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Resilience among two-spirit males who have been living with HIV long term: Findings from a scoping review

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ABSTRACT

A scoping review of health research literature was conducted to examine how resilience among long-term-HIV-positive two-spirit men was examined, described, and/or supported in the literature. Using established scoping methods (Arksey and O'Malley, 2005), and in consultation with a community advisory board, we identified keywords and searched for relevant studies in 12 databases. A total of 15,779 articles were identified as potentially addressing the topic. Articles were excluded if they were duplicates (n=8,627), written before 1996 (n=1,225), or had no abstract (n=772). We used Refworks software to manage the dataset of articles. The remaining 5,155 articles were reviewed for inclusion and exclusion criteria. The criteria developed were (i) numerous terms for Indigenous (e.g., "Aboriginal", "indigenous", "first nation"), or the name of a people or tribe; (ii) addresses males; (iii) who may identify as two-spirit, gay, bi, or trans; (iv) who have been living with HIV for 2+ years; and (v) focuses on resilience, well-being, wellness, coping, mental health, protective factors, optimal health or wellness. An additional 5,114 articles were excluded, yielding 41 articles. A final review for the intersection of these criteria revealed 21 articles which were analyzed for key themes. The results included *challenges* to resilience: (i) historical and ongoing structural risks and systemic oppression, (ii) multiple minority status intersections and systems of marginalization, and (iii) psychosocial and health outcomes; and *strengths* identified: (i) cultural resources, (ii) culturally grounded services, (iii) social supports, and (iv) decolonizing and Indigenous services and care. Implications for practice, service delivery, and research are discussed.

Keywords: Scoping review, Literature review, HIV, Two-spirit, Resilience, Community based research

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Resilience among two-spirit males who have been living with HIV long term: Findings from a scoping review

Indigenous[1] communities in Canada represent a broad and rich array of nations, traditions, cultures, and histories that, because of the effects of colonization and cultural genocide, experience ongoing socio-economic and health disparities (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 374). These events have had lasting effects on Indigenous peoples and communities in numerous ways. Many of the ways these effects are described in research literature or in the broader White settler discourse centre on pathologizing Indigenous peoples and identities (Peltier, et al., 2013). As a result, there is little understanding of how Indigenous peoples have been resilient in the face of these experiences. Importantly, these discourses lack an understanding of how Indigenous peoples comprehend and make sense of resilience from an Indigenous world view.

The HIV pandemic is an important example of one such health disparity. In Canada, though Indigenous peoples make up 4.3% of the population of Canada, they represent nearly 19% of all those living with HIV (Statistics Canada, 2017). Indigenous peoples also have less access to HIV-specialized medical care and medications when compared to non-Indigenous people (Miller, Spitall, Wood, Chan, & Schechter, 2006; Wood, Kerr, Palepu, Zhang, & Strathee, 2006). Among Indigenous peoples living with HIV and AIDS (IPHA), two-spirit men represent an important population given the intersection of

[1] Indigenous Peoples is an 'umbrella term' inclusive of First Nations, Inuit and Métis peoples, descendants of the original peoples of the territory that is now called Canada.

Indigenous identity and sexual minority status. Two-spirit[2] men living with HIV cope with the effects of colonization and racism, as well as issues of homophobia and exclusion based on sexual orientation and/or gender identity. Front-line HIV service providers who felt the needs of Indigenous two-spirit men living with HIV were not captured well in the research literature collaborated with scholars (Indigenous and settler) to develop the goals and focus of this community-based research (CBR) project, known as the Two-Spirit HIV/AIDS Wellness and Longevity Study (2SHAWLS; see Jackson et al., 2021 for detailed description of the overall study development).

Although much research has sought to deconstruct colonial narratives in health literature, the resilience of two-spirit male IPHA continues to be understood through pathologizing discourses. Even though the discourse of Indigenous peoples in general highlights continuing health challenges, the authors' academic/community partnership (Jackson, Brennan, Georgievski, Zoccole, & Nobis, 2021) operated from a different assumption. Although we acknowledged much suffering and disparity among two-spirit men living with HIV, our research team was aware of anecdotal community and service provider knowledge that indicated that many long-term HIV-positive two-spirit men were, in fact, doing well. However, we were unaware of how much literature addressed resilience among this population. Indigenous peoples experience resiliency that is grounded in cultural assets, extending beyond the individual to also include a focus on social, cultural, and community assets. For our study, resilience amongst two-spirit IPHA was understood as being rooted in Indigenous collective strengths as derived from connecting to broader community, cultural resources, and relationships with, and, across time and geography (Jackson et al., 2021). In order to better understand resilience among long-term-HIV-positive two-spirit men, an academic scoping review of social science and public health research literature was conducted to examine how their resilience was supported and described in the research literature. This paper describes the methods and results of our scoping review and the implications of the findings.

