Pride and Community Connection for Indigenous 2SLGBTQ+ Youth: the Intersectionality of Identity for Indigenous Adolescents in the US

Alessandra C. Angelino,[a] Morgan Thomas,[b] Itai Jeffries,[b] and Ashley Hoover[b]

Two-Spirit and lesbian, gay, bisexual, transgender, queer, and gender-diverse (2SLGBTQ+) adolescents and young adults (AYA) in Indigenous communities face disparate physical and mental health outcomes in the absence of connection to culture and Indigenous identity. There are limited data on the unique needs and strengths of this population. This work aimed to highlight the barriers and needs of 2SLGBTQ+ AYA and the link between cultural connection, pride, and resilience and positive health outcomes for these adolescents. This analysis of 15–25-year-old participants is derived from a mixed-methods study, which assessed the barriers to seeking and accessing care for 2SLGBTQ+ individuals. Survey and short-answer responses were collected through REDCap, and an analysis was performed using SAS 9.4 (quantitative) and ATLAS.ti (qualitative short answer). Responses demonstrate high levels of pride and connectedness among 2SLGBTQ+ AYA and that affirming healthcare is critical in supporting positive outcomes. Results also suggest a need for increased education regarding Indigenous worldviews, health, barriers to care, and historical contexts besides gender diversity. In conclusion, results indicate that pride and connection are inherent in 2SLGBTQ+ AYA communities, which can serve as protective factors to improve health outcomes. Using this knowledge, providers can support youth clinically as well as through policy and advocacy action. Family, community, and health provider support allow for identity formation and expression. Findings can also be applied to gender-diverse AYA in non-Indigenous communities.

Keywords: LGBTQ youth; Indigenous health; Two-Spirit; gender diversity; health equity; intersectionality

[a]Division of Adolescent and Young Adult Medicine, Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD, USA
[b]Northwest Portland Area Indian Health Board, Portland, OR, USA

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Statement of Public Health Significance: Data related to healthcare and pride among Two-Spirit and lesbian, gay, bisexual, transgender, queer, and gender-diverse populations are limited. Understanding the link between culture, pride, and resilience has implications for supporting positive health outcomes. Data can be used for changes in healthcare practice, community-based programming, and policy. Findings may also be applied to gender-diverse adolescents and young adults in non-Indigenous communities.

INTRODUCTION

Two-Spirit and lesbian, gay, bisexual, transgender, queer, and gender-diverse (2SLGBTQ+) Indigenous adolescents and young adults (AYA) are disproportionately affected by poor physical and mental health outcomes as a result of systemic inequity and the impacts of settler colonialism.[1,2] Two-Spirit is an umbrella term coined in 1990 to embrace Indigenous traditions that celebrate gender diversity and fluidity of orientations and may only describe individuals who are Indigenous. While Two-Spirit individuals may self-identify in different ways with regard to gender identity (they may be queer, cisgender [cis], or transgender) or sexual orientation, there is a commonality in the intersection between Indigenous identity, Two-Spirit identity, and social role in Indigenous communities.[1,2] It is important to remember that terms and meanings vary across Indigenous communities and evolve over time. There are over 574 federally recognized tribal nations in the United States and even more state-recognized and unrecognized tribes; each has their own culture, history, knowledge, and ways of referring to themselves. Throughout this article, we will be using the term Indigenous to refer to the Indigenous peoples of the United States.

Indigenous individuals who identify as Two-Spirit, LGBTQ+, or gender-diverse were historically celebrated and revered. Some held roles as leaders, mediators, medicine people, and teachers, and many were valued members of the community.[1,2] Despite such history of celebration, settler colonialism and historical traumas have systematically removed these traditions and led to individuals hiding or rejecting their identity as Two-Spirit or LGBTQ+.[3,4] Historical traumas are psychological and emotional wounds resulting from traumas perpetuated on individuals who share a group identity; they are passed from generation to generation.[5] The negative impact of ongoing historical traumas on physical and mental health is seen through the disparities Indigenous 2SLGBTQ+ individuals face when accessing an affirming community and healthcare. Traumas may occur both as direct and indirect results of ongoing historical trauma and subsequent systemic inequity.[6] Despite this, Indigenous 2SLGBTQ+ individuals have utilized resilience and cultural connection to support one another and overcome barriers.

