Urban Native Youth Association

Project Number: CT-302-BC

Case Study Report

Two-Spirited Youth Program

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Preface

In the body of this case study the term "two-spirit" has been replaced with the term "gay/lesbian" because it was felt that some people may not be familiar enough with the term. The author applies gay/lesbian to be inclusive of all those the project sought to work with, including those who self-identify as being transgendered, bisexual, or two-spirited or who question their sexuality. The author hopes the Urban Native Youth Organization who hosted the project accepts this re-designation for the purposes of this document.

On a sad note, during the final editing of this case study the author was informed by the counsellor/facilitator that a gay man from Vancouver was found semi-naked and beaten to death in Stanley Park by baseball bats or pool cues. Police suspect that at least three individuals committed what is being called a hate crime directed at a person for no apparent reason other than being gay. This case study is in his memory and in the hope that gay/lesbian youth will never have to endure the same fate.

Acknowledgements

I would like to gratefully acknowledge the efforts of the counsellor for this program who made special efforts to describe the issues facing this project and the group of youth who face many challenges, including discrimination and alienation. His dedication and commitment showed the benefits of having someone with his background serving the community.

1. Introduction

A series of case studies was conducted as part of the impact evaluation of the Aboriginal Healing Foundation (AHF). A case study provides a holistic, in-depth view of a project and its outcomes. The project that forms this study is sponsored by the Urban Native Youth Association (UNYA) in Vancouver, British Columbia, and is entitled, "Two-Spirited Youth Program" (AHF file #CT-302-BC). It targets youth who self-identify as being two-spirited or gay, bisexual, lesbian, or transgendered. In the application for funding, the program is described as "bringing together Two-Spirited Aboriginal youth in a regular, weekly group setting. The youth, with the help and support of two group facilitators, will be in the company of their peers, share their common experiences, and gain empowerment through group discussions, counselling and role modelling." The project also includes a public education component with specific attention being paid to the intergenerational impacts of residential schools.

The case study process included collecting data on selected social indicators that will be used to measure the impact of projects over time. In particular, data are being collected for the year prior to AHF-funded activity and once again in 2003, based on an approach known in the evaluation field as "within groups repeated measures." Sources of information include project files (application for project funding and quarterly reports), key informant interviews with the project team and agencies that partnered with the program, and documents and data collected by the community support coordinator. The AHF National Process Evaluation Survey (February 2001) was also available.

2. Using Common Sense (The data collection process)

All project files were thoroughly reviewed prior to conducting the interviews, starting with the application and quarterly reports. Preliminary contact was made with key informants to make introductions and begin planning when interviews would take place. After initial review of all documentation, a logic model and performance map were created to provide an overview of the project. These steps then guided the design and finalization of the interview questions.

A preliminary list of people to be interviewed was provided by the program counsellor–facilitator who offered names of those he had worked with the most, thus making them very familiar with the program.[1] This list includes three agencies that operate drop-in groups. They were strategically located within the city in terms of areas frequented by street-involved youth. Partnering with these agencies also demonstrated strategic thinking, since the gay/lesbian youth program was experiencing low participant rates and partnering allowed the program to be brought to the street-involved youth. The AWAY (Aboriginal Ways to Accelerate Youth) drop-in service delivered by UNYA is where the counsellor–facilitator devoted part of his time as well.

Over the course of one week seven key informants were contacted, and one was not interviewed as she had only recently become involved with the project. In-person and telephone interviews were conducted with the counsellor–facilitator, other group facilitators with AWAY, the project coordinator, and people from the three partnering agencies. A questionnaire was delivered to these individuals soliciting their observations, feelings, and opinions as well as their knowledge of the issues facing the target group as it relates to the project's purpose (Appendix 1). It was clear from interview responses that all had a clear understanding of what the project intended to do. Five key informant interviews were done in person

and one by telephone. Interviews averaged approximately 35 to 45 minutes in length. In addition, three people associated with the project were asked the mandatory questions set out by the research team under the direction of the AHF's board of directors. Interviews took place at the offices of each individual. The counsellor–facilitator made special efforts to provide directions and, in some cases, transportation to the interviews.

As part of the research process, those contacted or visited to secure background information and social indicator data include the offices of United Native Nations, Healing Our Spirit BC First Nations AIDS Society, BC Aboriginal AIDS Awareness Program of the BC Centre for Disease Control Society, Vancouver Native Health Society, Save the Children Canada, and websites for Statistics Canada, Indian and Northern Affairs Canada, Correctional Service of Canada, Health Canada, and the Canadian Centre for Justice Statistics.

Most of these sources did not have information directly related to Aboriginal gay/lesbian youth. In many instances, information targeted British Columbia's Aboriginal population or, in some cases, the Canadian population. Some data were available on Aboriginal people living in Vancouver but not in relation to rates of physical and sexual abuse, children in care, incarceration, or suicide for gay/lesbian Aboriginal youth living in Vancouver. However, the information that does exist provides a helpful context for understanding this population.

2.1 Limitations

Research was limited in three specific areas: 1) lack of social indicator data related to the target group; 2) a small number of interviews conducted; and 3) very little participant evaluation/feedback information was available. Thus, the analysis relies heavily on the documents contained in the project file and the six interviews, three of which were with individuals directly involved with UNYA. Although the three agencies who partnered with UNYA have a mandate to serve Aboriginal youth, not all worked one-on-one with youth and so were unable to speak on changes in Aboriginal gay/lesbian youth.

As with the other case studies, no direct measurement of participants was conducted by the AHF or its employees and agents due to ethical concerns about the possibility of triggering further trauma without adequate support for the participant as well as to the limitations of the AHF's liability insurance. Moreover, the project provided only limited participant evaluation data,[2] and it is unclear whether the evaluation process outlined in the application for funding was carried out. The application stated, "Every four months, evaluation of the program and group facilitators will take place in the form of a written survey given to participants ... Staff other than the group facilitators will come into the group meeting place and collect the completed surveys to give to the Executive Director." In addition, the project indicated in its application for funding that it would be accountable to the community in the following manner:

> The success of the project will be measured by the numbers of participants who attend the weekly sessions. Serious attempts will be made on the part of group facilitators to draw in as many youth as possible to participate in this project. The group will run on a continuous intake, with an accounting of how many participants attend regularly, how many drop out, etc. If numbers drop too low, a concerted effort will be made to do more outreach in order to obtain more participants.

Access to these data (if they had been available) would have facilitated an initial assessment of client satisfaction, participation rates, dropout rates, reasons for dropping out, and, depending on the nature

of the survey questions, self-reports of progress, successes, and barriers to healing. In the absence of such information, any analysis of the impact of the project on participants must be viewed with caution.

3. Project Overview (Thinking Holistically)

"Two-spirited" is a term used by many Aboriginal people who self-identify as being gay, lesbian, bisexual, or transgendered. The term is felt by some to more accurately reflect cultural attitudes and traditional roles that were once commonly held in a wide number of Aboriginal cultures.