METHODS

The scoping review described in this paper was modelled on the methodological framework developed by Arskey and O'Malley (2005). Scoping reviews, as a method, are an efficient and effective way to comprehensively examine the range and nature of research on a given topic, while simultaneously identifying any existing gaps within the literature. Thus, to better understand both how the resilience of two-spirit male IPHA is studied, as well as the areas where this research is lacking, a scoping methodology was employed in our review of the literature.

Arksey and O'Malley (2005) identify 5 key steps in their framework of scoping reviews: (i) identify the research questions, (ii) identify relevant studies, (iii) select studies, (iv)

[2] "Two-spirit" refers to individuals who self-identify as possessing both male and female attributes. Two-spirit is a third gender and although many two-spirit individuals identify as gay, lesbian, bisexual or transgender, two-spirit is not typically understood as being the same as sexual orientation.

chart the data, and (v) collate, summarize, and report the results. Our study sought to examine the resilience of two-spirit male IPHA; that is, we sought to better understand the factors, skills, resources, knowledges, and practices that contribute to two-spirit men's health and well-being living long term with HIV. To identify studies that addressed this question, a list of search terms (see Table 1 below) was developed that would allow us to capture as broadly as possible any pertinent literature.

Table 1: Search Terms

Orientation		People		Condition		Approach
"2-spirit*" "two-spirit*" "two spirit*" LGBT* GLBT* intersex* pansexual* bisexual* gay* homosexual* lesbian* queer* trans transsexual* transgender* omnisexual* genderqueer* "gender queer*" "gender-queer*" MSM "F to M" "M to F" heterosexual* "A-sexual*" "third gender*" "fourth gender*" "double sex*" doublesex* "twin spirit*" twinspirit*	**AND**	Aboriginal* Aborigine* Indigenous native* "first nation*" "first-nation*" "1st nation*" "1st-nation*" Indian* Amerindian* tribal autochtone* amerindien* Aborigene* indigene*	**AND**	HIV HIV positive HIV-positive HIV/AIDS HIV and AIDS Living with HIV Living with AIDS Living with HIV/AIDS HIV affected	**AND**	resilient* resilience* resiliency Coping Cope* "Protective Factor*" "Protective Process*" wellbeing "well-being" "well being" "optimal health" "mental health" strength* wellness
Note: The asterisk (*) is a wildcard character allowing for a search of any word with that prefix.						

CBR approaches were used throughout the development and implementation of the scoping review to ensure that Indigenous peoples were appropriately central to the research process (Ball & Janyst, 2008; Teengs-O'Brien & Travers, 2006). The research team included two-spirit people living with HIV and was comprised of Indigenous and two-spirit researchers, community members, and academic researchers. Additionally, the majority of the Team were Indigenous and we also engaged a Community Advisory Board (CAB) that included two-spirits living with HIV, two elders, and other community stakeholders. The CAB advised the Research team on the development of the study's methods, analysis plan, and interpretation of the results. The prolonged CAB engagement provided ongoing and consistent assurances that the study foregrounded Indigenous knowledges and methods as well as opportunities to member-check our methods, and

develop accurate and useful search terms, as well as inclusion criteria. CAB members were integral to our honouring the participatory and collaborative aspects of CBR. The CAB, along with the Research team, participated in the scoping review, including the screening process and thematic analysis (Cochran, et al., 2008; Edwards, Lund, Mitchell, & Andersson, 2008).

To begin, a comprehensive list of databases was compiled through consultations with librarians at the University of Toronto (See Table 2). Articles were included if they were written between 1996 (the advent of the rollout usage of HIV treatment) and 2010 (two years before the analysis began.) In total, 12 databases were searched using our list of keywords and a total of 15,779 articles were identified as potentially addressing our research question. Articles were excluded if they were duplicates (n=8,627), written before 1996 (n=1,225) or had no abstract (n=772). Refworks software was used to manage the dataset and duplication of articles.

Table 2: Databases Consulted (1996-2010)

Database Name	**Abstracts Consulted**
Proquest	1,831
Scopus	2,544
Medline	1,557
EMBASE	2,335
CINAHL	621
Web of Knowledge	1,850
PyschInfo-Ovid	2,265
Social Work Abstracts-Ovid	78
LGBT Life	753
Bibliography of Native North Americans	246
Native Health Database	575
Indigenous Studies Portal	1,001
Total References	15,779
Duplicates	8,627
Excluded, written before 1996	1,225
Excluded, without abstract	772
Excluded, inclusion criteria unmet	5,114
Total References Included	41

