

# NALGAP reporter

Serving the Lesbian, Gay, Bisexual, and Transgender Communities since 1979



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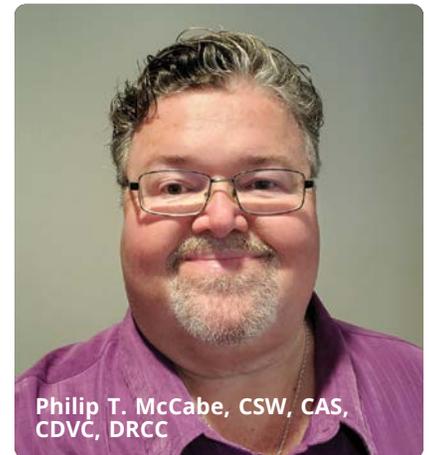
## Who We Are

NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies is a membership organization founded in 1979 and dedicated to the prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, transgender, queer communities.

## Lions and Tigers and Bears Oh My.

### Philip T. McCabe CSW, CAS, DRCC

One of my favorite childhood memories of all time is the annual watching of the Wizard of Oz on TV. Growing up in the 60's, we were fortunate that my family had a color TV and I would invite friends to come over and watch with me. There was always comfort in having friends around. I loved watching Dorothy, the Scarecrow and the Tinman, skipping down the yellow brick road, singing "Lions and Tigers and Bears oh my!" They were willing to face their fears on their journey to Oz. And soon while skipping and singing, that which they feared, a lion crosses their path and immediately goes after Toto. Dorothy stands up to protect her dog and slaps the lion across the face, which sends him crying. I am sure most readers remember the scene.



Philip T. McCabe, CSW, CAS, CDVC, DRCC

Dorothy: "My goodness! What a fuss you're making!

Well, naturally when you go around picking on things weaker than you are; Why, you're nothing but a great big coward!"

Lion: "Yeah, it's sad, believe me, Missy

(Lion begins to sing)  
"When you're born to be a sissy,  
without the vim and verve.  
But I could show my prowess,  
be a lion not a mouwess  
If I only had the nerve.  
I'm afraid there's no denyin'  
I'm just a dandelion,  
A fate I don't deserve."



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# Risk for Native LGBTQ/Two-Spirit Youth and Educators Understanding Importance of Creating Inclusive and Affirming Environments

Julia Bollwitt, Kate Pruess, Teresa Brewington, Anne Helene Skinstad

## Introduction

To reduce risks for Native LGBTQ/Two-Spirit youth and foster inclusive and supportive environments for them to thrive, educators must understand Native LGBTQ/Two-Spirit culture. To critically consider the multiple marginalized identities of Native LGBTQ/Two-Spirit youth, educators should also gain basic knowledge of historical roots, modern definitions of sexualities in Native culture and implement action items and strategies to help create an inclusive and affirming environment for Native LGBTQ/Two-Spirit students.

## History

Before the European invasion in the 17th-century, research estimates a range of 7 to 18 million American Indians and Alaska Natives occupied North America, representing 600+ tribal peoples, languages, and ways of life (Dobyns, 1983 & Champagne, 2018). During this period, Natives were colonized by the European way of life, and have experienced oppression and subordination towards Native and Indigenous peoples and their rights from the early contact with Europeans (Champagne, 2018). In other words, every part of who Natives were before the founding fathers of the new world, was forcefully stripped away. Because of colonization and Christianity, homosexuality in Native tribes was forbidden (Gill, 2011). The sexually uninhibited beliefs of American Indians were shamed and deemed barbaric and at God's mercy if they did not stop immediately (Gill, 2011). Because of this, many Natives have adopted Christianity's homophobic attitudes and beliefs (Gill, 2011). Today, the United States has made many efforts to accept and embrace those that identify as LGBTQ. However, many Native Americans and Tribal Nations continue to forbid it, and very little truth about America's true history and fewer resources for Indigenous history exists before European contact. As Human Rights Campaign (HRC), puts it, "Most known scholarship about pre-colonial American sexuality and gender comes from the journals of early European colonizers" (HRC, 2020).

Research suggests that gender and sexuality were more fluid in Native American society than in European culture and that more than 150 different pre-colonial Native American tribes acknowledged third genders in their communities (HRC, 2020). They were compelling people with distinct roles and duties. The onset of Colonialism resulted in Two-Spirits being condemned and ridiculed. "Traditionally, Native American Two-Spirit people were male, female, and sometimes intersex individuals who combined activities of both men and women with traits unique to their status as Two-Spirit people. In most tribes, they were considered neither men nor women; they occupied a distinct, alternative gender status." (IHS, n.d.)



Don Pedro Fages was third in command of the 1769-1770 Spanish Portolà expedition. He gave one of the most profound accounts of the existence of homosexuality in a diary written in 1775. The English translation reads: "I have submitted substantial evidence that those Indian men who, both here and farther inland, are observed in the dress, clothing, and character of women – there being two or three such in each village – pass as sodomites by profession.... They are called joyas, and are held in great esteem." (Fages, and Priestley, 1937).