While data are limited among AYA populations, the literature demonstrates that Indigenous adults who connect with culture and traditional practices better heal from traumas and have improved overall well-being.[7–11] Understanding this critical link between cultural connection and improved mental and physical health has implications for supporting positive outcomes among Indigenous AYA, especially those related to mental health.[10,12]

Suicide is the second leading cause of death among 10–24-year-old American Indian/Alaska Native (AI/AN) youth and adolescents, and suicide rates are approximately 1.5 times higher than those of the general population (15.59 vs 9.6 per 100,000).[13] Rates vary by region and tribal affiliation, with some youth suicide rates seven times higher than the national AI/AN rate and 12 times higher than that of the general population.[13] Adverse childhood experiences, ongoing historical trauma, systemic racism, and lack of access to

medical care contribute to these rates.[14] These are opportunities for culture-centric and community-driven approaches to healing.

Community support and connection are also critically important. Compared with non-Indigenous LGBTQ youth, Indigenous youth face bias, harassment, and discrimination.[1,15] The AI/AN transgender respondents in the 2015 US National Transgender Health Survey reported experiencing harassment (86%), physical assault (51%), and sexual assault (21%).[15] Fifty-seven percent reported attempted or contemplated suicide compared with 4.6% of the general youth population and 33.7% of non-AI/AN transgender youth.[15] These disparities are exacerbated by numerous barriers to care that AI/AN adolescents face including community and family acceptance, limited provider availability, lack of transportation or insurance, and low provider comfort and education related to Indigenous health or care for AI/AN 2SLGBTQ+ youth and adolescents.[16,17] On the contrary, when social transition and societal support are present (eg, use of correct pronouns), rates of depression, anxiety, and suicidality are reduced.[18,19]

This article will present results from the *Two-Spirit and LGBTQ+ Pride and Connectedness Survey* carried out by the Northwest Portland Area Indian Health Board (NPAIHB) (community-based tribal organization).[20] We will refer to this work as the "parent study." While the parent study enrolled participants 15 years and older, this article details the experiences of Two-Spirit and gender-diverse 15–25-year-old Indigenous AYA participants. We aim to highlight the unique needs and pride and resourcefulness of this population. This study will also address disparities and barriers to healthcare, expand the literature on 2SLGBTQ+ AYA, and emphasize the strengths and resilience present in this unique population.

METHODS

Study Design

This article focuses on 15–25-year-old Indigenous participants of the *2SLGBTQ Pride and Connectedness* survey project, which examined the experiences and beliefs of Indigenous 2SLGBTQ+ persons relating to pride, community connection, self-rated health, healthcare access, and healthcare needs.[20] The parent study was conceptualized following the Indigenously developed Community Involvement to Renew Commitment, Leadership, and Effectiveness Framework.[21] This is an iterative framework that focuses on four main steps to design, develop, and implement programming for Indigenous peoples.[21] The model incorporates components of community-based participatory research with the aim to promote capacity and deliver culturally grounded results. Furthermore, Indigenous individuals who identified as Two-Spirit or gender-diverse participated in the development, implementation, and analysis of this work.

Participant Eligibility and Survey Design

Individuals were eligible to participate in the parent study if they identified as Indigenous, resided across the United States, were older than 15 years of age, and identified as 2SLGBTQ+. Recruitment materials were posted on social media accounts and SMS platforms utilized by XXX, templated to reach eligible participants in the United States. To supplement traditional recruitment, non-probability chain-referral sampling was also used

to recruit an increased number of AI/AN 2SLGBTQ+ individuals. Participant and guardian assent and consent were obtained via a digital form. The project received IRB approval from the XXX IRB and funding from the Minority HIV/AIDS Fund.