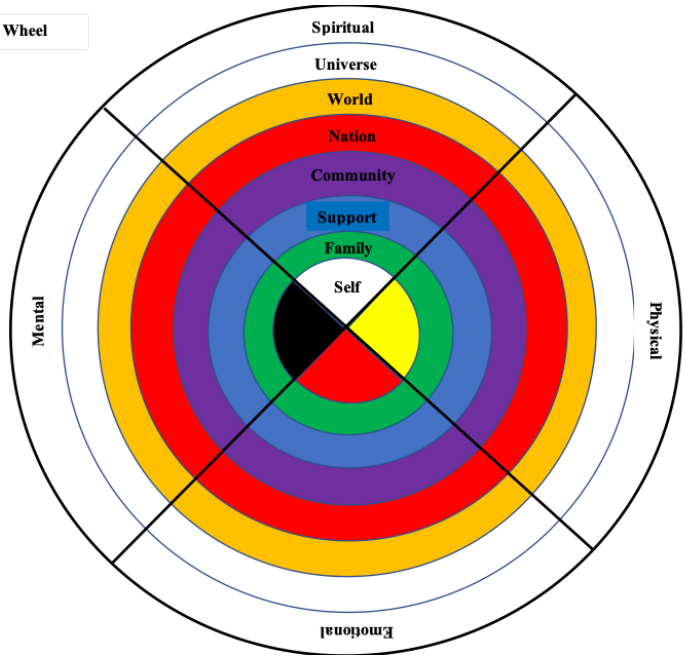
The remaining 5,155 articles were reviewed for inclusion and exclusion criteria. The criteria developed were related to our research question and included: (i) uses the word "Aboriginal" or "indigenous" or "first nation" or "Aborigine" or "native" or Amerindian" or "tribal" or "autochone" or "Amerindien" or "Aborigene" or "Indigene" or the name of a people or a tribe in a particular place; (ii) addresses males; (iii) addresses males who may identify as two-spirit, gay, bi, or trans (F to M, M to F); (iv) addresses HIV-positive males who have been living with HIV for 2 years or more; and (v) focuses on resilience, well-being, wellness, coping, mental health, protective factors or processes, optimal health, or strength. Each title and abstract of the 5,155 articles were reviewed by two

reviewers and scored as “yes,” “no,” or “unsure” for each of the five inclusion criteria. Articles that didn’t address one or more of the five inclusion criteria were excluded. Thus 5,114 articles were excluded, yielding 41 articles for further analysis.

These 41 articles were read by two members of the research team and were scored as either “include” or “exclude” based on their ability to address the question “does some component or all of this article address the intersection of living with HIV for more than two years, being Indigenous, First Nations, Inuit or Metis and being two-spirit, gay, bi or trans and resilience in its broadest form (wellness, coping, strength)?” Discrepancies between reviewers were addressed by having a third team member review and score the article in question. Reviewers found that only four articles met all criteria. In reviewing the four articles, however, the research team decided that this number was too low to extract a meaningful analysis. Thus, the original 41 articles included in our preliminary inclusionary screening were selected for further analysis. Upon further analysis, articles that did not address the specific intersection of living with HIV, identifying as Indigenous and falling under our previously defined two-spirit umbrella were excluded from the final dataset. This yielded 21 articles that underwent further analysis.

To extract data from the 21 articles, a narrative review was undertaken by charting each article for key issues and themes (Adelson, 2005; Pawson, 2002). Articles were charted for general information about the study; the aims, methodologies, and methods of the study; the appropriateness of the study design; the relationship between the researchers and study participants, any other pertinent ethical issues; and the analysis, findings, and importance of the study. The charting revealed several key themes within the dataset that warranted further analysis. Thus, the research team decided to undertake a thematic analysis of the articles. A Medicine Wheel was developed by our team to help visualize and organize the data (see Figure 1; Brennan, Jackson, Georgievski, Zoccole, and Nobis, 2021).

Figure 1: Medicine Wheel



The Medicine Wheel sought to examine a range of factors that influence the resilience of two-spirit male IPHA socially, culturally, personally, and institutionally. Using NVIVO 10.0^{TM} and our thematic framework, articles were coded to identify key findings within each article relevant to our study question. Further to our coding, the thematic framework was re-grouped to help better highlight the factors inhibiting and enabling resilience amongst two-spirit male IPHA. The results of this analysis, outlined below, represent a summary of the factors identified within the literature as impacting two-spirit male IPHA's resilience.

RESULTS

We begin by examining the challenges to resilience faced by two-spirit men living with HIV, as described in the literature, and then discuss the strengths that foster and support two-spirit IPHA's resilience. Finally, we discuss the implications of these results for practice and service delivery as well as further research, addressing resilience among two-spirit males living with HIV.

CHALLENGES

Resilience arises in response to and is shaped by challenges. Thus, to understand the resilience of two-spirit male IPHA, it is important to examine the challenges that have shaped their resilience in the context of historical and ongoing colonization. In our analysis of the 21 included articles, we discovered three themes that summarize many of the challenges faced by two-spirit IPHA: (i) historical and ongoing structural and systemic oppression, (ii) intersections of identity and systems of marginalization, and (iii) psychosocial and health outcomes.

