriginal gay men
- It was relatively easy
- It was relatively difficult

how easy was it to make contact with non-Aboriginal gay men?

- I was not interested in making contact with non-Aboriginal gay men
- It was relatively easy
- It was relatively difficult

11. Have you ever considered moving back to your home community?

- I live in my home community (**Go to question 13**)
- Yes
- No
- Not sure

12. If you wanted to go home, is there anything that would prevent this?

- Yes
- No (**Go to Question 13**)

If yes, what are the reasons? (Check as many as apply to you.)

- I can't afford to get there
- No services that I need are available at home
- There is no work/employment for me at home
- My family would not accept me
- My community would not accept me
- I have the support of people where I live
- The town or city I am presently living in has become my home
- Probation/parole restrictions
- Difficulties with the law prevent me from going home
- I have been banished from my community
- Other reason (please specify _____)

13. In this section, please circle the number below the alternative that best describes your opinion about how SATISFIED you are.

How satisfied are you with.....	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
the amount of control you have over your life?	1	2	3	4
feeling pride in your cultural background?	1	2	3	4
the emotional support you get from others?	1	2	3	4
yourself?	1	2	3	4
your sex life?	1	2	3	4
your usefulness to others?	1	2	3	4
where you are now living?	1	2	3	4
your leisure time activities?	1	2	3	4
your peace of mind?	1	2	3	4
your spirituality?	1	2	3	4
your ability to protect yourself from abuse?	1	2	3	4
your sexual identity?	1	2	3	4
your financial situation?	1	2	3	4
your relationship with your friends?	1	2	3	4
your relationship with other gay people?	1	2	3	4

14. In this section, please circle the number below the alternative that best describes how IMPORTANT each area of life is to you.

How important to you is.....	Very Unimportant	Unimportant	Important	Very Important
the amount of control you have over your life?	1	2	3	4
feeling pride in your cultural background?	1	2	3	4
the emotional support you get from others?	1	2	3	4
yourself?	1	2	3	4
your sex life?	1	2	3	4
your usefulness to others?	1	2	3	4
where you are now living?	1	2	3	4
your leisure time activities?	1	2	3	4
your peace of mind?	1	2	3	4
your spirituality?	1	2	3	4
your ability to protect yourself from abuse?	1	2	3	4
your sexual identity?	1	2	3	4
your financial situation?	1	2	3	4
your relationship with your friends?	1	2	3	4
your relationship with other gay people?	1	2	3	4

15. In order to better understand your personal situation, are there any comments or explanations that you would like to give us about your answers to the areas of life in Questions 13 and 14. If so, please write them below.

16. What do you hope for in your life?

17. How likely do you feel it is that you will achieve this?

- | | |
|---------------|---|
| Very likely | 1 |
| Likely | 2 |
| Unlikely | 3 |
| Very unlikely | 4 |
| Don't know | 5 |

Health Concerns

18. From the following list, what do you consider to be your health risks with regard to sexually transmitted diseases? (**Check all that apply to you.**)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Gonorrhoea | <input type="checkbox"/> Chlamydia |
| <input type="checkbox"/> Genital warts | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> NSU (nonspecific urethritis) | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Crabs | |
| <input type="checkbox"/> Other disease (please specify _____) | |
| <input type="checkbox"/> None of the above | |

19. From the following list, what do you consider to be your health risks?
(**Check all that apply to you.**)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Other disease (please specify _____) | |
| <input type="checkbox"/> None of the above | |

20. From the list below, what do you consider to be your lifestyle risks with regard to injection drug use? (**Check all that apply to you.**)

- | | |
|--|---------------------------------|
| <input type="checkbox"/> T and R | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Other substance(s) (please specify _____) | |
| <input type="checkbox"/> None of the above | |

21. From the list below, what do you consider to be your lifestyle risks?
(Check all that apply to you.)

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Undereating |
| <input type="checkbox"/> Poor diet | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Marijuana/Hashish | <input type="checkbox"/> Street drugs (E, X, GBH, K) |
| <input type="checkbox"/> Tranquilizers (downers) | <input type="checkbox"/> Pep Pills (uppers) |
| <input type="checkbox"/> Poppers | <input type="checkbox"/> Solvents/glue/mouthwash |
| <input type="checkbox"/> Exposure to weather | |
| <input type="checkbox"/> Other behaviour(s) (please specify_____) | |
| <input type="checkbox"/> None of the above | |

22. From the list below, have any of the following social factors affected your life?
(Check all that apply or have applied to you.)

- | | |
|--|--|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Poor housing |
| <input type="checkbox"/> Poor health services | <input type="checkbox"/> Pollution |
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Gay bashing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Homophobia | <input type="checkbox"/> HIV discrimination |
| <input type="checkbox"/> Problems with the law | <input type="checkbox"/> Partner/spousal abuse |
| <input type="checkbox"/> Mental abuse | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Learning disabilities | <input type="checkbox"/> Psychological issues |
| <input type="checkbox"/> Lack of access to education | |
| <input type="checkbox"/> Other factor(s) (please specify_____) | |
| <input type="checkbox"/> None of the above | |

23. From the list below, who do you consider to be your family? **(Check all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Foster family | <input type="checkbox"/> Biological family |
| <input type="checkbox"/> Adoptive family | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Chosen family | <input type="checkbox"/> Other (please specify_____) |

Sexual activity

24. Do you have one steady sex partner at this time?

- Yes No **(Go to Question 25)**

If YES, how long how you have been together?