## Sexualities in Native Culture

Native languages have found that English translation imposes Eurocentric gender and sexuality meaning to Native stories through storytelling. As explained in Leilani Basham's presentation, *Awaiāulu Ke Aloha: The Ties that Bind Hawaiian Gender, Sexuality, and Marriage* (2009), Eurocentric meaning-making of Native languages has altered and erased identities in Native people. Native fantasy stories are largely male-dominated colonial tales that lack respect for Native peoples' autonomy and fetishize instead of celebrating. Daniel Heath Justice calls for increased "freedom of love, desire, life, and bodies" and stories that embrace Native identity and imagination for an educational pathway in sex education. In his lecture *Seeking Fantastic Sex: Contesting the Savagist Erotic in Contemporary Fantasy Fiction*, he exposes gaps in Native-narrated stories that include Native LGBTQ/Two-Spirit characters and emphasizes the need for stories incorporating multiple marginalized identities.

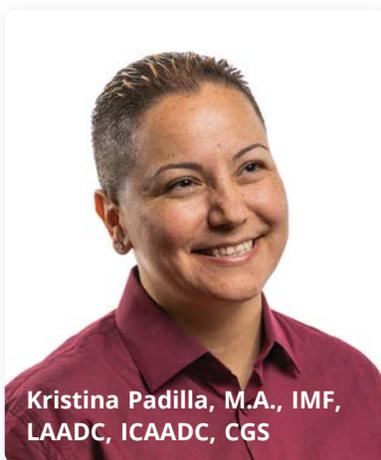
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# How we got the name, “Two Spirit among Native Tribes; History of Two-Spirit/LGBTQIA+ People”

**Kristina Padilla, M.A., IMF, LAADC, ICAADC, CGS.**

In the Native American tribes, there has long been a term to describe the highly respected and revered individuals known as “Two-Spirit”. Those who are two-spirit are described as having two-souls in one body and non-conforming to a specific gender classification of male or female. According to the Legacy Project, “Two-Spirit” people – share a mixed-gender consciousness that is said to result from being born with both a male and female soul – hence, a person with two spirits inhabiting one body through a continuum of gender identity variations and attractions. The coined term of “Two-Spirit” was adopted by the native tribes to deter from the once derogatorily used term “Berdache” which was used by settlers to label pan-natives. Taken from the French word *bardache*, translating as “passive homosexual” or “male prostitute”, it was used by both Latin and European settlers with a condemning nature rooting most times from deeply set religious beliefs and categorically placed gender roles in which only male and female genders existed. This condemnation resulted most often in targeted violence and mayhem towards the highly regarded Two-Spirit tribal members. This violence was once famously depicted in an etching by Theodor de Bry, titled “Balboa’s Dogs Attacking a Group of Panamanian Sodomites”, and reveals a horrific scene in which Spanish settlers have released their dogs to viciously attack Two-Spirit people. In the foreground you can see the Native Americans helplessly slaughtered while in the background, the settlers stand by in an almost wicked ease. Artwork such as this speaks to the way in which settlers viewed the Two-Spirit people that they encountered and failed to understand. Such deep rooted belief systems led to a resounding need to punish those whom they believed lived outside of acceptable practices.

Additionally, with the conquest of the Native American people came the efforts of missionaries, government agents, boarding schools, and white settlers resulting in the loss of many traditions in Native communities, especially those of the Two-Spirit people, ultimately forcing practices underground or to be lost completely in certain tribes (Two Spirit | Health Resources, n.d.). Traditions within the Native American community were predominantly passed down orally and with such stringent control being enforced by the incoming settlers, one can easily understand how practices were eradicated so swiftly within certain tribes. When looking at the historical accounts of Two-Spirit people, it must also be understood that most physical documentation was directly from settlers, leading to a heavily skewed and bias depiction of the natives based on their clear deep-rooted hatred for that which they believed to be “sinful” in nature.



**Kristina Padilla, M.A., IMF,  
LAADC, ICAADC, CGS**

However, long before the incoming assaults of settlers, Two-Spirit people were treated with overwhelming respect within their tribes and seen as the result of supernatural intervention and that this was a manifestation of the sacred. The Two-Spirit people’s ability to embody both male and female souls was viewed as an honor, therefore resulting in Two-Spirit individuals becoming essential spiritual leaders amongst their tribes and fulfilling honored spiritual roles such as shaman, healers, and ceremonial leaders (Two Spirit | Health Resources, n.d.), with other roles included as artisans, mentors, teachers, potters, and mediators. As stated by Estrada (2011), not all tribes/nations have rigid gender roles, but among those that do, some consider there to be at least four genders:

feminine woman, masculine woman, feminine man, masculine man. Two-Spirit people are often distinguished from traditional genders by their dress, lifestyle, social roles, and temperament. They often formed sexual and emotional relationships with non-two spirit members of their own sex, forming both short- and long-term relationships.