Historical and ongoing structural and systemic oppression

Almost all papers reviewed in our analysis (n = 19) discussed the structural risks that impact two-spirit IPHA's resilience. Of these, 15 discussed a lack of educational opportunities and Indigenous-focused services. Many of the structural risks faced by two-spirit IPHA are shared by the broader Indigenous population in North America. A historical lack of support from governmental institutions continues today as many Indigenous communities are underserviced, lack access to culturally competent service, and/or face stigma and discrimination by service providers (Grierson, et al., 2004; Fieland, Walters, & Simoni, 2007; Nebelkopf & King, 2003; Rowell, 1997; Teengs-O'Brien & Travers, 2006; Vernon & Jumper-Thurman, 2005). Colonization continues to impact two-spirit people' access to support services, culturally competent care, and traditional teachings. In the face of structural and systemic exclusion, marginalization, and oppression, many two-spirit people have had to organize to fill the gap of culturally competent, effective care for their communities (Meyercook & Labelle, 2004; Odo & Hawelu, 2001). This act of self-determination has been a source of resilience for individuals, families, and the community.

The lack of institutional support exacerbates many of the socioeconomic challenges faced by Indigenous two-spirit IPHA. An additional 10 articles discussed these socioeconomic challenges. For many, issues of poverty, unstable housing, isolation, and lack of education and job opportunities increased their risk of contracting HIV and shaped their healing journey (Barney, 2004; Brassard, Smeja, & Valverde, 1996; Dennis, 2009; Duran, et al., 2010; Nelson, Simoni, & Walters, 2011).

For two-spirit male IPHA, existing at the intersection of multiple minority identities also means being burdened by the historical and continued community traumas of those identities. Of the 21 articles, 13 discussed the historical and continuing trauma of colonialism, residential schools, and compulsory Christianity and its contribution to two-spirit IPHA's experiences of isolation, discrimination, and violence (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Fieland, Walters, & Simoni, 2007; Gilley & Co-Cké, 2005; Saylors, Jim, Plasencia, & Smith, 2005; Teengs-O'Brien & Travers, 2006). The influence of Christian missionaries led to rampant homophobia in some Indigenous communities, forcing many two-spirit people to become isolated from their communities (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Barlow, Loppie, Jackson, Akan, & MacLean, 2008; Saylors, Jim, Plasencia, & Smith, 2005). Faced with heterosexism from their Indigenous communities, and racism from much of the broader lesbian, gay, bisexual, and trans* (LGBT) community, many two-spirit people have come together to form their own families and communities - a source of protection and resilience (Gilley & Co-Cké, 2005; Teengs-O'Brien & Travers, 2006).

Intersections of identity and systems of marginalization

The experiences of two-spirit IPHA are shaped by their existence at the intersection of multiple identities – Indigenous, gender variant, living with HIV. All 21 articles analyzed in the scoping review discussed the effects of multiple minority statuses on two-spirit's health and well-being. However, of the included articles, only 11 specifically addressed how living with HIV intersects with multiple minority statuses to shape two-spirit IPHA's resilience. Compared to non-Indigenous gay, bisexual, and other men who have sex with men (GBMSM), two-spirit people face higher rates of unemployment, poverty, unstable housing, and discrimination in support services (Teengs-O'Brien & Travers, 2006). Additionally, compared to all Indigenous men living with HIV, two-spirit individuals face higher rates of physical and sexual abuse, suicidality, post-traumatic stress, using substances to cope with anxiety and loneliness, discrimination, and violence (Fieland, Walters, & Simoni, 2007; Simoni, Walters, Balsam, & Myers, 2006). Experiences of discrimination and stigma in Indigenous communities prevent many two-spirit people from accessing Indigenous health and social services, force them to migrate away from their home communities, and increase their risk of contracting HIV and developing AIDS (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Gilley & Co-Cké, 2005; Fieland, Walters, & Simoni, 2007; Nelson, Simoni, & Walters, 2011; Teengs-O'Brien & Travers, 2006). Finally, amongst Indigenous men living with HIV, two-spirit people account for the highest percentage of AIDS cases in the US, face higher rates of comorbid disorders, and face greater discrimination for disclosing their HIV status (Cassels, Pearson, Walters, Simoni, & Morris, 2010; Duran, et al., 2010; Fieland,

Walters, & Simoni, 2007; Simoni, Walters, Balsam, & Myers, 2006; Vernon & Jumper-Thurman, 2005).