- 6 months or less

- Between 7 months and 1 year
- Between 1 and 5 years
- Over 5 years

If YES, does your steady partner have any other sex partners at this time?

- Yes
- No
- Don't know

25. Do you have other sex partners? Yes No

26. How old were you when you had your first sexual experience? _____ years old

Attitudes about Sexual Activity

27. According to your community of origin, is it okay for men to have sex with men?

- Yes
- No
- Don't know

28. According to your family, is it okay for men to have sex with men?

- Yes
- No
- Don't know

29. According to you, is it okay for men to have sex with men?

- Yes
- No
- Don't know

30. In the past year, have you received money, gifts, drugs or favours in return for sex?

- Yes
- No

31. In the past year, have you been forced into having sex with a person against your will? Yes No

32. In the past year, have you had sex with a person you didn't want to have sex with?

- Yes
- No

33. Do you use a condom while **giving** a "blow job" (oral-genital sex)?

- Always
- Often
- Sometimes
- Never

34. Do you use a condom while **receiving** a "blow job" (oral-genital sex)?

- Always
- Often
- Sometimes
- Never

35. Do you use a condom while "bum fucking" as a **top** (insertive anal-genital sex)?

- Always
- Often
- Sometimes
- Never

36. Do you use a condom while "bum fucking" as a **bottom** (receptive anal-genital sex)?

- Always
- Often
- Sometimes
- Never

37. Have you had sex without a condom in the past year?

- Yes
- No (**Go to Question 38**)

If yes, are any of the following reasons why you did not use a condom when you had sex in the past year? **Check as many as apply.**

- My partner did not want to use one
- I did not want to use one
- I was using alcohol or drugs
- The sex was so exciting that I didn't use one

- I was with my steady partner
- I did not have a condom at the time
- I could not afford to buy any condoms
- I was too embarrassed to get condoms
- I did not think of using a condom
- She wanted to get pregnant
- I could not talk about using a condom
- I find condoms uncomfortable
- I thought I was in a safe situation
- I was forced to have sex against my will
- The condom broke

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38. Are there situations when you have unsafe sex?

- Yes No

If YES, please describe:

39. Are there situations when you only have safe sex?

- Yes No

If YES, please describe:

Alcohol Consumption

40. How often do you usually have drinks containing alcohol? Would you say:

- Daily
- More than twice a week
- Once or twice a week
- Once or twice a month
- Less often than once or twice a month
- Never (**Go to question 45**)

If you do drink, where do you normally go to drink? **Check all that apply:**

- At home
- A friend's or relative's place
- A restaurant/hotel
- A bar
- Other (please specify) _____

41. Do you usually have unsafe sex when you have been drinking?

- Yes No

42. Do you usually drink before you go out?

- Yes No

43. Do you feel you need to drink before you go out?

- Yes No

44. Do you think drinking helps you meet people sexually?

- Yes No

45. Do you usually have unsafe sex when your sex partner has been drinking?

- Yes No

Concerns about Access to Services

46. Have any of the following reasons kept you from using health services?

(Check all that apply.)

- I didn't know where to go for services
- Services are too far away or inconvenient
- No transportation
- Fear of discrimination because I'm Native
- Fear of discrimination because of my sexual orientation
- Fear of discrimination because they think I'm in the sex trade
- Fear of discrimination because I am an injection drug user
- Fear of doctors/hospitals
- I don't feel welcome where services are offered
- Services aren't available in my language
- Fear of discrimination because I'm HIV positive

47. Have any of the following reasons kept you from using social services?

(Check all that apply.)

- I didn't know where to go for services
- Services are too far away or inconvenient
- No transportation
- Fear of discrimination because I'm Native
- Fear of discrimination because of my sexual orientation
- Fear of discrimination because I'm in the sex trade
- Fear of discrimination because I am an injection drug user
- Fear of social workers/social service organizations
- I don't feel welcome where services are offered
- Services aren't available in my language
- Fear of discrimination because I'm HIV positive

Knowledge and Attitudes about HIV/AIDS

48. Do you know or have you ever known anyone with HIV/AIDS disease?

- Yes No Do not know/not sure

49. In your opinion, how great is the risk of getting HIV/AIDS from any of the following activities? Use the following codes: VG=Very great risk, G=Great risk, M=Moderate risk, S=Small risk, and N=No risk at all.