Original scales for the survey were created for this project as existing scales have only been validated in majority White populations, and none currently exists for 2SLGBTQ+ AI/AN populations. Questions were, however, informed by non-AI/AN scales that assess LGBTQ+ connectedness and pride, such as those from the Lesbian Gay Bisexual Identity Scale,[22] the Trans PULSE Project,[23] and the Trans Identity Survey.[24] Healthcare access questions were adapted from an LGBTQ-focused survey among AN individuals.[25] See more details from the Hoover et al. parent study manuscript for methodology.[20]

Quantitative Measures and Analysis

In total, there were 189 question fields for participants to answer; 18 questions were open-ended. Survey responses were collected through REDCap, and response data were deidentified. Descriptive statistics were calculated to assess the self-reported characteristics for participants under the age of 25, including age breakdown, insurance status, geographic location, self-rated health status, and Two-Spirit identity (self-reported). All indicators and responses were examined by gender identity (cis vs gender-diverse, identity indicated by participants) to assess the potential variations in experiences and beliefs regarding healthcare access, Indigenous pride, and connectedness. Participants identified their gender identity (cis or gender-diverse) and sexual orientation by answering the questions: "Do you consider yourself to be transgender or gender-diverse?" (yes, no) and "How would you describe your sexual orientation?" (gay, lesbian, queer, same-gender loving, bisexual, pansexual, Two-Spirit, asexual, questioning, straight [opposite-gender loving], and not listed). Participants could select all that applied to their sexual identity. Experiences relating to healthcare access, Indigenous pride, and community connectedness were assessed using Likert-scale–type questions. Analyses were completed using SAS 9.4.

Qualitative Measures and Analysis

There were a number of write-in or free-response questions in the survey. Questions were asked about participant definitions of Two-Spirit, means of cultural connection, and ability to connect with other 2SLGBTQ+ individuals. Participants also provided information about top healthcare needs and barriers to healthcare. A dedicated analysis of the free-response questions was performed using ATLAS.ti software. After the preliminary review of participant responses, the study team developed a codebook in an inductive manner to identify major themes, utilizing in vivo, descriptive, and value coding. Codes were then grouped according to the primary theme and applied to responses. The study team then cross-coded free responses in an iterative, collaborative process. Responses were shared, and any discrepancies were reviewed by the study team. A separate phase of this project with semistructured interviews is currently in process for a more detailed qualitative analysis of themes.

TABLE 1. Socio-Demographic Characteristics Among AI/AN 2SLGBTQ+ Pride and Connectedness Survey Participants Aged 15–25 in 2020

	Cisgender *n* (%)	**Gender-Diverse *n* (%)**	**All Participants *n* (%)**
Total	59 (100%)	60 (100%)	119 (100%)
Age			
15–18	9 (15.3)	8 (13.3)	17 (14.3)
19–22	34 (57.6)	31 (51.7)	65 (54.6)
23–25	16 (27.1)	21 (35.0)	37 (31.1)
Health insurance			
Insured	55 (93.2)	53 (88.3)	108 (90.8)
Not insured	4 (6.8)	7 (11.7)	11 (9.2)
Location[a]			
Rural	20 (33.9)	16 (26.7)	36 (30.2)
Urban	39 (66.1)	44 (73.3)	83 (69.8)
On reservation			
Yes	13 (22.0)	11 (18.3)	24 (20.2)
No	46 (78.0)	49 (81.7)	95 (79.8)
Self-rated health			
Excellent	3 (5.1)	2 (3.3)	5 (4.2)
Very Good	21 (35.6)	12 (20.0)	33 (27.7)
Good	25 (42.4)	26 (43.3)	51 (42.9)
Fair	8 (13.6)	15 (25.0)	23 (19.3)
Poor	2 (3.4)	5 (8.3)	7 (5.9)
Two-Spirit identity			
Identifies as Two-Spirit	18 (30.5)	43 (71.7)	61 (51.3)
Does not Identify as Two-Spirit	41 (69.5)	17 (28.3)	58 (48.8)

AI/AN = American Indian/Alaska Native.

[a]Participants were asked to self-report rural vs urban status.

RESULTS

Participant Characteristics

Out of the larger survey sample of 223, 52.0% (n = 119) of participants were AYA aged 15–25, with most participants in the 19–22 age group (54.6%, n = 65; Table 1). Approximately half of the participants identified as gender-diverse (n = 60), and 90.8% (n = 108) of participants in this age group reported having health insurance. Most participants (69.8%, n = 83) lived in an urban setting, and only 20.2% (n = 24) reported living on the reservation. A majority of participants rated their health as either *good* or *very good* (70.6%, n = 84). Just over half of the participants in this age group (51%) completed the free-response questions, with total responses varying by question.