Psychosocial and health outcomes

Studies of two-spirit peoples' mental health status (n = 15) reveal that two-spirit people are more likely to attempt suicide, have more anxiety and post-traumatic stress symptoms, and use substances to cope with mental health stressors (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Fieland, Walters, & Simoni, 2007; Odo & Hawelu, 2001). However, compared to persons who identify as heterosexual, two-spirit people are also more likely to seek out mental health services (Balsam, Huang, Fieland, Simoni, & Walters, 2004). Additionally, almost all the mental health literature identified in our scoping study discussed the impact of substance use on two-spirit peoples' health. Substance use amongst two-spirit people was understood as a coping strategy for the isolation, discrimination, and stigma they confront both within their home Indigenous communities and within the broader LGBT community (Fieland, Walters, & Simoni, 2007). The prevalence of substance use within the gay community exacerbates two-spirit peoples' use of substances as a coping strategy, increasing its impact on their mental health and HIV risk statuses (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Duran, et al., 2010; Gilley & Co-Cké, 2005; Saylors, Jim, Plasencia, & Smith, 2005; Teengs-O'Brien & Travers, 2006).

In the context of unstable housing, few job opportunities, and historical and ongoing disenfranchisement, many two-spirit people trade sex for survival (Cassels, Pearson, Walters, Simoni, & Morris, 2010; Odo & Hawelu, 2001; Teengs-O'Brien & Travers, 2006). Sex work can be a source of income, housing, and personal safety; however, it can also increase the risk of HIV transmission and experiences of discrimination when accessing health and social services (Barlow, Loppie, Jackson, Akan, & MacLean, 2008; Odo & Hawelu, 2001).

As discussed previously, two-spirit people are more at risk of experiencing lifetime physical and sexual abuse (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Barney, 2004; Simoni, Walters, Balsam, & Myers, 2006). Two-spirit youth are more likely to face childhood physical and sexual abuse, as well as lifetime victimization due to their minority statuses (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Fieland, Walters, & Simoni, 2007; Simoni, Walters, Balsam, & Myers, 2006), and many of them experienced this abuse as a direct result of the residential school system, with evidence to suggest it has had significant negative impact on their health and wellness (Evans-Campbell, 2012). These experiences of abuse and victimization increase two-spirit people vulnerability to contracting HIV and developing comorbid disorders that can negatively impact the health outcomes of their living with HIV (Fieland, Walters, & Simoni, 2007; Simoni, Walters, Balsam, & Myers, 2006; Teengs-O'Brien & Travers, 2006). Other evidence suggests that these effects and others can occur among two-spirit people with indirect connections to residential schools such as those who have been raised by someone who experienced abuse in the residential school system (Evans-Campbell, 2012). In addition to sexual

abuse, 11 articles also discussed experiences of historical trauma towards shaping resilience responses among IPHA.

STRENGTHS

Our analysis of the papers found four concepts addressed in the literature that we classified as strengths of Indigenous people living with or at risk for HIV, including long-term HIV-positive two-spirit men. These are: (i) cultural resources, (ii) culturally grounded services, (iii) connecting to community and social supports, and (iv) decolonizing and Indigenous services and care.

Cultural resources

Ensuring that cultural resources were a core component of addressing HIV among Indigenous and two-spirit people was an important aspect of resilience in the literature. There were 14 papers that addressed this issue and each of these touched on how there was a need for increased access to, and use of, Indigenous cultural resources for HIV prevention and care, such as ensuring a linkage between clinical care and Indigenous leadership (Teengs-O'Brien & Travers, 2006); access to Indigenous healing services (Brassard, Smeja, & Valverde, 1996); the use of ceremony and Indigenous social involvement as tools for health and wellness (Gilley & Co-Cké, 2005); and a better understanding of Indigenous holistic worldviews among providers (Barlow, Loppie, Jackson, Akan, & MacLean, 2008).

Other papers suggested models for consideration. One model, the *Indigenist Stress Coping Model*, was focused on the factors that impact health among Indigenous people either at risk for, or living with HIV (Fieland, Walters, & Simoni, 2007; Kaufman, et al., 2007). This comprehensive model provided an integrated and holistic approach to understanding the relationship between ecosocial factors and health outcomes for Indigenous people in the context of HIV. Some of these factors included historical trauma, healthcare system inequities, enculturation, and traditional health practices. Another model proposed by Nebelkopf and King (2003) highlights the importance of multiple systems of care including an integration of traditional services and care designed to address the multiple medical and psychosocial needs of urban Native Americans in the Bay Area of California. In this model, like other interpretations and uses of the Medicine Wheel, there is a focus on the Creator in the center and the harmonious balance of relationships between the spiritual, mental, emotional, and physical aspects of all individuals. Other models suggested a framework for developing the delivery of services and care that integrated Western medical procedures such as medication adherence and care, with the use of traditional cultural resources such as Indigenous healing services (Duran, et al., 2010; Nebelkopf & King, 2003).