Among the Lakota, Mohave, Crow, Cheyenne, and others, two spirit people were believed to be lucky in love, and able to bestow this luck on others (Two Spirit | Health Resources, n.d.). As Randall (2019) wrote, male-bodied Two-Spirit individuals often took care of the home, wove, and created textiles, while typically dressed in feminine clothing, whereas female-bodied Two-Spirit Individuals would fulfill roles as horseback riders, warriors, healers and hunters and wore male clothing. Amongst the Native nations there was no discrimination regarding gender and sexuality as a person was valued for their character and contributions to their tribe. Because their gender roles involved a mixture of both masculine and feminine traits, two-spirit persons could do both the work of men and of women. They were often considered to be hard workers and artistically gifted, of great value to their extended families and community. Among some groups, such as the Navajo, a family was believed to be economically benefited by having a “nadleh” (literally translated as “one who is transformed”) androgynous person as a relative. Two-spirit persons assisted their siblings’ children and took care of elderly relatives, and often served as adoptive parents for homeless children (Williams, n.d.).

In the 20th-century, as homophobic European Christian influences increased among many Native Americans, respect for same-sex love and for androgynous persons greatly declined. Two-spirit people were often forced, either by government officials, Christian missionaries or their own community, to

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# Spiritual Abuse and Trauma Informed Care with LGBTQ+ Clients

Mark McMillan, LMSW, CAADC

I first became aware of Trauma Informed Care (TIC) at a breakout presentation during the National Conference on Addiction Disorder (NCAD) a few years back. Taking this knowledge back to my practice, I began to realize for the first time, the extent of trauma in the histories of the clients I was treating. I began to seek out more formal training on this topic, which led me to create my own presentations on TIC for healthcare providers in the local Metro Detroit area.



According to SAMHSA, TIC is “A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.” (SAMHSA Tip 57. 2014).

Over the years since that first breakout session, I have incorporated what I have learned about TIC into my practice. Specifically, the concepts of re-traumatization and safety. TIC is about treating the effects of trauma on the client, and not actually treating the trauma itself. In my opinion, this is one reason why TIC is such a powerful tool in treating, what I call, “unhealed trauma”, especially in individuals struggling with aspects of out of control substance use and other behavior addictions.

The Trauma Informed Care premise is to prevent re-traumatizing the client and also the clinician and other staff members. In addition, according to SAMHSA, it is understood that TIC should be incorporated in all policies and procedures for any organization, hospital or clinic, so that re-traumatization can be prevented.

It is duly important to recognize the hypersensitivity to “feeling safe” for someone with unhealed trauma in their past. In my experience, another aspect of TIC is educating the client about the effects of trauma. This includes possible PTSD symptoms, affects trauma has on the brain, and of course instilling hope that the client can heal. The list is too numerous to list here, but one symptom of PTSD is the hypersensitivity to “feeling safe.” Beginning with education regarding the effects of trauma, or possibly PTSD, allows the client to reframe and begin to feel more in control of their reactions, thus helping to improve their emotional stability overall.

Let's first define what we recognize as trauma. Healthcare Providers recognize two important types of trauma today:

**Acute Trauma:** According to the National Institute on Mental Health (NIH), acute trauma is often connected with short-term post-traumatic stress disorder. It reflects intense distress in the immediate aftermath of a one-time event.

**Complex (or chronic) Trauma:** According to the NIH, complex trauma is not attached to one specific event in the past, and can arise from harmful event that are repeated or prolonged. This may include the effects from prolonged Adverse Childhood Experiences (ACEs), such as neglect, and physical and sexual abuse.



Mark McMillan, LMSW, CAADC

TIC begins with recognizing that most all individuals have some sort of acute or complex trauma in their past, what I have been calling unhealed trauma.” When a client presents with unhealed trauma at intake, the most likely diagnosis would be PTSD. Currently, the DSM 5 recognizes PTSD as a diagnosable disorder, where a certain set of criteria needs to be met. However, that set

of criteria is coming under scrutiny more often today, as the healthcare profession learns more about the effects of trauma on an individual. For example, the emerging evidence of the difference in PTSD and Complex PTSD.

With this knowledge base, I was struggling to accurately diagnosis my LGBTQ+ clients who were still navigate the effects of their own unhealed trauma, which more often included other aspects not recognized as possibly being “traumatic.” For example, the emerging evidence that growing up today LGBTQ+ is a form of childhood trauma. (See the NIH Sexual & Gender Minority Research Office study “Sexual & Gender Minority Health Disparities Research Framework.”)

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# The Doctor is Out

James C. "Jes" Montgomery, MD

Dear Doctor Jes,

This post-pandemic world is really throwing me for a loop! I am just getting used to doing individual sessions and groups on Zoom to where it makes sense to me and now, folks want to come into the office. Just as I get ready to let them come in, new precautions have arisen. On top of that, stable folks are relapsing after some good sobriety and people with longer sobriety are having all sorts of moodiness and depression and anxiety. When do we get back to normal?

Sincerely,

Worried About Normality

Dear Worried,

I frequently remind my patients that "normal" is a cycle on the dishwasher and washing machine. On top of that, it is whatever we are doing at the moment. That said, we are facing a "New Normal" and that is pretty scary. My thoughts about this phrase since this all started have been about how another big epidemic brought about a "New Normal:" the HIV/AIDS epidemic.