Healthcare Needs and Barriers

Individuals shared in the free-response section that their biggest healthcare needs included mental healthcare (involving mood [n = 15], post-traumatic stress disorder (PTSD) [n = 7], anxiety [n = 16], depression [n = 21], suicide [n = 8], concerns related to weight and

nutrition [*n* = 18], dental care [*n* = 15], and gender-affirming or sexual health-related care [*n* = 12]). "I do get a lot of suicidal thoughts and suicidal ideations even when I'm not feeling the effects of my depression. My mental health takes a significant toll every day when I'm reminded that colonialism happened and how a lot of my problems wouldn't exist if it hadn't happened" (participant, 21 years old). Desiring care grounded in Indigenous practices and traditional knowledge was also prominent (*n* = 15). Barriers to care included high cost and lack of insurance coverage (*n* = 16), stigma and discrimination related to Indigenous and/or 2SLGBTQ+ identity (*n* = 10), lack of family support regarding gender identity or care (*n* = 10), lack of access to care (*n* = 8), and perceived lack of provider understanding about either gender-affirming care as well as Indigenous identity or practices (*n* = 13).

Qualitative themes concerning barriers are mirrored by the responses to the Likert-scale questions. For instance, 88.0% of all participants felt that there were not enough mental healthcare professionals who could support AI/AN 2SLGBTQ+ individuals. One participant shared, "[We need] competent queer Indigenous health professionals, or those who are competent and enthusiastic to care for us" (24 years old). Another noted, "I experience…poor access to INDIGENOUS mental/emotional healthcare workers (therapists)" (25 years old). Similarly, 70% felt that there were not enough healthcare providers to support AI/AN 2SLGBTQ+ care, and 85% reported fear of being treated differently if the medical personnel found out that they were Two-Spirit or LGBTQ+. "I am scared of them judging me…also just afraid of a judgmental environment where people will discriminate me based on my gender expression and sexual identity" (participant, 21 years old). In all, 87.0% of youth also reported that personal financial resources were a significant barrier. "I usually need to ask my parents about this stuff since I don't know much about it, and the majority of the cost of healthcare I rely on them… [I am concerned about] my family not allowing me to get mental health or transition" (participant, 19 years old).

Importance of Pride and Identity

Responses to multiple-choice and short-answer questions also exhibit the importance of 2SLGBTQ+ and Indigenous identity for this subset of AYA.

2SLGBTQ+ Identity. Nearly all participants who identify as Two-Spirit agreed or strongly agreed with the statement "I'm proud to be Two-Spirit" and 93.4% (*n* = 57) felt that being Two-Spirit helps them do good things for their communities (see Table 2a). In this subset of pride and identity Likert-scale questions, 19–22-year-old participants had the highest proportion of respondents who agreed or strongly agreed with the questions. This was followed by respondents in the 23–25-year-old age group and, finally, the 15–18-year-old age group.

When asked, "What does the phrase Two-Spirit mean to you?" in the free-response questions, participants had diverse responses that included concepts of "male and female spirits," "going beyond male and female," and "connection to Indigenous tradition and traditional roles." There was also mention of the interplay between "body and mind," the importance of Two-Spirit as a means of expressing "gender in a noncolonial perspective," and the sacredness of Two-Spirit individuals presently and throughout history.

Among gender-diverse respondents, pride surrounding identity was again demonstrated (Table 2b). By age group, the 19–22-year-old participants had the highest proportion of

TABLE 2A AND B. Pride and Identity Among AI/AN Gender-Diverse and Two-Spirit Participants Aged 15–25 in the Pride and Connectedness Survey in 2020

	Percent of Participants Who Answered "Agree" or "Strongly Agree"		
	Cisgender	**Gender-Diverse**	**All**
a) How Much Do You Agree With the Following Statements?[a]	***n* (%)** ***n* = 18**	***n* (%)** ***n* = 43**	***n* (%)** ***n* = 61**
I'm proud to be Two-Spirit.	18 (100.0)	42 (97.6)	60 (98.4)
Being Two-Spirit helps me do good things for my community.	18 (100.0)	39 (90.7)	57 (93.4)
My Indigenous community supports my Two-Spirit identity.	17 (94.4)	24 (55.8)	41 (67.2)
I feel connected to other Two-Spirit people.	17 (94.4)	35 (81.4)	52 (85.2)

	Percent of Participants Who Answered "Agree" or "Strongly Agree"
	Gender-Diverse
b) How Much Do You Agree With the Following Statements?[a]	***n* (%)** ***n* = 60**
I'm proud to be transgender or genderqueer.	54 (90.0)
My gender identity helps me do good things for my community.	48 (80.0)
My Indigenous community supports my gender identity.	29 (48.3)
I feel connected to other people who share my gender identity.	50 (83.3)
When I think about my gender identity, I feel happy.	50 (83.3)

[a]Only participants who identified as gender-diverse were able to answer these questions.