Culturally grounded services

Most papers (n=15) discussed the need for the provision of culturally competent and culturally grounded services as an important factor in health, wellness, and resilience. Cultural competency must consider the effects of historical trauma upon Indigenous peoples as a counter narrative to the Western notion of pathologizing individuals. However, to be truly culturally competent, the provision of care and services must also be inclusive of the broader aspects of Indigenous worldviews, community, and cultural resources (Barlow, Loppie, Jackson, Akan, & MacLean, 2008).

Culturally grounded services represent an "applied" use of cultural resources in the delivery of care and services. For two-spirit and/or gay/bisexual men, the reviewed articles offered several specific suggestions. One was the provision of communal space for both Indigenous and gay/two-spirit cultural safety, community, and service delivery (Dennis, 2009). Such space should be accessible as well as inclusive of images, symbols, and language that represent two-spirit and Indigenous culture.

Other papers specifically suggested the integration of Indigenous services and culture for prevention, diagnostic, and treatment programming (Duran, et al., 2010; Prentice, et al., 2011). Using feedback from Indigenous people living with HIV, a "Wise Practice" approach to service delivery was suggested by Barlow and colleagues (2008). These wise practice approaches focused on valuing the journey of the participants, respecting their choices, and making sure an accessible and integrated system of care was grounded in cultural competency. Overall to be 'wise' in their approaches, it was felt that services and service practitioners needed awareness of the historical context, as well as the nature of community and culture for Indigenous populations. Additionally, care and services that aim to assist Indigenous people living with HIV and two-sprit men at risk for HIV who are disconnected from families, cultures, and communities would do well to aid clients to re-establish these Indigenous connections. This was discussed as an important factor in facilitating health, wellness, and resilience (Gilley & Co-Cké, 2005; Johnson, Gryczynski, & Wiechelt, 2007). An appraisal of the awareness, knowledge and use of Indigenous cultural and spiritual practices was considered an important part of the overall assessment for care and prevention among two-spirit IPHA males (Balsam, Huang, Fieland, Simoni, & Walters, 2004).

Among two-spirit youth at risk for HIV, ensuring that spaces are youth, two-spirit, and Indigenous friendly were important factors in providing services to at-risk youth (Teengs-O'Brien & Travers, 2006; Prentice, et al., 2011). Finally, looking to Indigenous communities for leadership and direction in care and programming was considered essential to the delivery of culturally competent and culturally grounded services (Barlow, Loppie, Jackson, Akan, & MacLean, 2008). By including leadership, Elders, and community stakeholders, these services would gain respectability in the communities and more effectively address the needs and care of two-spirit men.

Approximately half (n=11) of the reviewed articles discussed the use of some form of individual or group therapy for managing mental health needs and concerns to address

resilience for Indigenous and two-spirit men at risk for, or living with, HIV. As noted above, the provision of these services should be done in the context of being culturally competent and utilizing cultural resources, however the literature offered some specific suggestions. For instance, assessment of an individual for counseling should include an assessment of their use of cultural resources and supports, such that clients would be making informed choices about how to best meet their needs (Balsam, Huang, Fieland, Simoni, & Walters, 2004). In addition, addressing these issues through mental health interventions included suggestions that two-spirit individuals may need to be supported in understanding the ways in which their multiple identities intersect and to develop coping strategies for managing these identities (i.e., two-spirit, Indigenous) (Balsam, Huang, Fieland, Simoni, & Walters, 2004). The use of native arts and crafts within group and individual therapies were also emphasized to build connections between multiple identities and Indigenous culture (Dennis, 2009).

If alcohol and other drugs are a part of the challenges an individual two-spirit male is facing in relation to HIV risk or living with HIV, Gilley & Co-Cké (2005) suggested there be opportunities for cultural practices made available to them. Sweat lodges, ceremonial singing, or learning native crafts that are grounded in two-spirit support are seen to be beneficial, especially if clients are experiencing stigma or disconnection from these cultural practices in their Indigenous communities. This may help men to connect with their cultures and assist in their discontinuing from alcohol and drug use in other communities where they may not be valued or may feel stigmatized (i.e., either in the White gay male community or among Indigenous communities).

Connecting to community and social supports

Over half (n=11) of the analyzed articles describe the importance of social support in maintaining wellness and resilience among two-spirit males and/or other Indigenous populations. Connection to community and culture has been a significant aspect of much of the research reviewed for this article on resilience. Not surprisingly, social supports are mentioned as a means of reducing isolation among two-spirit men. Meyercook and Labelle (2004) suggested that connecting to other two-spirit people and Indigenous communities assists in reducing isolation and increasing a sense of pride. Connections with Indigenous and two-spirit groups or gatherings help individuals to gain strength and balance in their lives often by making visible role models living a balanced life (Meyercook & Labelle, 2004) that is culturally connected and spiritually based (Nebelkopf & King, 2003).