My point of reference is that, in 4 years of medical school, which I attended a while ago, followed by 3 years of Family Medicine Residency and 10 years of private practice of Family and Addiction Medicine, I probably used needles to start IV's and draw blood well over 1000 times, maybe more. Back then I never drew blood or started an IV with a glove or a disposable tourniquet! We used to keep a tourniquet looped through our short white coat for just that purpose for ages. I think the only time I changed it was after my psych rotation, when I wasn't allowed on the unit with a "ligature" hanging on my coat! Today, that behavior would be unheard of, but it was the "Old Normal" before "Universal Precautions."

Universal Precautions changed all levels and many other areas of medical care. We are now in the limbo of not knowing what will be the "New Normal" and living with the fear of what we (and our patients") will lose when it's all over. In my micro-metaphor, I lost a skill that I was, quite honestly, rather good at. Thank heavens a psychiatrist doesn't need it!

I think one of the things we need to keep in mind is that, in addition to the many personal losses, including loved ones and friends, many things we once took for granted may not come back in the future. Those are losses too. Furthermore, we spent weeks and months living in a mine field – to walk out our door, for a period of time, every surface we touched, every



person we came within 6 feet threatened our lives. If that wasn't bad enough, we got the "hospitalized and death counts" every day to reinforce that threat. We lost our sense of safety. It may take a while for us to be able to clearly define how each individual navigated those potentially traumatic events. On top of that, those of us who weathered the AIDS epidemic of the 70s to 90s have another layer in the "folder" labeled "Trauma" in our brains.

Taking care of ourselves while navigating these losses and honoring the confusion is key to tolerating and helping our patients' nebulous, often misdirected or misinterpreted feelings. This is a large part of our "New Normal."

This means ambiguity, uncertainty and fear on both sides of the transference/countertransference line. Perhaps keeping the "One Day at a Time" mantra active as a mechanism to remind us that "Normal" truly is only whatever we are doing at the time, falling into a pattern that makes sense and is comfortable.

It may be difficult, while the world is constantly changing around us. Two more recent additions to the traditional "stages" of grief have been Relocation (Wiard) and Finding Meaning (Kessler)\*. That is, figuring out where to "enshrine" or relocate all the things we associate with the losses and be able to put them away when they stumble into our lives and extracting the deep sense of meaning from our journey through the losses. For me, I am preparing a place on a very high, very secure emotional shelf just below AIDS for COVID, both of which left me with a very deep sense of how fragile and precious life is and how much we are connected in community, now throughout the world. Today, I search for how to bring that meaning into action. The really hard part: Be very, very Gentle!

\*Editor note visit <https://grief.com/>

As a young preschool child, those words had very little meaning to me, I didn't know what a sissy was; I also thought a dandelion was just an innocent flower. Unfortunately, once I entered grade school, I learned about the word "Sissy" and what it implied. I heard the words on TV that were used to describe feminine boys and men for comic relief, and mostly in a derogatory manner.

During my childhood, I experienced bullies on the playground, in the neighborhood and even in my own home. Any boys not interested in sports, who preferred books, art, music, dance etc could be subject to harassment, bullying and abuse. It seemed at the time, I had bullies all around me. If I wasn't the target, then I would witness the abuse of one my friends. For years, I would use this song, or the entire story of the Wizard of Oz, when I needed to find my courage and survive the torment.

Upon reflection, I was fortunate as a teen entering high school that I had a great circle of friends which made life easier. There were still occasional jokes, but as teens we often teased each other, nothing left a scar like what I endure in the early years. Looking back, I admit I did everything I could to deny and hide my sexual orientation. Trying to be straight was how I protected myself.

This included dating a woman from another school. When she "selected" me, I fell in line with a girlfriend that was very controlling. I knew this wasn't love, but at the time, it was what I thought I had to do. For example, I was not allowed to hang with any of my friends without her. Eventually her controlling behavior became evident to some of my friends, but their help was not enough. Another example, we had a senior class overnight ski trip that I didn't go on. She would rage, if I did not due exactly as she wanted, because she could make life unbearable. I never told any of my friends, but there were times she was physically abusive.

Unfortunately, I slowly lost my circle of friends. I married this woman anyway, believing I had no any other option. I told myself it would get better; but it didn't.

I began living a dual life of trying to always hide the true part of me, which became a dark secret. My thoughts were always around "If anyone ever found out the truth, suicide would be better than being discovered." One of the most difficult decisions I made was to seek help from my family doctor.

I asked the doctor how someone would know if they were gay and his behavior and words had a long-lasting effect on me. First, he looked at me and asked simply, "why would you ask such a question?" When I couldn't reply, he said, "If that is an issue you are going to need help." Yes, I thought I do need help. I quietly said, "sometimes just I feel very confused." I can still vividly recall his stark reply today: "That is a very sad and lonely life." He then reached for his script pad and wrote me a script for Librium, 10 mg, 3 times a day.