AI/AN = American Indian/Alaska Native.

positive responses, followed by the 22–25-year-old age group, and finally, the 15–18-year-old age group.

Indigenous Pride and Identity

There was a strong sense of Indigenous pride and tradition reported by cis and gender-diverse respondents, as demonstrated in Tables 3 and 4. These questions sought perspectives regarding community support, including cultural connection and beliefs. Nearly all participants reported pride in being Indigenous (99.2%, n = 118), felt that Indigenous ways of thinking and philosophies were important to them (94.1%, n = 112), and felt connected to the land on which they live (74.0%, n = 88).

TABLE 3. Indigenous Identity and Community Connectedness Among AI/AN 2SLGBTQ+ Pride and Connectedness Survey Participants Aged 15–25 in 2020

	Percent of Participants Who Answered "Agree" or "Strongly Agree"		
How Much Do You Agree With the Following Statements?	**Cisgender** ***n*** **(%)** ***n*** **= 59**	**Gender-Diverse** ***n*** **(%)** ***n*** **= 60**	**All** ***n*** **(%)** ***n*** **= 119**
I'm proud to be Indigenous.	59 (100.0)	59 (98.3)	118 (99.2)
My Indigenous identity helps me do good things for my community.	57 (96.6)	57 (95.0)	114 (95.8)
My family thinks I am important.	52 (88.1)	48 (80.0)	100 (84.0)
When interacting with members of the Indigenous community, I feel like I belong.	53 (89.8)	46 (76.7)	99 (83.2)
I feel welcome in mostly native Two-Spirit and LGBTQ+ spaces.	52 (88.1)	55 (91.7)	107 (90.0)
When interacting with members of the native Two-Spirit or LGBTQ+ community, I feel like I belong.	47 (79.7)	49 (81.7)	96 (80.7)
The native Two-Spirit and LGBTQ+ community supports my Indigenous identity.	52 (88.1)	58 (96.7)	110 (92.4)
The non-native LGBTQ+ community supports my Indigenous identity.	38 (64.4)	29 (48.3)	67 (56.3)
When interacting with members of the non-native LGBTQ+ community, I feel like I belong.	35 (59.3)	31 (51.7)	66 (55.5)

AI/AN = American Indian/Alaska Native.

Participants were also asked about the importance of cultural activities and opportunities to connect with 2SLGBTQ+ people. AYA-driven solutions are listed in Table 5. Many participants suggested 2SLGBTQ+-focused centers and community groups to support connection for Indigiqueer youth, while others suggested greater representation and leadership opportunities as a way to support community visibility.

TABLE 4. Perspectives on Indigenous Traditional Practices Among AI/AN 2SLGBTQ+ Pride and Connectedness Survey Participants Aged 15–25 in 2020

	Percent of Participants Who Answered "Mostly" or "Extremely"		
The Following Questions Refer to Your Traditional Practices or Beliefs	**Cisgender *n* (%) *n* = 59**	**Gender-Diverse *n* (%) *n* = 60**	**All *n* (%) *n* = 119**
How connected do you feel to the land you live on today?	43 (72.9)	45 (75.0)	88 (74.0)
How connected do you feel to your traditional homeland?	46 (78.0)	42 (70.0)	88 (74.0)
How involved are you in your Indigenous traditional ceremonies?	33 (56.0)	32 (53.3)	65 (54.6)
To what extent are Indigenous traditional values a part of your life?	43 (72.9)	50 (83.3)	93 (78.2)
How important is it for you to follow Indigenous ways of thinking and philosophies?	53 (89.8)	59 (98.3)	112 (94.1)

AI/AN = American Indian/Alaska Native.