Decolonizing and Indigenous services and care

Over half of the articles (n = 11) explicitly discussed the importance of decolonizing and Indigenous knowledges in terms of designing service delivery. This ranged from the development and/or discussion of Indigenous models (Kaufman, et al., 2007), to ideas of care and service provision that are rooted in Indigenous ways of knowing and spiritual traditions (Duran, et al., 2010; Nebelkopf & King, 2003), including hybrid models that integrate Western medicine with Indigenous care models. These models strongly suggest

research and service provision focus on how to understand and appreciate the ways in which colonization has impacted Indigenous people—specifically the impact of Western forms of Christianity upon two-spirit identity and same sex behavior (Fieland, Walters, & Simoni, 2007).

Brassard, Smeja, & Valverde (1996) discuss the use of native culture and traditional activities such as sharing circles and symbols to promote native knowledge and pride. They also suggest keeping the program within the Indigenous community, which will allow for the development of program delivery that is placed in the context of traditional values and Indigenous ways of understanding and healing.

DISCUSSION

This literature review presents the findings from a scoping study that sought to examine the ways in which resilience is addressed in the research literature for two-spirit male IPHA.

Overall, our findings suggest that a significant source and enhancement of resilience for two-spirit male IPHA is the connection and contact with Indigenous community, culture, and care. We have grouped our findings in a bifurcated way (i.e., challenges and strengths) to represent what is perceived in the literature. However, the authors note that such a dichotomy is reductive and represents a significant limitation of the literature. Indeed, many of the challenging aspects of resilience were met and addressed by the strengths of two-spirit men and their communities, as described in the literature. These strengths and challenges are parts of a more holistic reality of the experience of two-spirit IPHA.

These current findings extend concepts from the work of other scholars as well. Kirmayer, Dandeneau, Marshall and Phillips (2011) stressed how resilience is not only understood in an individual context for Indigenous people, but also requires a connection to Indigenous community and culture. Ungar et. al. (2008) suggest that resilience must be understood beyond an individual and include culturally relevant mechanisms for supporting well-being. Our review of the research literature for two-spirit IPHA concurs with these other scholars' work. It is imperative that in order to address resilience for this population, efforts must be made to be inclusive of community leaders who can assure the inclusion of Indigenous cultural knowledge.

It is also important to note that, although some factors may not have been listed as neither strengths nor challenges, they may play an important role in the resilience of two-spirit IPHA. For instance, our review found that the issue of living in rural (i.e., reservation) and urban contexts could impact strengths and challenges experienced by two-spirit men. Two-spirit men living on reservation may feel unsafe to be out as being gender fluid or gay/bisexual or two-spirit, for example. Moving to an urban area might give them more opportunity to connect with other gay men (two-spirit, Indigenous or not) and thus come to terms with being a sexual or gender minority. However, the urban area may not feel as

safe or culturally grounded as a home community. Thus, this category may impact both the strengths of and challenges to IPHA resilience. This would also be true for substance use or sex work. One might engage in these behaviors initially in order to ensure survival or coping with challenges, but may also get caught up in difficult power dynamics or addiction issues. Therefore, though these areas may be pathologized in many contexts, it is important to understand them within the context of their ongoing historical implications and the long-term colonial project (Evans-Campbell, 2012).

IMPLICATIONS FOR PRACTICE AND SERVICE DELIVERY

The research literature suggests some very important implications for practice and the delivery of services to long-term HIV-positive two-spirit males. The most significant theme found in the literature is the importance of connection with Indigenous culture, communities, and spirituality. Most of the research described how the use of these resources were helpful to addressing the challenges faced by two-spirit male IPHA including racism, historical trauma, cultural identity, isolation, mental health challenges, and substance use challenges. Though sometimes homophobia was experienced in the context of Indigenous culture and community, similar connections with other two-spirit people and communities were important components of resilience for dealing with external and internalized homophobia (Fieland, Walters, & Simoni, 2007).

Thus, service delivery must foreground ways to increase this connection to two-spirit and Indigenous community and culture. The suggestions noted most frequently in the literature reviewed include ensuring that services are delivered for two-spirit males living with HIV in safe spaces, both in terms of Indigenous culture and two-spirit identity. Spaces can be made safer with the use of Indigenous and two-spirit cultural activities, images and role models, as well as the inclusion of supportive Elders and ceremonial activities. Assessment of two-spirit male IPHA should include an evaluation of the role of culture and community in their lives to understand how they may use these resources. By better understanding the needs of HIV-positive IPHA males, services can be better designed to address the issues these men are facing.

Finally, and in some ways most importantly, care and services must ensure that Western medicine is seen working in conjunction with Indigenous services and care, such that there is an appreciation for how these two fields of care can work together to address the health needs of two-spirit IPHA males. Indeed, this integration of care was discussed in all the articles reviewed that focused on the delivery of care, suggesting its importance in building and maintaining resilience among two-spirit male IPHA.