> Two-Spirited people have a long history with most of Turtle Island's Nations. Before first contact with Europeans, First Nations people across Turtle Island recognized the special people given the responsibility of carrying two spirits. Very often, we were the visionaries, healers, the medicine people. 2-Spirits were respected as vital parts of the societies of our ancestors.[3]

When considering the concept of "two-spiritedness," one must examine several factors as to how this concept may have existed prior to European contact. Some Aboriginal cultures, such as the Sioux, used a term called "*winkte*," which meant "contrary." This term was applied to two-spirited people because they lived contrary to the norms within that society but were still accepted. Some Mi'kmaq apply the term "*puoin*," which is literally translated as meaning "person of power." Again, some felt *puoins* were two-spirited people, and the reference to power applies to them as being gifted in terms of doing ceremonies. It may be useful to remember that Aboriginal cultures have been influenced by Christianity that taught its members to be against homosexuality. Assimilation over generations may have caused some loss of traditional knowledge about these roles. Also, sexual abuse can distort views on sexuality, especially when same-sex abuse occurs, thus creating mixed emotions toward gay/lesbian people.

The Two-Spirited Youth Program was funded from 1 July 1999 to 30 June 2000 with a contribution in the amount of $81,420. The focus of this study is for the same time period. The project served Aboriginal gay/lesbian youth through individual and group counselling, and it provided public education on residential school and gay/lesbian issues to various other target groups (social service providers, university students, and high schools). Its purpose was to better serve or meet the needs of Aboriginal gay/lesbian youth, to increase peer support, and, in the case of educational presentations, to address homophobia and related abuses (verbal, emotional, physical). Shortly after this case study began the project was informed that its funding would not be renewed.

The funding application asserted that many of the youths' parents are residential school Survivors. It also went on to state that some of the youth are street-involved and that the intergenerational impacts of "societal attitudes of institutionalized racism and homophobia severely crush youth's self-esteem to the point of disempowerment, leaving them so marginalised by society that they are vulnerable to harassment, abuse and violent attack." The application described many gay/lesbian youth as feeling ostracized and rejected, being at risk for turning to alcohol and drug abuse, and becoming victims of sexual exploitation and suicide. Breaking the cycle of intergenerational abuse and providing alternatives, such as role modelling, and other preventative measures would expose these youth to positive and supportive environments free of homophobia and judgmental attitudes. The funding application stated that the project would hire two facilitators, plan a program (develop curriculum activities, design and produce a brochure, and contact and confirm all guest speakers), conduct outreach by liaising with agencies and communities, hold weekly groups, and hold two program evaluations where participants evaluate the program and facilitators.

Although the application sought two facilitators, only one staff member was hired to serve as both counsellor and facilitator. The counsellor–facilitator delivered approximately 40 presentations to front-line agencies, service providers, schools, universities, and Aboriginal organizations.[4] The AHF national survey states that over 200 people participated in training, but it appears that references to the training component most likely refer to the education and awareness activity. The two key areas mentioned in the stated goals and activities for the project are awareness and counselling, but the extent of evaluation activities that were cited in the project proposal remains unclear.

The host agency for this project was UNYA located at 1640 East Hastings in Vancouver, British Columbia. It has been incorporated since August 1989 and has administered a wide range of programs and services with funding from various sources, such as the BC Ministry for Children and Families. These programs and services include:

- Aboriginal Safe House, self-referred short-term housing for street-involved youth aged 16 to 18;
- Aboriginal Ways to Accelerate Youth (AWAY), a pre-employment 5-month leadership and life skills training for youth aged 16 to 24;
- Native Youth Drop-in Centre for ages 15 to 24;
- Aries Project, an alternative schooling for Native youth ages 13 to 18;
- school support workers, a resource to Vancouver School Board staff to help youth stay in school and to prevent alcohol and drug abuse;
- a prevention/outreach team who work with youth and their families, community members, schools, community centres, and others;
- a Youth Agreement Support Worker for ages 16 to 18 under youth agreements with the BC Ministry for Children and Families and by referral only;
- Young Bears Alcohol & Drug Treatment Program, a five-bed 16-week alcohol and drug treatment program for those aged 13 to 18;
- Youth Drop-in Clinic, a confidential and free resource for youth aged 13 to 24 provided by "street nurses"; and
- FUNYA, team building and wellness for UNYA staff.

Three external agencies and one program by UNYA were more directly involved with the gay/lesbian youth program, such as providing space for drop-ins or group activities. These include the Broadway Youth Resource Centre, Boys R Us, Family Services of Greater Vancouver, and UNYA's AWAY program. The AWAY program of UNYA was the drop-in group that the gay/lesbian youth program offered its services through. The national survey stated that approximately 70 individuals participated in a healing activity. In a follow-up call to the host agency, they explained that this figure comprised those attending both the AWAY groups and the individual counselling sessions. There were also two other drop-in clinics at the Broadway Youth Resource Centre and at Boys R Us where counselling and support were offered by the gay/lesbian youth program.

3.1 Participant Characteristics

The two major aspects of the program were the counselling and support services provided to youth and the education and awareness activities for social service providers, students, and educators. Participant recruitment was aimed at Aboriginal gay/lesbian youth who were either living at home and participating in the educational system or were street-involved. One source that was quoted in the review of the Vancouver Native Health Society's Safe House Program noted an unexpected connection between street involvement and a sense of community:

> Community, the need to belong to community, this often is a factor for street entrenchment, or street involvement. This is the community that the individual identifies with, and states they feel a part of, or belong to ... Street-involved youth are those individuals who, for whatever reason, find themselves living on streets. Their personal needs, such as financial, housing, food, companionship, community and social needs are largely met through participation at a street level.[5]

The national survey asked about specific participant characteristics that present challenges or difficulties for projects. The UNYA identified four areas that posed a severe challenge (affecting more than 80% of participants): 1) denial, fear, and grief; 2) family drug or alcohol addictions; 3) cultural self-hatred; and 4) internalized homophobia. Moderate challenges or difficulties (affecting between 40% to 80% of participants) included lack of Survivor involvement in the project and literacy and communication skills, poverty, and history of suicide attempts, abuse as a victim, and foster care.

The national survey also asked about the number of clients participating in healing activities who require greater attention because of special needs. The project reported that "five clients have been referred elsewhere, due to dual diagnosis, treatment programs, etcetera. But, in reality, I would say all clients suffer from some form of inability to open up in group and deal with severe trauma, i.e., sexual abuse, racism, sexism, et cetera."

Participant recruitment included the drop-in service that the program initiated as well as being visible at two other drop-in groups offered by partnering agencies. The idea was to be visible enough that youth attending other groups could put a face to the program. This might later encourage them to access services at UNYA. The partnering agencies were a strategic decision in that the agencies had already been well established for a long period of time and their geographic locations were in close proximity to areas where street-involved youth frequented; namely, Boystown (Hornby/Drake), Broadway Youth Resource Centre (East Broadway/Fraser), and the area of East Hastings.

The counselling, group, and drop-in clinics had an open-door policy. In some cases, non-Aboriginal youth may have been provided counselling at some of the drop-in clinics. One of the agencies felt that it was dangerous to be offering counselling to people on the streets because there is no safety net to catch them if wounds become opened. This agency also wondered what kind of clinical supervision was being provided to the counsellor–facilitator. In another interview, this concern may have been answered when that agency stated that it provided clinical supervision to the counsellor–facilitator.[6] Table 1 shows the participation rates recorded by the project and submitted in their quarterly reports.