My family doctor at the time, who by the way, a few months prior, had admitted my father into the alcohol recovery unit at the local hospital, never asked me about my own alcohol use; even knowing my family history. Also, just two years prior, the APA had declassified homosexuality as a mental illness (however, ego dystonic homosexuality was still being use). Also, he only wrote in the chart "anxiety disorder." I left his office feeling sicker then when I entered, and that I needed to keep my secret from everyone.

My suicidal thoughts increased as did my drinking and drugging. I ignored the warning not to drink when taking medication. To be honest, I was in a continual haze the next few years from pills and booze and keeping secrets from everyone. A series of events unfolded, and it all came crashing down. The end result was my wife labeled me a bisexual. I knew that didn't truly fit for me but I went along anyways, which lead to me not having a say about anything in my life. My wife used my secret against me emotionally, threatening to disclose it to family and friends.

At the time, I was in school studying to be an art teacher, and she told me she would make sure everyone knew and I would never get a job as a teacher. When I attempted to leave and asked for a divorce, she resorted to financial blackmail; eventually however, the divorce was filed as non-contested. She drained our account, ran up debt and did everything she could to get back at me. I didn't care as I needed to break free, and start my life over.

For me the early years of coming out meant going to gay bars. I found courage in the bottle, since going into a gay bar was intimidating. My drinking and drug use became daily and my new circle of gay friends also seemed to be heavy drinkers; also, not surprisingly. If someone didn't drink, I wanted nothing to do with them.

One night in the bar, someone hung up a flyer for the first National March on Washington for Lesbian and Gay Rights on October 14, 1979. That was my birthday weekend, so I convinced a friend we should drive down to DC. We were not part of any organized group, and we spent a lot of time in the bars and clubs that weekend. But we also experienced seeing so many more people who were out and proud.

The speakers and artists who spoke at the main rally are historical icons, including Harry Britt, Charlotte Bunch, Allen Ginsberg and Peter Orlovsky, Flo Kennedy, Morris Kight, Audre Lorde, Leonard Matlovich, Kate Millett, Troy Perry, Eleanor Smeal, the first PFLAG President Adele Starr, and Congressman Ted Weiss. Mayor Marion Barry gave a welcome to the marchers on behalf of the city of Washington, DC. These are only some I can recall or had to be reminded of that spoke.

However, what moved me the most was what the emcee Robin Tyler, who co- organized the march, said at the rally: "If homosexuality is a disease, let's all call-in queer to work: 'Hello. Can't work today. Still queer.'"

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My memories of my recent past experience with the medical community rang so true. I started to understand I was not sick, and I was not alone. After the March weekend, I decided I wanted more for my life than just hanging out in a bar. I got involved with a newly formed social and educational group in my area. By 1980, I became a community educator. This was also the time when I was first introduced to the recently established group called "The National Association of Lesbian and Gay Alcoholism Professionals." As a health educator, I was encouraged to connect with them. I spoke with the co-founder Dana Finnegan and reluctantly arranged to have a speaker come and speak at one of our educational meetings.

During that time, I also kept my distance, since my own alcohol and drug use was continuing to increase and getting more out of control. I really did not want to hear about people who did not drink. I share this because I believe there are many in our LGBTQ+ communities who unfortunately don't want to hear about addictions and recovery. After I began my own recovery in 1985, I found a true home, just like Dorothy was searching for in her journey from Oz. It was very turbulent in the 80s as the AIDS epidemic hit the gay community hard. As a gay man, I volunteered to provide support to others. I returned to school, and eventually entered into the field as an addiction professional.

I continued to work in HIV, training others on providing psycho-social support to our friends who were increasingly dying in greater numbers. I soon recognized that most of my colleagues knew very little about working with HIV and even less dealing with LGBTQ clients. At the time, the common belief we were taught, was to treat everyone the same. Most of the people who had HIV/AIDS were physically too sick to enter treatment, so we did the best for them. Back then, the support we practiced would be called Harm Reduction today, as most treatment professionals still needed to catch up to this newer concept. Individualized treatment and clients' needs were rarely considered. And when it came to trauma, most believed to "just leave it alone", or "just work on staying sober and forgiveness, and all will be ok."

I have witnessed so many changes in treatment since then. For example, I recall seasoned counselors being very confrontational with clients, shaming them, calling them names etc. I was fortunate that most of the educators and trainers I had were changing the focus and interaction we had with clients; "old school" methods were gradually disappearing.

In reflecting on my past experiences today, I believe NALGAP has been a respected leader for over four decades on how best to meet the needs of the LGBTQIA+ communities. We do this as we continue to follow NALGAP's mission of confronting all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations.

NALGAP provides information, training, networking, and advocacy about addiction and related problems, and support for those engaged in the health professions, individuals in recovery, and others concerned about the health of gender and sexual minorities.

This year, as in years previous, we will continue to educate others on providing trauma informed, LGBTQIA+ affirmative treatment to all. Unfortunately, there are still bullies. The school yard bullies are now politicians and policy makers who attempt to eradicate our existence, removing any support or protection for queer communities. NALGAP remains strong in our commitment. For example, we were one of the first national associations to add Bisexual, Transgender and out Allies to our name.