IMPLICATIONS FOR RESEARCH

There is an urgent need for the inclusion of two-spirit people in research studies on HIV among Indigenous people. This includes the presences of two-spirit people on research teams, community advisory boards and in roles related to recruitment, data analysis and

knowledge mobilization. As an area of scholarly inquiry, this field is somewhat new and burgeoning. Community members and scholars are eager to see research that will address the realities of HIV-positive two-spirit men's lives. However, this research must be conducted with Indigenous communities and draw on and be influenced by Indigenous knowledges (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). CBR is seen as one valuable tool that can enhance the inclusion and participation of Indigenous peoples in the research process (Teengs-O'Brien & Travers, 2006). CBR ensures that the research questions and methods for collecting data are in line with Indigenous values and are important to the community. In doing research among two-spirit males living with HIV, it would be essential to include two-spirit, Indigenous people living with HIV on the research team and/or involved as an advisory group to the research team. By doing this, researchers ensure the work is driven by community needs and includes methods that are relevant and meaningful to the community. In addition, CBR ensures that the final analysis and description of the study findings are done in such a way that they have direct impact on the community and are shared in a way that is understandable and accessible for those who are not researchers (Teengs-O'Brien & Travers, 2006).

It is important to note that this dearth of research is problematic for other reasons as well. Research that addresses Indigenous people but does not include two-spirit or lesbian, gay and/or bisexual people contributes to the erasure of the expedience of two-spirit people in the story of Indigenous communities. As well, research that focuses on HIV among sexual monitories such as gay and bisexual men but does not include two-spirit people also contributes to this erasure. This failure to include Indigenous and two-spirit people in health research has been referred to as the "final colonization" (Houghton, 2002, p. 1386). Future research projects focused on HIV need to ensure that two-spirit and Indigenous people are connected to and engaged in the research process so that we can better understand the needs of these populations. Given that there is a long-standing colonizing and traumatic history of abuse by researchers to Indigenous people, it is important to note that there is a greatly warranted sense of distrust of academic institutions among Indigenous people (see Duran and Walters, 2004 for an excellent discussion of this mistrust among Indigenous and Native populations in North America as it relates to HIV). Researchers must proceed with thoughtful engagement and work closely with Indigenous leaders, scholars, and community members to ensure their work is relevant and ethically responsive to the cultural needs of the populations.

Research is needed addressing HIV in the two-spirit and Indigenous communities using Indigenous models that incorporate the relationship between distinct cultural stressors unique to Indigenous peoples with a variety of health outcomes, including HIV. This includes examining resilience buffers such as culture, community, and spiritual ceremony that are vital to addressing the needs of those living with HIV (Walters, Simoni, & Evans-Campbell, 2002).

LIMITATIONS

There is clearly a significant deficit in the literature in that there were only four articles that met all of our initial inclusion criteria (see above). Though we expanded our criteria to capture a more meaningful yet still relevant analysis, the fact that only four articles in nearly 20 years of research address the erasure and invisibility of two-spirit males in the scholarly discourse on resilience for those living with HIV speaks volumes. This erasure highlights the very need for research in this area to develop knowledge, models of care, and wise practices to address HIV among two-spirit males.

As well, at the time of our study, HIV and two-spirit research was moving beyond looking at concepts of risk to also examine resilience and the factors that challenge or support resilience. Resilience as a concept has been criticized by Indigenous scholars for placing sole responsibility for healing upon the individual (Kirmayer, Sehdev, Whitley, Dandeneau, & Isaac, 2009; Lavallee & Poole, 2010; Newhouse, 2006); however, the research team decided that this would be the concept that we would examine in the literature because it most spoke to what was needed at the time of the study. Indigenous scholarship on resilience extends the Western conceptualizations to move beyond the individual and include a focus on social, cultural, and community assets (Newhouse, 2006). Indigenous collective strengths—as derived from connecting to broader community, cultural resources, and relationships with the land—are integral to understanding Indigenous resilience (Peltier, et al., 2013). Future research in this area will surely extend our understanding of this notion of resilience for Indigenous people.

CONCLUSION

The academic literature related to enduring health and wellness among long-term HIV-positive two-spirit men is severely lacking. This scoping review provides evidence of the limited context that amplifies an erasure of Indigenous resiliency. It is important to note that the few studies conducted, and their resultant limited scholarship, presents fairly uniform messages about how to address future research, practice, and policy for long-term HIV-positive two-spirit men. This includes increasing access to cultural resources, addressing the ongoing effects of historical trauma, and increasing connections to Indigenous communities, resources, and contexts. Resilience among this population both exists and requires increased efforts to be enhanced. Future research must enhance Indigenous ways of knowing to provide stronger culturally grounded and meaningful research for two-spirit men living with HIV.

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Appendix A: List of 41 Included Articles

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