Table 1) Activities and Participation Rates[7]

Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Drop-in groups	5 youth @ Boys R Us	29 youth	31 youth	25 youth
Individual counselling	no data	6 youth	11 youth	16 youth
Community awareness	40 organizations and 100 faxes	177 people	144 people	137 people
Education	4 workshops	37 people	52 people	15 people

Workshops and presentations were provided to a variety of organizations and agencies, including the Musqueam Band, Britannia, Toominos, and Templeton schools, Gab Youth Services, Parole Officers Trainees, Gay and Lesbian Youth Coalition, Vancouver Métis Association, Gay Men Service Providers

Commission, and Broadway Youth Resource Centre. It was also reported that direct linkages were established with groups such as the Healing Our Spirit BC First Nations AIDS Society, Street Youth Services, Youth Access Centre, Native Health, The Centre, Family Services of Greater Vancouver, Nisha Children and Family Services Society, Unloading Zone, AIDS Vancouver, Downtown Eastside Youth Activities Society, Covenant House, Vancouver Aboriginal Friendship Centre, Susila Lelum Healing Centre, WATARI, Positive Women's Network, and Hey Way Noqu Healing Circle. In fact, project files list linkages with 31 agencies in addition to the partnering programs and four media outlets (radio, television, newspapers). It is clear that numerous workshops and presentations reached a large number of participants, but it is difficult to determine the effectiveness as there are few participant evaluations to rely on.

3.2 The Project Team

As stated, the project hired only one staff member who was both counsellor and group facilitator. The program was coordinated by UNYA's community developer who oversaw all aspects of program delivery. The project coordinator stated that there was no advisory committee in place due to difficulties in recruiting interested members. In place of this, the staff member relied on the executive director, the project coordinator, and other gay/lesbian staff at UNYA as well as discussing issues at staff meetings.

Training received by the project person included "Reclaiming Aboriginal Youth" workshop by Dr. Martin Brokenleg, a proposal writing workshop, "Life Space Crisis Intervention" (received certification), Enhancing Services for Transgendered People" workshop (St. Paul's Hospital), and the "Female Condom" workshop (FUNYA). In addition, the project's response to the national survey indicated other types of training received, which included basic training in learning about the history and impact of residential schools and advanced training in suicide intervention, crisis intervention, counselling skills, dealing with family violence, professional development training, chemical dependency, early psychosis of mental disorders, teen dating violence, and enhancing services to transgendered clients. The survey also indicated the types of training still needed were basic training in Aboriginal language/culture, advanced training in learning about history and impact of residential schools, and both basic and advanced training in CPR/first aid and programs related to family functioning (e.g., child development and parenting skills).

3.3 Regional Profile

According to Statistics Canada, the Aboriginal population in British Columbia was listed at 139,655 in the 1996 Census, and there were 93,835 registered under the *Indian Act* living both on and off reserve. In keeping with similar Aboriginal demographics across the country, almost half of British Columbia's Aboriginal population (57,645) are under the age of 19. Adding the 20 to 24 age group, this figure rises to 69,595. The 1996 Census also cited 26,000 Métis persons in British Columbia. Some gay rights groups estimate that one in ten people could be gay/bisexual, which may suggest that a significant number of Aboriginal youth in British Columbia would qualify for support from the gay/lesbian youth program.

When using language as a basis of classification, British Columbia has ten major linguistic groups of First Nations. There are 193 bands, 33 tribal councils, and well over 200 umbrella political and social organizations. British Columbia has nearly 20 per cent of the total Aboriginal population in Canada, 32 per cent of the total number of bands, and 1,634 of 2,323 reserves. A fair number are remote, isolated communities found in the northern portion of British Columbia.

3.4 Local Profile

The target group for this project resided within the greater Vancouver or lower mainland area, which includes the metropolitan city of Vancouver and the Vancouver/Richmond area. Metropolitan Vancouver has an estimated population of 1,831,665 (1996 Census) of which there are 31,140 Aboriginal people. There are also a number of First Nations situated within a very short distance of Vancouver; for example, the Musqueam Band falls within the Vancouver/Richmond Health jurisdiction. Thus, the proximity of these communities may contribute to the number of Aboriginal people or youth who come into the city for various reasons or lengths of time. Milder weather during winter months attracts many people who are street involved. They would migrate to this area to escape harsher climates found in the prairies and elsewhere. Therefore, the Aboriginal population may fluctuate depending on the season. In terms of reach, greater Vancouver has a significant Aboriginal population.

A 1998 study estimates that the Vancouver/Richmond Aboriginal population is about 30,000 (plus or minus 6,699). This figure was produced through an approach known as mark-recapture methodology using multi-list studies. This means that several sources were used to estimate a more accurate figure, but there is room for error in either direction. The study goes on to say that many Aboriginal service providers believe this figure to be a conservative one. The report cites Aboriginal leaders and service providers estimating the Aboriginal population to be "up to 60,000 Aboriginal people live in the lower mainland or Greater Vancouver area."[8] An area where UNYA is located is also home to a significant percentage of the Aboriginal population. "More than half the Aboriginal population resides in Vancouver East this including CHA2 [Community Health Area] and CHA3 as well as a corner of CHA5."[9]

What we have provided so far is only a sense of the Aboriginal population, a glimpse of some participant characteristics, and what the project intended to accomplish. It is difficult to estimate the size of the Aboriginal gay/lesbian population. Likewise, the number of street-involved persons both fluctuates and is difficult to measure because street-involved people are often moving targets or migratory. The program cited two startling figures in its year-end report: "40% of the street youth population in Vancouver has self-identified themselves as gay, lesbian, bisexual, transgendered or questioning youth ... 40% of the total street population were Aboriginal."[10] This may offer some insight into the potential client base of the target group for the gay/lesbian youth program.

The Ontario First Nations AIDS and Healthy Lifestyles Survey may show why so many gay/lesbian youth end up on the streets or leave their home community or family. "The majority of respondents felt that homosexuality was wrong, and perceived their family and community to support this view."[11] This study was based on 800 completed surveys of the on-reserve population in Ontario, and it ensured adequate representation from the north, central, and south regions based on percentages of the population size for each area. Four questions were asked seeking individual views on homosexuality and also what they felt were the views of their family and community. Each of the four response areas showed that approximately 80 per cent of the responses held negative views toward homosexuality.

Many people who identify as two-spirited, gay, lesbian, or bisexual migrate to larger cities where there is greater anonymity as well as a gay community. This does not imply that homophobia or other negative feelings and attitudes toward gay/lesbian people do not exist in a city. In fact, gay bashing does occur and street-involved people, gay/lesbian or not, also find themselves as victims of assault. These key aspects will

be explored throughout this study as it relates to the needs and services provided through the gay/lesbian youth program.

3.5 Thinking Logically: Activities and Outcomes

In order to guide the community in measuring change, this section links the short- and long-term goals of the project with how change will be measured. There is a logical link between the day-to-day activities a project undertakes, what they hope to achieve in the short term, and the desired long-term outcome. In this case, the program wanted to provide support through individual and group counselling to gay/lesbian youth, which included creating awareness of and healing from the intergenerational effects of residential schools. Education on both residential school and gay/lesbian issues was delivered to social service providers, schools, universities, and other community agencies.

The relationship between project activities and short- and long-term outcomes is set out in the logic model (Figure 1). The following performance map (Figure 2) provides a summary of project activities, outputs, outcomes, and information required to measure progress over the short and long term. Despite the limitations noted earlier, the remainder of this study uses the information available to discuss the project's impacts, successes, and challenges to the extent possible.