In 2015 we released our position statement on Conversion therapy and signed the petition for a federal ban on the practice. In addition, last year, we held a virtual panel discussion on how LGBTQ+ community-building is a counterbalance to heterosexism, homophobia, biphobia, transphobia, sexism, ageism, racism, and other oppressions experienced by sexual minorities. For some of us, COVID 19 is a reminder of what we experienced in the AIDS epidemic. People are again feeling fear, anxiety, multiple losses and we know it is grief and trauma. Of course, there is a difference now compared to the past AIDS/HIV crisis, as evidenced by our leaders, scientist and health care community working together toward a common goal.

As a public health professional, I teach health care professional about resiliency. I educate organizations about what they need to reduce moral injury amongst their staff. Professionally, many are experiencing higher levels of stress and even burnout. Just like my beloved Dorothy, who made it to the Emerald City with the help of her friends supporting here even when all hope was lost, WE need to remember to practice our own self-care, including asking for help. NALGAP will always be a source of help for professionals, the best way we know how.

This year our NALGAP panel presentation will be *"Trauma Informed Care for LGBTQIA2S+ Communities; Physical, Sexual, Spiritual and Generational Abuse"*. Which will be offered at both NCAD East and West conferences. We hope you can join us.

Finally, I hope you will join us as a NALGAP member, we offer individual, organizations, and student memberships. Our dues are very reasonable, and remember, we are comprised of a volunteer board of directors. I appreciate our board for the work they do. This year, we are proud to announce all NALGAP members will receive a subscription to "Counselor Magazine" as part of their membership. We will continue our efforts with your help. If you want to join us, in a larger capacity, please speak to myself or any board member with your ideas. We are the Friends of Dorothy and together we can do so much.

It is critical to understand gender variance among Native traditions. Some tribal communities do not use the word Two-Spirit because of religious reasons. However, it is common to refer to Native LGBTQ+ identities as Two-Spirit, although there are close to 120 specific ways of describing Two-Spirit people, with more specific per tribal language existing such as nádleehé (Navajo), winkte (Lakota), Warharmi (Kamia), and hwame (Mohave). Jacobs (1997) defines the modern use of Two-Spirit as "part of a worldview that realizes and appreciates transformation, change, and ambiguity" (Jacobs, 1997). In the definition itself, Jacobs (1997) offers, "at the core of contemporary Two-Spirit identity is ethnicity, an awareness of being Native American...instead of seeing themselves as sexual renegades fighting back at a society that does not accept them, Two-Spirit people tend to emphasize their Native American identity".

## Student Data

"Erasure and Resilience: The Experiences of LGBTQ Students of Color, Native and Indigenous LGBTQ Youth in U.S. Schools" is a report developed by the Gay, Lesbian & Straight Education Network (GLSEN) Research Institute, in partnership with the Center for Native American Youth (CNAY) and it examines school climate from the perspectives and experiences of Native LGBTQ youth. This report included data from 1,350 Native and Indigenous LGBTQ students. Of those 1,350 students, 65% felt unsafe at school due to their sexual orientation, and 43.6% of students said they missed school in the last month because of those feelings, 98.3% have heard the word "gay" used negatively, 74.4% of them said they heard it frequently or often, and many Native students experienced harassment or even assault due to their sexual orientation (78.4%) and or gender expression (70.4%) (Zongrone, Truong, & Kosciw, 2020). These numbers are staggering, especially when looking at the data collected on student well-being related to victimization due to sexual orientation. Compared to students who experienced lower than average levels of victimization, Native and Indigenous LGBTQ students who experienced higher than average levels of victimization due to sexual orientation were twice as likely to skip school due to feeling unsafe, and they felt lower levels of school belonging. They had greater levels of depression (Zongrone, Truong, & Kosciw, 2020). There are, however, programs and resources schools can utilize to combat the repercussions of victimization due to sexual orientation.

## School and Student Resources

Of the 1,350 Native LGBTQ students, less than half, 46.5%, reported having a Gay-Straight Alliance (GSA) at their school (Zongrone, Truong, & Kosciw, 2020). GSAs are student-led and organized clubs that create a safe and welcoming school environment for all by providing support, educating those in the school about LGBTQ issues, putting on various awareness events, and more (ACLU, n.d.). According to the data collected by GLSEN, when compared to students without a GSA at their school, those with such an organization were less likely to miss school due to not feeling safe, they were less likely to feel

unsafe in the first place, they felt a greater sense of belonging to their school, and those in leadership positions through their GSA were more comfortable talking about LGBTQ issues in class. It's evident that schools raising awareness for LGBTQ youth programs are beneficial to students' overall well-being.