DISCUSSION

Participant gender and sexual identities were fluid and nonbinary, demonstrating the wide range of identities health by 2SLGBTQ+ AYA. For instance, individuals who identified as Two-Spirit might also identify as either cis or gender-diverse (Table 2a and b). Furthermore, respondents shared beliefs regarding the negative impacts of settler colonialism and historical traumas and highlighted protective factors inherent among Indigenous communities. These responses highlight the interconnected nature of Indigenous histories and traditions, community pride, and health outcomes for Indigenous 2SLGBTQ+ AYA and have implications for public health, policy, and providers.

Survey responses also reiterate that several barriers faced by 2SLGBTQ+ AYA are concordant with those faced by non-Indigenous AYA, including structural and interpersonal barriers.[1,20] Additionally, Indigenous 2SLGBTQ+ AYA face unique barriers, often related to systems that fail to support or instead discriminate against them. Respondents provided solutions to combat these barriers including increasing in-person or virtual connection, promoting community-driven interventions, increasing awareness and advocacy, and focusing on pride and resourcefulness within young Two-Spirit and Indigiqueer communities (Table 5).

TABLE 5. Suggestions for Connection From the Pride and Connectedness Survey Participants Aged 15–25 in 2020

Online connection	"Virtual seminars and workshops for native 2SLGBTQ+ people can be held in partnership with county officials. These workshops would focus on mental/physical wellbeing and helping connect people with similar experiences."
	"I would like to be able to connect online more, especially with other members of my tribe."
National connection	"I'd love to see something almost like a national club that can connect not only 2SLGBTQ+ people, but try to connect them to people of their band or clan within their nation."
Youth focus	"I would like to have a youth program just for the two spirit & LGBTQ+ around my rez."
	"I would like to see events focused on celebrating Two-Spirit and LGBTQ+ native youth and further destigmatizing modern misconceptions about how native identity cannot coexist with identifying as Two-Spirit and LGBTQ+."
	"Centers where native youth can gather and interact with one another, especially those who are in the LGBT/2spirit community."
	"A center created for contemporary and ancient native history for my region. A center for native youth to connect with their cultures in an urban setting while also providing gender- and sexuality-inclusive sex education with an emphasis on decolonizing how we form and view relationships."
Adolescent and young adult-led activities	"…more leadership by Indigi-youth who identify with the things listed in this survey"
Outdoor community events and outings	"I would like for there to be more safe spaces for us and more ways for us to actually find each other and meet up regularly."
	"…through outings such as community clean ups, hiking, gardening, and cooking classes?"
	"More event for 2spirit to meet in person, more ceremony opportunities, language and history classes for 2spirit"

(*Continued*)

TABLE 5. Suggestions for Connection From the Pride and Connectedness Survey Participants Aged 15–25 in 2020 (*Continued*)

Awareness	"I would like to see more support in my community since it feels as though no one really knows about Two-Spirit people."
Moving beyond trauma	"There are clubs and things, but most of those are geared towards our trauma and stuff. Which is just as important, however, sometimes there should be just casual, fun connection. Like, art, sport or film events that aren't necessarily tied to the trauma we've experienced as LGBTQ and Two-Spirit Indigenous people."
Advocacy	"More support from older Indigi-LGBTQ+/two spirit community and more delegation to younger organizers so we can be included in the decision-making process when it comes to Indigi- LGBTQ+/Two-Spirit activities, events, cultural happenings, etc., in our areas."
	"More funding provided to Indigi-youth organizations that are actively doing work in their communities to bring more acknowledgment and awareness to the general Indigi-population about LGBTQ+/Two-Spirit communities and our traditional roles in our nations."

Note. The above responses are quotations taken directly from survey respondents. No edits were made to the text.

Similarly, survey and free-response answers highlight the need for youth connection to their community. They emphasize that *community* encompasses multiple identities (i.e., a youth's identity as Indigenous, queer, student, and athlete). Connection to community and peers may serve not only as a source of support and space for identity exploration but also as a means to improve health outcomes. Family and community support surrounding Indigeneity, tradition, and tribal identity are also increasingly critical. Results from this study demonstrate that pride and connection are inherent in Indigenous communities, in particular among 2SLGBTQ+ AYA. Despite the prevalence of poor health outcomes among AI/AN AYA and 2SLGBTQ+ individuals in the literature, this sample of participants reported overall good to average health. While further research is needed, we suspect that connection to community and tribal identity played a role in improving physical and mental health outcomes for participants.