Figure 1) Logic Model—Two-Spirited Youth Program

Activity	Regular group meetings for gay/lesbian Aboriginal youth.	Individual counselling.	Community awareness of programs.	Education on gay/lesbian people and residential school impacts.
How we did it	Monday evening drop-in; Tuesday evening group for sexually exploited gay/lesbian youth; and Friday morning AWAY group.	Individual counselling aimed at healing present-day crises and intergenerational impacts of residential school abuse.	Establish contact with youth agencies (mainstream, Aboriginal, and gay-specific); distribute information about program; and direct street outreach.	Workshops and public education aimed at increasing understanding about gay/lesbian youth and residential school legacy.
What we did	# of groups and sessions; and # of participants.	# of individuals involved in counselling and # of sessions.	# of new and ongoing contacts; nature of contacts; # of brochures distributed; and # of media reports.	# of workshops, participants, and, media reports.
What we wanted	Peer support to enhance healing around issues of sexual abuse, low self-esteem, depression, and homophobia.	Healing around issues of sexual abuse, low self-esteem, depression, coping with sexuality, and homophobia in schools.	Increased awareness of programs for and among Aboriginal gay/lesbian youth and among front-line workers, agencies, and community at large.	Increased awareness among front-line workers, agencies, community, and gay/lesbian youth on residential schools and gay/lesbian issues.
How we know things changed (short term)	Level of participation in groups sustained and increased over time; observed and self-reported increases in peer support, healing, and healthy lifestyles; and reduced rates of substance abuse, depression, and suicide.	Self-reported and observed increases in coping with sexuality, homophobia, and depression; increased level of self-esteem; decreased rates of suicide (and attempts), sexual abuse, and substance abuse; and decrease in # of gay/lesbian youth on the streets.	Increased demand for services, including increase in # of referrals from outside agencies.	Evidence that media and key informants in other agencies have an understanding of the intergenerational impacts of residential schools and of gay/lesbian issues; and evidence that Legacy is acknowledged and discussed in counselling and group work.
Why we are doing this	Gay/lesbian youth are off the streets and engaged in healthier lifestyles, free of abuse, depression, and suicide.			
How we know things changed (long term)	Reduced rates of suicide, attempted suicide, and gay/lesbian youth living on the streets and engaged in abusive behaviours (alcohol and drug abuse, sexual exploitation).			

Figure 2) Performance Map—Two-Spirited Youth Program

MISSION: Gay, lesbian, bisexual, and transgendered Aboriginal youth are free of the abuses that have been damaging their lives—they are travelling down the long road to recovery and gaining realistic hope for a healthier lifestyle for the future.			
HOW?	**WHO?**	**WHAT do we want?**	**WHY?**
Resources	**Reach**	**Results**	
activities/outputs		**short-term outcomes**	**long-term outcomes**
Provide peer support/healing through regular group meetings and individual counselling; establish contact with youth agencies and other social service providers, the media, youth on the streets, and the community at large regarding issues of residential school abuse, intergenerational impacts, and gay/lesbian youth (including the availability of programs to serve them).	Gay/lesbian youth and agencies, community, etc.	Increased healing to reduce incidences of suicide, depression, substance abuse, sexual exploitation, and youth living on the street; enhanced self-esteem and ability to cope with sexuality and homophobia; increased peer support to enhance healing; and increased awareness of the intergenerational impacts of residential school abuse and gay/lesbian youth issues to reduce homophobia and to increase community understanding and support.	Gay/lesbian youth are off the streets and engaged in healthier lifestyles free of abuse, depression, suicide, and sexual exploitation.
How will we know we made a difference? What changes will we see? How much change occurred?			
Resources	**Reach**	**Short-term Measures**	**Long-term Measures**
$81,420	# of participants from gay/lesbian youth community; and community at large.	Level of participation in individual and group counselling/healing; evidence of peer support and healing (individual and group feedback, perceptions of key informants); social indicator analysis (rates of suicide, attempted suicide, sexual abuse, substance abuse); #s of gay/lesbian youth living on the street; evidence that media and other agencies understand the intergenerational impacts of the residential school system; extent to which the Legacy is acknowledged and openly discussed in counselling and group work; and level of homophobia in schools and agencies.	Reduced rates of suicide and attempted suicide; and reduced numbers of gay/lesbian youth living on the streets and engaged in abusive behaviours (alcohol and drug abuse, sexual exploitation).

4. Our Hopes For Change

Over the long term, measures of change in the target group would include data showing reductions in rates of suicide and attempted suicide and in the number of gay/lesbian youth living on the streets and engaged in abusive behaviours (alcohol and drug abuse, sexual exploitation). In this regard, an attempt was made to collect social indicator data to provide a baseline to measure change, including the indicators identified by the AHF's board of directors (physical abuse, sexual abuse, incarceration, children in care, and suicide). However, as earlier noted, such information is extremely difficult to obtain, especially for a mobile, urban population such as gay/lesbian Aboriginal youth. The following discussion provides an overview of this population's social situation based on available data, studies, and reports.

Aboriginal gay/lesbian youth living in greater Vancouver face a number of challenges and risks. Vancouver has had its share of notoriety, more specifically on the downtown east side (DTES), which include injection drug use, poverty, the sex trade, and the spread of life-threatening infectious diseases such as human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and hepatitis C. As mentioned earlier, more than half the Aboriginal population of Vancouver live in DTES as well as access services in this area. The Vancouver Native Health Society's annual report for 2000 stated, "The clinic saw 4204 patients in 2000. Caucasians accounted for 50% of the clinic's caseload while Aboriginals were 40%."[12]

Injection drug use is a particular problem in DTES. While this does not suggest gay/lesbian youth are overrepresented in this group, it does mean that those who use injection drugs become involved in a vicious cycle of trying to feed the habit and doing whatever it takes to survive, literally. Many needle exchanges across the country are showing an overrepresentation of Aboriginal clients. Reports from the Laboratory Centre for Disease Control state that HIV/AIDS is particularly affecting two key groups: Aboriginal people and men who have sex with men. Although other groups are also showing increases in HIV infection rates, Aboriginal people who are testing positive for HIV show that injection drug use (specifically sharing unclean needles), being a partner to an injection drug user, or having unprotected sex are key modes of transmission. Thus, the chances of HIV/AIDS and/or hepatitis becoming health threats to Aboriginal gay/lesbian youth could be significant. There is a lot of documentation on the presence of injection drug use within DTES and elsewhere. The Vancouver Native Health Society cited 41 per cent among the new referrals to drug- and alcohol-related services are Aboriginal clients.[13] The Vancouver/Richmond Health Board states, "there is greatest concern about substance abuse by youth (first) and women (second)."[14]

People who become street involved do so for many reasons. A relevant factor for Aboriginal gay/lesbian youth could very well be a family disowning their child because of their sexual orientation. The 1993 study by Ted Myers and colleagues showed that approximately 80 per cent of respondents (First Nations on reserve in Ontario) had a negative attitude towards homosexuality. This is an issue especially for those considered to be transgendered. Many people, parents included, do not understand the biological and emotional challenges that face this population. Some may consider them gay or cross-dressers or think it is simply a matter of choice because they wear what may be seen to be "opposite sex" clothing. However, transgendered individuals consider it a gender issue, with one sex being trapped in the wrong body. Although no data were available to describe the challenges faced by a transgendered person, try imagining what it would be like. How would you react or respond if your child said he/she was a gender other than the one assigned to him/her at birth? Add the emotional turmoil and confusion that may occur when the transgendered person begins the sex change process. Case in point, when someone is deemed eligible to undergo a sex change operation, it is usually at the end of a long process involving counselling, medications, wearing clothes associated with the gender being biologically pursued, and use of public washrooms for that gender. Without some form of professional support, the average person or parent would have difficulty comprehending what this would be like.