It is important that school communities start a GSA, and here are some sites below to assist to assist students and school districts in making a positive change at a school:

- <https://www.aclu.org/other/how-start-gay-straight-alliance-gsa>
- <https://www.studentorganizing.org>

Furthermore, there are many strategies educators can enlist to increase LGBTQ/Two-Spirit friendliness in the classroom. According to GLSEN these six steps are foundational:

1. Check out the Native Land project. Learn which Native homelands your school and incorporate this knowledge in your school space and history.
2. Educate yourself on local Native issues. Most non-Native representation of Native people refers to the past and erases the over 562 tribal nations in what is now the United States.
3. Check out GLSEN's lesson Beyond the Binary and their LGBTQ+ History Cards highlighting Two-Spirit leaders and icons Candi Brings Plenty and We'wha, Zuni.
4. Learn about the history of assimilation in Native boarding schools and check out the work of the Native-led National Native American Boarding School Healing Coalition.
5. Use Native LGBTQ/Two-Spirit inclusive language.
6. Allocate classroom space and resources for student cultural groups and/or community projects.

## Conclusion

Understanding the Native historical roots, modern definitions of sexualities in Native culture, and strategies to provide safe and inclusive environments and programs will take work but is important to complete to facilitate a safer school environment for Native LGBTQ/Two-Spirit youth, reduce mental health disorders, and drop out from school among Native LGBT/Two-Spirit .

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The National American Indian and Alaska Native Addiction TTC, has together with a consensus panel of professionals from many different tribal communities, developed a training curriculum for behavioral health professionals, named "Honoring our Relations: Increasing knowledge of Native LGBTQ/Two Spirit Wellness". The National American Indian and Alaska Native Mental Health TTC, K – 12 Supplement is in the process of adapting and developing a similar curriculum for school personnel. Both these centers are part of the Native Center for Behavioral Health at the University of Iowa College of Public Health.

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conform to standard gender roles. Some, who could not conform, either went underground or committed suicide. With the imposition of Euro-American marriage laws, same-sex marriages between two-spirit people and their spouses were no longer legally recognized. But with the revitalization of Native American "red power" cultural pride since the 60s, and the rise of gay and lesbian liberation movements at the same time, a new respect for androgyny started slowly re-emerging among American Indian people (Williams, n.d.) The actual name, "Two-Spirit" was introduced in 1990 after the meeting of native LGBTQ men, women and transgender individuals during a conference in Manitoba, Canada. The main purpose for doing so was to replace the non-native name of berdache and its negative connotation and would resonate, unilaterally, across native cultures by adopting a term created by the Native American community. In one interview with Two-Spirit native Kiley May, she states "They came up with this present-day English term to describe our experience of being Indigenous and LGBTQI+. It comes from the Anishinaabemowin word niizh manidoowag. It describes somebody who has two spirits; to carry both masculine and feminine spirits. I think that speaks

to being two-spirit today and our gender experiences here and now" (Hensley, 2019). Today's culture of Two-Spirited individuals are reviving the many facets of being Two-Spirit by embracing new and traditional roles, educating native and non-natives in the ways of Two-Spirit people, and encouraging advocacy across North America.

According to Patti Wigington's article, Native American Two Spirit: Living as Both Male and Female, "Modern Two Spirits publicly embrace the mixture of masculine and feminine within them, and there are Two Spirit societies all over North America. Gatherings, including powwows which are open to the public, are held regularly as a way of not only building community, but also of educating non-Natives about the world of the Two Spirit. Today's Two Spirits are taking on the ceremonial roles of those who came before them, working to facilitate spiritual events in their communities. They also work as activists and healers and have been instrumental in bringing GLBT health issues to the forefront among the hundreds of Native tribes. By bridging the gap between gender roles and indigenous

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## In Remembrance

### Robert Cabaj died February 24, 2020

A board certified psychiatrist and a certified addiction medicine specialist, Dr. Cabaj's areas of expertise included substance abuse, gay and lesbian mental health, and HIV/AIDS. He co-authored and edited the most comprehensive book on LGBT psychiatry, "Textbook of Homosexuality and Mental Health,"



Dr. Robert Cabaj was honored for his Lifetime Achievement by the NALGAP Board in 2007.

(How we got the name, "Two Spirit continued from page 9)

spirituality, today's Two Spirits are continuing the sacred work of their ancestors." Out of the growing Two-Spirit community has come an incredible movement and an increase in Two-Spirit societies. These organizations have become a vital cornerstone of the Two-Spirit people and have evolved to meet the needs of Native American and LGBTQ people.

On any given reservation today, there can be different levels of acceptance and understanding, and not all Native communities regard two spirit equally. There are complicated debates about the rights of LGBTQ Native men and women on reservations, like the one taking place on the Navajo Nation, where LGBT rights advocates have received support from some and resistance from others in their attempt to undo the 2005 Diné Marriage Act, which defines marriage as being only between a man and a woman (Pullin, 2014). It is largely in-part, due to the efforts of the movements and communal advocacy, that native, both LGBTQ and straight, are returning to a traditional honor and acceptance that was once prevalent amongst early indigenous tribes and their profound reverence for Two-Spirit people. In many cases, the clearest indications of acceptance have come from tribes themselves. At least seven Native governments in the United States have passed laws recognizing same-sex marriage since 2008, and when the tribes took action, most did so in states where same-sex marriage was not yet legal, like the Suquamish near Seattle (Pullin, 2014).