	VG	G	M	S	N
Deep kissing with someone who has HIV	1	2	3	4	5
Using a syringe or needle used by other people without cleaning it	1	2	3	4	5
Unprotected oral sex (without a condom)	1	2	3	4	5

50. How many times would you say ...

	Never	Once or twice	More often
You have discussed AIDS with your family or relatives?	1	2	3
You have discussed AIDS with your friends?	1	2	3
You have discussed AIDS with a health professional?	1	2	3
You have discussed sexual orientation with your family?	1	2	3

51. How much of an immediate threat do you think HIV/AIDS is to the health of Aboriginal people? Would you say that it is:

- No threat at all
- Some threat
- Serious threat
- Do not know/not sure

52. What are the chances that you yourself might get HIV/AIDS? Would you say that it is:

- None
- Very small
- Moderate
- High
- Very high
- Do not know/not sure

53. How worried are you about getting HIV/AIDS? Would you say that you are:

- Very worried
- Moderately worried
- Slightly worried
- Not worried
- Do not know/not sure

54. Do you think that you need to change any of your behaviours to protect yourself from getting HIV/AIDS?

- Yes
- No
- Do not know/not sure

If yes, what behaviour(s)?

55. Have there been situations in which you felt that you should protect yourself from getting HIV/AIDS but were not able to?

- Yes No

If yes, what kinds of situations?

56. If one of your friends were to be diagnosed with HIV/AIDS, would you still continue to visit him/her?

- Yes No Do not know/not sure

57. Who do you think should care for a person with HIV/AIDS? (**Check all that apply.**)

- His/her own family Other people with HIV/AIDS
- Doctors/nurses specially trained AIDS service organizations
- Ordinary doctors/nurses Home community
- Friends Other (please specify _____)
- Religious or charitable groups Do not know/not sure

58. Some people may have HIV and pass it on to others. What do you think should be done to make sure that the virus is not passed from one person to another?

59. Have you ever been tested for HIV/AIDS?

- Yes
- No (**Go to question 62**)
- Can't remember/not sure (**Go to question 62**)

If yes,

How long ago was your last test? Month _____ Year _____

Where were you tested? _____

Was it an anonymous test? Yes No Can't remember/not sure

Did you receive guidance/counselling? Yes No Can't remember/not sure

The result of my last test was:

- I do not have the virus **(Go to question 61)**
- I do not know the results **(Go to question 61)**
- I have the virus **(Go to question 60)**

60. If you are HIV positive,

how long ago was it since you found out you were positive?

- Less than 3 months ago
- 4 to 6 months ago
- 7 to 11 months ago
- 1 to 4 years ago
- 5 years or more
- unsure

Are you taking any drug therapy?

- Yes
- No
- Not yet but thinking about it

Do you think you know how you were infected?

- Yes
- No
- Don't know/not sure

If yes, how do you think you were infected?

If yes, when do you think you were infected? Date: _____

61. How many times have you been tested for HIV/AIDS?

- Once
- Twice
- Three to six times
- More than six times
- Do not know/not sure

62. If you had or thought you had HIV/AIDS, would you be comfortable speaking to your family (i.e spouse, parents or children) about it?

- Yes
- No
- Don't know/not sure

63. If you had or thought you had HIV/AIDS, who would you feel most comfortable speaking about it? **(Check all that apply)**

- Other family member (sibling, relative)
- Friends
- Elders
- Community health representative
- Traditional Aboriginal healer
- Spiritual advisor
- Telephone hotline
- Keep it to myself
- Don't have anybody to talk to
- Praying to the Creator
- Other (please specify _____)

64. If you had or thought you had HIV/AIDS, would you seek support from any of the following?

- Family
- Friends
- Community Health Representative
- Doctor
- Nurse
- Aboriginal AIDS Service Organizations (ASOs)

- Other APHA (Aboriginal people with HIV/AIDS)
- Non-Aboriginal AIDS Service Organizations (ASOs)
- AIDS support group
- Traditional Aboriginal healer
- Spiritual advisor
- Elder(s)
- Sweat lodge
- Sweet grass
- Talking circle
- Power of healing circle
- Holistic practitioner
- Homeopathic practitioner
- Acupuncturist
- Other, (please specify _____)

65. How common do you think HIV/AIDS is among First Nations, Native or Inuit people? Would you say that it is:

- Very common
- Moderately common
- Not common
- Very rare
- Do not know/not sure

66. Which HIV/AIDS prevention programs do you think are most effective for Aboriginal people?

- Promoting condom use
- Needle exchange program
- Medicine Wheel
- Elder counselling
- Talking/Healing Circles

67. Do you believe HIV/AIDS transmission among Aboriginal people is mainly by...

- Sex between men and women?
- Sex between men?
- Injection drug users sharing needles?
- Mother to newborn?

68. Do you identify yourself as **(Check all that apply to you.)**

- | | <u>Yes</u> | | <u>Yes</u> |
|------------------|--------------------------|-----------------|--------------------------|
| Native? | <input type="checkbox"/> | Non-Status? | <input type="checkbox"/> |
| Native Canadian? | <input type="checkbox"/> | Treaty? | <input type="checkbox"/> |
| First Nations? | <input type="checkbox"/> | Non-treaty? | <input type="checkbox"/> |
| Indian? | <input type="checkbox"/> | C-31? | <input type="checkbox"/> |
| Aboriginal? | <input type="checkbox"/> | Métis? | <input type="checkbox"/> |
| Inuit? | <input type="checkbox"/> | Mixed heritage? | <input type="checkbox"/> |
| Status? | <input type="checkbox"/> | | |