Suicide also becomes a reality for too many Aboriginal gay/lesbian youth, and it is a serious threat for both these at-risk groups: Aboriginal and gay/lesbian people. Becoming street involved also factors in those, especially youth, who were ill-prepared for the move from a small or rural community to one of the larger cities. As stated earlier, the population of greater Vancouver fluctuates depending on the season, and it has a highly mobile street population. Without money, a place to go, or someone to turn to, living

and/or working the streets can easily mean the difference between surviving or being swallowed up by an unfriendly environment.

Affordable housing and employability can also influence whether a person can settle in to what some call the "norm"; that is, to find decent work to support yourself so you can have a roof over your head, food on the table, and the ability to pay your bills. The Vancouver/Richmond Health Board cites, "In 1996, there were almost twice as many Aboriginal youth aged 15 – 24 years unemployed compared to the general population (28% versus 15%)."[15] Some poverty advocates, however, support the assertion that there are some people on the streets who do so by choice. That is to say, some people abandon the pressures to conform to society and choose to live on the streets, migrating from city to city, province to province, and never really establishing roots in any one place. Whatever the reasons, many find themselves facing very real threats to life and personal safety.

Through this project, UNYA sought to expand its role to include a unique target group. The specific focus to include Aboriginal gay/lesbian youth may suggest there was an awareness of issues being faced by this population that were not being met. One project person describes the challenges: "The frustration of dealing with chemically dependant people, seeing hopelessness in young people's eyes, and hearing fourteen to sixteen year olds saying they won't be alive by twenty-five."

Efforts were made to secure social indicator data reflecting the situation of Vancouver's gay/lesbian Aboriginal youth. Useful information was gleaned from reports and studies prepared by Aboriginal and mainstream social service agencies that only deal with the city's Aboriginal people or Aboriginal youth and not gay/lesbian Aboriginal youth. It is reasonable to suggest that the Aboriginal people living in Vancouver, especially those who are street involved, have experienced higher than average rates of physical and sexual abuse and incarceration and are among those at risk of suicide. We can also conclude that gay/lesbian youth are vulnerable, especially if they are also street involved. However, the available data cannot be used to suggest a relationship between past experiences of abuse, current and future risks, and the impact of the Two-Spirited Youth Program.

4.1 Suicide

The Vancouver/Richmond Health Board states, "over half the external causes of death among Status Indians were the result of accidental poisoning within the 25–44 age group. The second leading cause of external deaths was suicide within the same age group: three out of five were male."[16] The Vancouver Native Health Society estimates that of the youth who participated in their Youth Safe House Program, 20 per cent had mental health issues.[17]

Statistics consistently show that suicide is extremely high among Aboriginal people and that Aboriginal youth make up a vast majority of these statistics. This issue is compounded when the Aboriginal youth in question are gay/lesbian. Some studies show that gay men, lesbians, and people who have experienced child sexual abuse may be at higher risk of suicide.[18] Those that identify as gay/lesbian who may be questioning their sexuality or are struggling with transgender issues face high risks of suicide or attempts. In essence, these issues become a double-loaded barrel. The Vancouver/Richmond Health Board engaged many community members, leaders, managers, and service providers in a 12-month review on the issue of severe mental illness, which cites:

> If psychotic conditions occur at rates similar to the general population, then the 1-1.5% of Aboriginal admissions to Riverview [hospital] suggests about one-third of Aboriginal people requiring care actually receive care. Though studies show mood disorders are less common as an admitting diagnosis, depression is very common among Aboriginal people. The fact that suicide rates are considerably higher suggests that mis-diagnosis and under-treatment may be a problem.[19]

This review also indicated the seriousness of suicide facing Aboriginal people living in Vancouver: "suicide rates among Status Indians are twice that of the remainder of the population (3.7 vs 1.4 per 10,000 Standard Population)."[20] Three of six key informants felt that the areas the project was addressing could have a lot of affect or impact on the issue of suicide, two felt it could have some, and one said a little.

4.2 Incarceration

UNYA's annual report for fiscal year 1999–2000 stated, "The incarceration rate of Aboriginal youth is 11 times the provincial, and 5 times the national rate than for non-Aboriginal youth."[21] There were no data available on incarceration rates for Vancouver's Aboriginal youth nor any related to gay/lesbian Aboriginal youth.

A study by Carol La Prairie on Aboriginal people living on the streets of Edmonton, Regina, Toronto, and Montreal involved with street-level agencies provides some insights that may be applicable to Vancouver. La Prairie reports on the high levels of incarceration among the study sample:

> In terms of detention, fully 63% of the total sample reported spending time in some form of custody, including juvenile, pre-trial, provincial or federal detention (comprising 78% of the males and 43% of the females in the sample). Of the total detentions served, 21% were for juvenile detention, 38% for pre-trial, 35% for provincial, and 7% for federal detentions ... It was surprising that 39% of those who had been in detention had their first custody experience at 15 years or less.[22]

La Prairie also noted that recent research points to urban areas where the majority of Aboriginal inmates committed crimes. While this research does not apply to either gay/lesbian youth or Aboriginal people in Vancouver, it does suggest that incarceration rates for inner-city Aboriginal youth are probably high. In addition, it identified four variables related to the number of juvenile charges in the sample: being male, child abuse, violence on reserve/home community, and child sexual abuse.[23] For Aboriginal youth who become involved in the sex trade, they face societal intolerance, threats of safety, and increased chances of becoming involved with the police and justice system.

4.3 Sexual Abuse

The issue of sexual abuse remains a disturbing and serious one for both mainstream and Aboriginal children. According to the Canadian Incidence Study of Reported Child Abuse and Neglect, "In 1998, there were an estimated 21.52 investigations of child maltreatment per 1,000 children in Canada. Forty-five percent were substantiated, 22% remained suspected, and 33% were found to be unsubstantiated ... [10 per cent of these investigations related specifically to sexual abuse.] Thirty-eight per cent of these cases were substantiated."[24] The Province of British Columbia co-funded this study in order to have a larger sampling of their population. Prior reports cited that "there are few national statistics on child sexual abuse in Canada."[25] One report stated, "In British Columbia, more than 500 complaints of sexual abuse

were received in March 1992 ... 53 percent of women and 31 percent of men were sexually abused when they were children."[26] When discussing the issue of child sexual abuse, it is important to understand the different reasons a case may be deemed unsubstantiated; for example, there may be a lack of evidence, a child may be deemed emotionally or psychologically unable to withstand the court system, or a child recants his/her claim, usually because of fear.

The issue, as it relates to Aboriginal people, is just as serious. One project managed by the Vancouver Native Health Society showed that"66 % of these [clients] reported being physically, mentally, emotionally, or sexually abused."[27] The percentage of those who have a history of sexual abuse is unclear, but this demonstrates that over half the group came from backgrounds with significant mental health issues.