This work presents several critical takeaways for providers caring for Indigenous AYA. For one, improved education is needed to increase the understanding of Indigenous worldviews, health, and barriers to care. Awareness about the historical role of Two-Spirit folks in Indigenous communities and the existence of gender diversity throughout time may allow providers to demonstrate to patients and their families that gender diversity is not "just a trend." This has implications for Indigenous and non-Indigenous youth. Similarly, health providers play a unique role in supporting youth as they explore their identities and can provide opportunities for connection with AYA with similar identities. Providers can also support policy change to promote community-based, youth-led interventions that recognize this multifaceted perspective of identity. Policy and advocacy can draw upon adolescent and young adult suggestions, as shared in Table 5.

It is important to note that there was some variation in responses to both Likert-scale and free-response questions by age. This may be a result of several factors including exposure to identity, connection to community and peers, and the role of parents. Similarly, arriving at an Indigenized gender or sexual identity may develop later in young adulthood, once gender and/or sexual identity has been explored. Age variation has implications for the creation and sharing of resources for 2SLGBTQ+ AYA. Providers and community groups supporting programming can utilize these trends when supporting, developing, and/or implementing interventions.

The 19–22-year-old age group had the highest proportion of positive responses across the board. Respondents expressed the importance of community connection and held positive views of their Indigenous identity, regardless of gender identity. This may be a result of greater maturity or developed language to express these sentiments at older ages or the autonomy associated with young adulthood. New programs and interventions can build upon the pride that individuals expressed, as seen via the high percentage of folks who shared that they could have a positive impact on their community. Similarly, an increased sense of pride and connection among older participants compared with younger participants suggests the need for increased cultural education and opportunities for connection for AI/AN adolescents aged <18 years.

Along these same lines, 15–18-year-old respondents had lower rates of positive responses to the question "my family thinks I'm important." This is significant, given what we know about the critical nature of family support from the existing literature, and may offer a starting point for interventions aimed at increasing support for AYA. Of course, it is difficult to know whether support from family is truly greater among older respondents or if it

is related to other factors (i.e., time passing since parents become aware of identity and psychosocial factors associated with the period of adolescence)

Across all age groups, participants shared that there was low support regarding Indigenous identity from the non-native LGBTQ community. This resonated across both cis and gender-diverse respondents. In all, 15–18-year-old respondents reported even lower levels of perceived support. This again supports the need for increased awareness and education regarding Indigenous history, culture, and health to improve support and outcomes for AI/AN 2SLGBTQ+ AYA. This may be accomplished by the incorporation of age-appropriate curricula regarding gender diversity and Indigenous identity from elementary schools to graduate-level training. Healthcare providers and community leaders must advocate for and create affirming spaces across healthcare and community centers that are specific to Indigenous 2SLGBTQ+ individuals. Simply "adapting" non-Indigenous curricula or opening non-Indigenous spaces to Indigenous youth is not enough.

Limitations of this study include social media-centric recruitment methods and delivery of the survey. We acknowledge that internet and cell phone technology may not be accessible to all and that self-reported survey responses may be inherently biased. Additionally, while the sample size provides adequate power to achieve study objectives, it does not allow for generalization of results to all persons who identify as AI/AN and 2SLGBTQ+ or account for cultural and geographic variances. Future quantitative work may include a larger sample size and further stratification by geographic location, as well as delve deeper into connection to culture and community. Current ongoing work as part of the parent study includes qualitative research to better understand the intersectionality of Indigenous identity and gender identity. Despite these, results contribute new data and perspectives to the existing literature and can inform public health, policy work, and clinical practice.

CONCLUSION

This study demonstrates the needs and barriers and highlights the importance of pride and identity among Indigenous 2SLGBTQ+ AYA. Findings uphold the importance of community connection and support and emphasize the need for youth-led, community-driven research and programming to further support these AYA. Future efforts may build upon these preliminary data and efforts already underway by Indigenous youth and communities. Healthcare providers and organizations may apply lessons learned to adolescents in Indigenous communities and adapt findings to gender-diverse AYA in their care.

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Correspondence regarding this article should be directed to Alessandra C. Angelino, Division of Adolescent and Young Adult Medicine, Department of Pediatrics, Johns Hopkins University School of Medicine, 200 N Wolfe St., Baltimore, MD, USA. E-mail: Alessandra.angelino@gmail.com