The beauty and reverence for Two-Spirit people and their traditions has truly begun to resurface during the past two decades, especially in more recent years with LGBTQ and Native American movements crossing paths. Those within the LGBTQ and Native American communities strongly advocate for the acceptance of one's basic human right to live as they truly are, without fear and condemnation. Also, for the right to express their heritage, history and culture with pride and the understanding that inclusion of all can only strengthen our society. It has become pivotal that today's society evolves in understanding and only through the steadfast education and advocacy of these movements have we truly begun to see the change that has long been deserved. We have come a long way from the invasive persecution brought about by European and

Spanish settlers, however, there is still much work to be done to move into total inclusion free of bias and a deep-rooted belief systems. Native nations and LGBTQ communities alike, are on the forefront of this movement and continue to bring about unprecedented change across America and the world.

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Because I specialize in Substance Use Disorder (SUD) and the LGBTQ+ population, I was struggling to frame the harm from past spiritual or religion abuse on this population. This is how I became versed in what is now being called Spiritual Abuse.

On a personal level, I was fascinated by this concept, as I was brought up Roman Catholic, attended church with my family as a child, and was an altar boy for a few years in my youth. I have many memories of messages from the church that my being gay is a sin, I was going to burn in hell for who I loved, and I had no place in the church, nor in my family for that matter, as I was considered an "abomination."

Spiritual Abuse is quickly becoming a recognized form of complex trauma, or sometimes called Spiritual Trauma. According to the book "Affirmative Counseling with LGBTQI+ People (Ginicola, Smith, and Filmore. 2017. American Counseling Association), spiritual abuse is "the coercion and control of one individual by another in a spiritual contest. The target experiences Spiritual Abuse (SA) as a deeply emotional personal attack."

This abuse may include, but not limited to:

- Manipulation and exploitation
- Enforced accountability
- Censorship of decision-making
- Requirements for secrecy and silence
- Pressure to conform
- Misuse of scripture or the pulpit to control behavior
- Requirement of obedience to the abuser

It's important to contextualize that spiritual abuse is situated in a cultural context, usually with a surrounding culture supporting the power inequality between the offender and the victim (Ginicola et al). For LGBTQ+ people, this is especially damaging in that parents, family and friends may also be the "perpetrator" or offender in many circumstances.

Often, in a spiritual abuse scenario, the offender is unaware of the impact of the abuse, as the offender is being motivated that they are 'doing good; morally and ethically," with the stinging statement, "I'm doing this to help you." In not recognizing the power differential coupled with the feeling for the victim of being "trapped," this frames the "best intentions" of the offender on doing the most harm to the victim, in this case, most LGBTQ+ individuals.



Let me be clear that this is not an attack on any religion or spiritual belief. This is bringing into focus the need to understand one's own motivation and message being sent. Even with our best intentions, as humans, we need to recognize today that our language or behavior may be "biased" in nature. In being more honest and aware, the idea here is that the message can change, be reframed, and have less of an impact on the receiver's mental health.

I believe, especially with our LGBTQ+ clients, we clinicians need to begin talking more about the abuse of power held in the name of God or Allah or any other deity; especially when that power is invoked and wielded as a weapon against the individual's authentic self. Our LGBTQ+ clients have already developed a core belief that they are unlovable and an outcast from their families; now they are also being "rejected" from what should be a safe and comforting institution as well.

As Addiction Counselors we should be more versed in trauma informed care, culturally competent approaches to addiction and specialty populations, and the importance of religious or spiritual beliefs during the treatment process. Addiction Counselors and Healthcare Professionals treating LGBTQ+ clients, I hope we can all begin to recognize the importance of treating spiritual abuse, just like any other form of complex trauma; so that our clients can begin to truly heal and form the foundations for a recovery that leads to living a happy, joyous, and free life.

# NALGAP 2020 Virtual Panel

## The Strength and Spirit of the LGBTQ+ Communities: How our History Impacts Treatment Today



P. Alexander



J. Amico



P. McCabe



P. Mullen



2020 VIRTUAL  
EXPERIENCE



### Our Mission Statement

NALGAP's mission is to confront all forms of oppression and discriminatory practices in the delivery of services to all people and to advocate for programs and services that affirm all genders and sexual orientations. NALGAP provides information, training, networking, and advocacy about addiction and related problems, and support for those engaged in the health professions, individuals in recovery, and others concerned about the health of gender and sexual minorities.

**NALGAP Inc.** PO Box 123 • Ocean Grove, NJ 07756

Although there have been many changes since our association began in 1979 - changes in leadership, offices, events, activities, knowledge, resources, practices and so on - our purpose has never changed - to help LGBTQ individuals affected by alcoholism and other addictive disorders to receive the help they need.

### NALGAP Needs Volunteers!

1. with social media skills to help NALGAP establish and maintain Facebook and Twitter presences
2. to serve on the Board, assist in Fund-Raising, Outreach, Public Relations or Grant Writing

**Whatever your skills...  
NALGAP needs you!**

Email: [mccabe@nalgap.org](mailto:mccabe@nalgap.org)