One form of sexual abuse as it relates to youth is that of sexual exploitation. The Vancouver Native Health Society, operating a Youth Safe House Program, with intakes ranging from ages 12 to 16, stated that "Twenty-six (26) of the 53 youths that accessed the safe house were known to have been sexually exploited."[28] Another study by Save the Children Canada defines commercial sexual exploitation as, "the exchange of sex for food, shelter, drugs/alcohol, money and/or approval."[29] It also states that "up to 80 per cent of youth who are commercially sexually-exploited in Canada report having been sexually abused."[30] Data collected from across the country acknowledges the relationship between a history of sexual abuse and sexual exploitation. The following profile of commercially sexually exploited Aboriginal youth was presented:

- Low self-esteem.
- Average age of entry is 14 years.
- A history of poor school attendance, often has not completed grade 9.
- Has had experience of early sexual activity, often as sexual abuse.
- Has been physically, sexually and/or emotionally abused.
- Has run away from unstable/fragmented homes and/or care institutions.
- Has few, if any, traditional job opportunities.
- Little or no access to networks of family or services.
- Homeless and/or nomadic.
- Commonly passes through the stages of involvement in the sex trade, from 1) drift: the process of drift from abuse and/or casual sex to the first act of prostitution, 2) transition: alternating between soliciting and a more conventional life to 3) professional: associating entirely with others in the sex trade, where they are accepted for who and what they are.[31]

A study in 1990 by the Helping Spirit Lodge Society stated that "physical (84% of [215] respondents) and sexual abuse (75%) as the main features of family violence."[32] It is unclear whether respondents were speaking of first-hand experience or sharing observations of people they knew. For those interviewed in this case study, three of six informants felt that the areas addressed through the program could have either a lot or some effect or impact on the issue of sexual abuse. However, it is difficult to gauge how well the project would impact on this area.

4.4 Physical Abuse

The family violence literature supports a relationship between alcohol abuse and elevated rates of violence,[33] although it is well recognized that this relationship is not directly causal but complex, multi-faceted, and not well understood. The 1990 study by the Helping Spirit Lodge Society showed that the majority

of respondents reported physical abuse as one of two main features in family violence. The Aboriginal Health and Service Review reported opinions of 40 individuals on their health concerns over a 17-month period: "Everyone voiced some concern about this issue as it contributes to domestic violence and child apprehension."[34] "The histories of street-involved youth are chronicles of separation and loss. Any one street-involved youth may have experienced separation from family, frequent moves, abuse, many schools, school failure, learning difficulties and social rejection."[35] Street life in the inner city can be characterized as a violent way of life being a normal behaviour for many. The issue of physical abuse can apply to gay/lesbian youth who may experience physical abuse from family or peers because they are different. The issue of disownment is a very real and present reality for too many gay/lesbian youth.

For this case study, three of six key respondents felt that the project could have a lot of affect or impact on the issue of physical abuse, two felt it could have some, and one said it would have a little. One of these respondents qualified their response by saying, "in theory."

4.5 Children in Care

There are significant factors, including poverty and addictions, which can directly relate to why children may be placed in care. This program was not intended to directly intervene in regards to this issue; however, the counsellor–facilitator provided examples of where youth had reunited with their family. The program also had opportunity to deal with street-involved youth, some of whom may have been homeless or perhaps staying at a safe house or other temporary shelter.

According to the Vancouver/Richmond Health Board, "In March 1999, about half (48%:638 out of 1,329) of Vancouver children in-care were Aboriginal and in Richmond 13%. This monthly rate varies in Vancouver, where a monthly high may be 60%."[36] These numbers underscore the seriousness behind the difficulties being faced by Aboriginal families in the greater Vancouver region. The Vancouver Native Health Society also referred to the high levels of Aboriginal children in care: "at least 90% of the foster children registered with ICFPP [Inner City Foster Parents Project] are aboriginal ... Within the inner city and downtown eastside corridors of Vancouver, it has been identified by MCF [Ministry of Children and Families] that there are approximately 500 children in care."[37]

Three of six respondents felt that the gay/lesbian youth program would have some affect or impact on the issue of children in care, two felt it would have a lot, and one was unsure. When further asked if they were aware of examples of how residential school Survivors, their families, and communities benefited from the gay/lesbian youth program, one respondent cited four cases in the last year where clients (youth) were reunited with their families, and another stated, "[a] few youth have returned to their families and communities in what should be a healthy way, not just to fight."

5. Reporting Results

5.1 Influencing Individuals

As a target group, the gay/lesbian youth population is varied in that some may still be in school while others are street involved; some are open about their sexual orientation while others may be hiding or questioning this aspect of their life. The issues facing a youth who is either a transgendered individual or

a candidate for the medical procedure would likely be unique, and perhaps other gay/lesbian youth may not fully comprehend them.

Peer support and healing was the purpose behind both the weekly group and individual counselling sessions being offered. A small number (4) of counsellor evaluation forms were completed as well as two participant evaluation forms. In summary, the counsellor was felt to be "non-judgmental," "genuine," "very well informed," "very caring," and "easy to get along with." Most offered the highest score, with one participant giving a 7 and another an 8 (1 low, 10 high). Unfortunately, nothing in the feedback forms offered insight as to how participants were changing their perspectives, knowledge levels, or behaviours. It is also not possible to assess progress in the area of peer support. One key informant provided a small glimpse of how participants may be responding: "when we talk about these issues and something clicks for them [the youth] ... their whole demeanor changes. They come out saying things like, 'There's nothing wrong with me!'" Table 2 indicates key informants' observations when asked about the changes they saw in gay/lesbian youth participants.

Table 2) Observed Changes in Participants*

Noted Changes	A lot	Some	A little	Not sure
More self-esteem	–	3	1	2
Making personal changes	–	5	–	1
Offering/accepting peer support	1	3	–	2
Facing homophobia	4	1	–	1
Dealing with their sexuality	3	2	–	1
Understanding residential school legacy	1	2	–	3
Dealing with depression	4	–	–	2
Facing alcohol and/or drug usage	2	1	2	1

* n=6

A majority of informants felt that there was a lot or some change among gay/lesbian youth. Facing homophobia, dealing with sexuality, and making personal changes were areas where five of six respondents noted either a lot or some change. In the national survey, the project identified internalized homophobia among project participants as a severe challenge (along with denial, fear, grief, family drug or alcohol addictions, and cultural self-hatred). This would suggest that in helping youth face homophobia and deal with their sexuality they are meeting an important need.

Only one respondent felt that the youth had gained a lot of understanding around the Legacy and two felt that there was some understanding. Four respondents felt that opportunities for residential school Survivors and families to address residential school issues were improved. Likewise, five respondents felt that gay/lesbian youth had better opportunities to discuss residential school issues. However, the program may not have had the desired benefit of creating understanding among youth, or youth may have only talked about these issues with the counsellor and not with their family.

The responses indicate no clear movement in terms of gay/lesbian youth facing alcohol and/or drug use. Two informants felt that there was a lot of change, one felt there was some change, two felt there was a

little, and one was unsure. Some people working in the addictions field suggest that addiction rates are higher among the gay population than with the general population. In knowing about addiction rates among some segments of the Aboriginal population, it may be fair to say that Aboriginal gay/lesbian youth have been dealt a double blow in regards to the potential for addictive behaviours around alcohol and drugs. In fact, reducing the number of incidences for substance abuse was identified as one of the project's desired short-term outcomes, and a key informant spoke about the frustration of dealing with "chemically dependent people." The following lists responses from informants regarding what they had learned from their involvement with the project:

- "We really are one people, no different. Very spiritual, once past the facade, the anger, betrayal, being dismissed, we allow them to be first-class citizens and see they are really amazing young men."
- "Need for support and acknowledgment from social services and government."
- "Need to create awareness. That the need and thirst is there, but perhaps not with the leadership."

This suggests not only was there an education and awareness process taking place among the key informants themselves, but also further support and awareness were required. All of those interviewed had a clear understanding of the project:

- "Connecting with two-spirited youth, offering support and connection to other services."
- "build self-esteem and community."
- "Awareness and education."
- "Educate Native and non-Native people about two-spirit traditional roles."[38]
- "Bridge the gap between two-spirited youth and our Native communities."
- "Two-fold: being there for two-spirited youth via counselling and educate others (Native, gay, social service providers)."

Unfortunately, data do not allow for conclusions to be reached regarding the extent these objectives were reached.

In the national survey response, the program indicated that the healing component is measured by informal observations (not written or recorded), formal observations (written and recorded), evaluations, solicited feedback (asked for the opinions of others and recorded), and unsolicited feedback. In addition, the project's funding application stated that it would evaluate the program every four months. The project was asked to provide participant evaluation material for this case study, but only six completed feedback forms were provided. There is difficulty in relying on the data collected due to the limited number of interviews and feedback. The case study process did not allow for participants to be directly interviewed, thereby creating a gap in available information to draw reasonable conclusions. The present information may indicate low attendance in group sessions or the project failed its own stated requirement of holding program evaluations every four months.

5.2 Influencing the Community

One of the project's identified short-term outcomes was to increase awareness of gay/lesbian youth and the Legacy. In addition, there were efforts to increase awareness among gay/lesbian youth of other programs and services available to them while promoting an understanding of the Legacy. As reported earlier, numerous awareness-building workshops were delivered to schools, universities, and social service agencies. However, there appeared to be no specific activity targeting older members of the gay/lesbian community to secure role models or support that would help meet the needs of the youth.

An interesting discrepancy surfaced in the data: the three social service agencies interviewed felt that there was positive receptivity by the Aboriginal community to the gay/lesbian youth program, but the program itself disagreed with this. One service deliverer stated, "The potential is huge for this program but they haven't reached that yet, I think. [It] benefits Bands on dealing with homophobia, it has been well-received by the Native community." It appears that those more closely affiliated with the program found homophobia among the Aboriginal community to be a closed door. When asked what level of support community agencies had provided, two Aboriginal respondents gave a 2 to 2.5 rating (1 low, 5 high), and all the non-Aboriginal respondents gave a score between 4 and 5.

An example is given by the counsellor–facilitator that shows the intensity of at least one person's opposition: "We had one pamphlet promoting the program on the bulletin board of the Native Centre; someone actually tore it down, marked it up with 'you are turning all our youth gay,' then mailed it to me. They actually took the time to mail it to me!" In response to how these challenges or obstacles were being dealt with, some people provided positive measures, such as "connecting with relevant agencies, doing their own outreach," or "the best way is to be consistent, nonjudgmental, offering consistent care, and positive leadership." One person spoke of the counsellor–facilitator as a positive asset and being gay/lesbian also. One responded with "putting it right in their face and not allowing them to sweep the issue under the rug."

Without interviewing a wider audience, it is difficult to measure what impact or response was being felt among the target groups for education and awareness activities. Data are sparse from participant feedback, and only three social service agencies participated in this case study. Observations from the Aboriginal informants paint a different picture than what non-Aboriginal service providers felt. The three Aboriginal informants felt resistance from the Aboriginal community even around hearing about gay/lesbian issues as the biggest challenge. However, the counsellor–facilitator had developed direct linkages with at least nine Aboriginal organizations, and it appears the program had repeatedly tried to outreach to the Aboriginal community through faxes and other promotion. This suggests that efforts were being made and that the reported resistance was based on experience. In the mandatory questions asked to the three respondents affiliated with the program, there was an indication that the program wanted to hear people's concerns so that, if necessary, the program could be modified. When asked about how well the project had been accountable, similar responses were given, including, "we've put out a lot but not a lot of feedback coming in. People don't express why they aren't utilize the program. If they did, maybe we could respond."

Based on the project's quarterly reports, extensive awareness sessions were offered and a large number of individuals were reached: 40 organizations in the first quarter and 177, 144, and 137 people in the second, third, and fourth quarters, respectively. The counsellor–facilitator indicated that he was being asked back by two secondary schools and twice by the Musqueam Band. In terms of influencing the community, it is difficult to suggest any significant movement, except perhaps with non-Aboriginal service providers. Even with this target group, there may have only been minimal impact, as the three service providers interviewed stated that they had not changed anything in how they do their work as a result of the program.

The national survey showed that mostly gay males participated and that gay females who did participate felt satisfied: "Most First Nation people do not want to acknowledge two-spirited women, let alone changing the status and decision making power of the community." By serving only a few lesbians, it can be said that the project had minimal influence for this group. The survey also identified a number of issues or challenges affecting the community. Under severe challenges it listed:

- lack of acceptance of Aboriginal language and culture by local institutions (e.g., schools, hospitals);
- apathy or lack of active Aboriginal community support;
- local community opposition (fear, denial);
- poor local economic conditions (e.g., high unemployment, poor housing conditions);
- substance abuse;
- family violence;
- sexual abuse; and
- lack of transportation (local bus, vehicles, etc.).

Moderate challenges were identified as adult literacy, lack of community resources, suicide or attempted suicides, and fetal alcohol syndrome/fetal alcohol effects (FAS/FAE). This reaffirms the contention that the program had targeted a high-needs community but, again, there is not enough information to assess its success on impacting the primary target group (gay/lesbian Aboriginal youth) or the secondary target group (Aboriginal and non-Aboriginal agencies and institutions).

5.3 Partnerships and Sustainability

As noted earlier, the program reported linkages and partnerships with many organizations, including Aboriginal and mainstream health and social service providers, schools, gay and lesbian groups, and First Nations organizations. They delivered public education and awareness workshops and presentations and reached a significant number of Aboriginal and non-Aboriginal individuals. Although there are no data to assess the impact of these activities, almost all of those interviewed reiterated the need for this type of program. One respondent stated that since most services were quite generalized, the potential seemed realistic for this program to have a lasting impact. However, it is unrealistic to expect it to have that sort of impact or benefit in just one year.

Using a scale of 1 to 5 (1 low, 5 high), a clear majority of key informants felt that the program was both filling a gap and enhancing services. Average scores were 4.5 and 4.8, respectfully. Four respondents said that agencies who had partnered with the program are more aware of the Legacy. When asked how well partnering agencies can now deal with residential school issues differently, three respondents said that things had improved. One response referred to the complexity of the issues and to whether the agencies had a full comprehension of the Legacy. Another respondent said that it still needed a lot of work, and another was hopeful that partnerships would "allow the left hand to know what the right hand was doing." Still, another response was, "[agencies] now have another resource available, and the two-spirited youth program can be called in to team meetings." Such comments reaffirm that the project was meeting a service need. However, when informants were asked what changes they had made in how they do their work as a result of the program, two of three agencies said that they made no changes. The remaining comments were related to achieving increased awareness:

- "Their eyes had been opened."
- "More open about two-spirit issues in the public school system."
- "I talk more openly about two-spirit issues."

Although some people may have made changes in how they view or speak on issues facing the two-spirit community, it may be fair to say that the agencies made no changes but had benefited somewhat by having a person who was knowledgeable about both residential school issues as well as those issues affecting gay/lesbian youth. However, individuals who spoke of becoming more vocal were the Aboriginal informants.

There were also numerous references to homophobia in the project files and in the interviews. In fact, this was the reason why the program pulled out of networking with other AHF-funded projects in the city. The counsellor–facilitator's response when asked about how he saw other AHF-funded projects related to the gay/lesbian youth program was:

> I don't. This is a totally unique program. I have no support from the other ones. At the AHF Networking meeting last November, I pulled out. Even healers don't want to talk about it [two-Spirit issues]. I found this meeting to be very patronizing. I confronted the whole room and said, "Until I get support, I won't come back." I feel all alone out there.

While homophobia is clearly a very real barrier, the claim that there was no support from other AHF-funded projects remains unanswered at this stage, as these projects were not approached by the interviewer. The number of AHF-funded projects that exist in the same area do not appear to be duplicating the services of the program. Thus, it appears the project was filling a service gap by specifically targeting gay/lesbian Aboriginal youth and publicly advocating their issues. However, given the extent of homophobia, much more time would probably be required to achieve a sustainable impact. Based on the large number of partnerships and linkages established by the project and its education and awareness activities, there may have been an impact over the short term, but this is merely speculation in the absence of evaluative material.

The program operated with a single staff person without an advisory committee in place. This may have impacted the project's sustainability as well as contributed to the isolation experienced by the counsellor–facilitator. The national survey did state there was a board of directors, but this refers to the one for UNYA. A small committee to oversee and guide the program may have eased the frustrations experienced by those interviewed and evident in their responses. In a follow-up communication with the community developer at UNYA, it was stated that efforts to form a committee were made but did not materialize due to low interest. It was also indicated that support was provided to the counsellor–facilitator by other gay/lesbian staff at UNYA, the executive director, and the community developer as well as at team meetings.

5.4 Reaching Those in Greatest Need

The national survey indicated that approximately 70 people had participated in a healing activity hosted by the project. The quarterly reports, on the other hand, show that attendance figures for the drop-in groups were around five youth. Individual counselling figures also show that the caseload rose to approximately 11 youth by the end of the fourth quarter. One key informant spoke about the lack of clients and said, "we need to ask what is it they [the youth] aren't able to connect with the program on." Perhaps low participation rates can be expected when trying to work with those termed "hard to reach." One other possible factor was that the drop-in group at the Broadway Youth Resource Centre was situated in an area where there is a high number of Aboriginal housing units but was later moved to the UNYA location. The two organizations are in different areas of the city and would require access to transportation. To what extent this move affected attendance rates cannot be determined at this time without further investigation and interviewing of participants.

As mentioned, this is a high-needs target group and the issues being addressed could range from substance abuse to healing from sexual abuse to coping with one's own sexuality in a homophobic society. One respondent said that the biggest challenge was, "reaching kids that don't want to be reached." The national

survey confirms that their client group had a significant number of needs. The survey also said that five high-needs clients had been referred elsewhere; thus, there is a contradiction as to whether the project is reaching those in greatest need.

5.5 Best Practices

Three things may be deemed to have worked well for this program: 1) the counsellor–facilitator was an Aboriginal gay/lesbian person, increasing the likelihood that clients could identify with; 2) the program linked with key service providers also serving the Aboriginal community and maintained a key presence through drop-ins, which may have allowed gay/lesbian youth to become familiar and comfortable with the counsellor–facilitator at their own pace, increasing chances that they may later approach UNYA for services; and 3) the program included services to transgendered youth who oftentimes find themselves with many barriers and stigmas that inhibit or prevent participation in more generalized programs.

In several of the responses during the interviews there was mention of the quality and dedication of the counsellor–facilitator. Some said that the program was the counsellor–facilitator and that he made the program what it was. Certainly, what became clear in the interviews was the dedication, though the counsellor–facilitator admitted he had not really worked with youth before.

5.6 Challenges

There was a sense that the frustrations of dealing with homophobia were becoming a challenge for the counsellor–facilitator. This frustration is understandable, especially when care goes into the work and the people served. It is here that an advisory committee would have benefited and eased the isolation and frustration that staff may have been feeling.

Staffing levels was found to be one of the weaknesses of this program. Given the high needs and nature of work surrounding the target group, the program may have done well to use foresight in estimating the difficulties one person would face. Almost all those interviewed repeatedly indicated the need to expand the program to have more than one staff. One respondent said, "with a second person, this program would really take off." Another said, "I need to stress the amount of work to be done in the Aboriginal community in order for real healing to occur." It seems that staffing levels was a key issue, and the counsellor–facilitator admitted, "I really feel I'm giving half efforts to very important things: education and counselling." The funding application did seek to hire two facilitators. In a follow-up conversation with the community developer at UNYA, it was stated that the budget did not allow for a second facilitator despite securing $49,395 in salaries and benefits, representing almost two-thirds of the project budget.

5.7 Lessons Learned

What remains clear from the challenges the project faced was the issue of staffing. Perhaps this is why most informants interviewed had suggested that a second staff person might improve the project. It was also suggested that a female staff member would provide for gender balance. The counsellor–facilitator felt that he was doing a half-service to each area (counselling and awareness/education) and that awareness efforts could have been more strategically delivered by reducing the number of education and awareness activities. The counsellor–facilitator indicated a personal lesson learned by speaking of how he operated

at the beginning of the project and towards the end: "I've become more flexible. I never really worked with youth before, strictly speaking, and I was so available at the start. Now I have limits. I turn my cell off from 11 P.M. to 7 A.M. and the youth know that. I really live my job."

Two respondents mentioned how they speak more openly and frequently about gay/lesbian issues. Perhaps this is an indication of how they have gained more knowledge of how homophobia needs to be talked about if it is ever to be removed. Non-Aboriginal service providers who linked with this program expressed their support. One respondent said, "it's taking giant steps in small ways." Some agencies indicated that there were no substantial changes in how they did their work; however, they did indicate a benefit to their agency, and one informant said he learned more about gay/lesbian issues. The other side to this may be that there was no need to change how they did their work, if indeed they were both gay-positive and appropriately linked to the Aboriginal community.

6. Conclusion

UNYA has been serving the many and diverse needs of Aboriginal youth living in the greater Vancouver area since 1989. It would seem a natural progression that program experience would lead the organization to begin reaching a specific group such as those who are gay/lesbian. Aboriginal youth, gay/lesbian youth in particular, are undoubtedly a high-needs population. Specific issues facing street-involved people, such as HIV infection rates, hepatitis C, other health issues, and migratory patterns are especially high in a large urban centre such as Vancouver.

While it seems fairly clear that the project was addressing a service gap, there was no mention in the project files that a needs assessment was done. If one had been completed, some of the questions on how to improve participation rates in drop-in groups and individual counselling may have been answered. Nevertheless, the project took a positive step in attempting to reach this high-needs group. Perhaps the challenges were too great for just one staff person. In all fairness, it appears the counsellor–facilitator was spread too thin, and it is unclear how much of a difference a second facilitator would have made.

There is some indication that the program had an impact on increasing knowledge and awareness on both residential school and gay/lesbian issues through numerous workshops and presentations. Without participant evaluations, however, it is difficult to know what was learned from them. The venues for presentations (universities, schools, social service providers) suggest some strategic reasoning for giving them. Future professionals who might serve Aboriginal and/or Aboriginal gay/lesbian people and peers or students who attend school with gay/lesbian youth could have their eyes opened to the issues being experienced by the target group.

Further benefits can be seen in examples provided where four gay/lesbian youth reunited with their families and communities, as one person put it, "in a good way and not just to fight." No dollar figure can be placed on the value for even one youth reconciled with his/her family. Moreover, the program was just beginning. Since "street-involved youth have experienced a series of losses: family, housing, innocence,"[39] it seems another loss was dealt them when the gay/lesbian youth program ended at a time when the youth were beginning a process of building a relationship and reliance on this service. The group is called "hard to reach" for a reason and, as one informant pointed out, "the best way is consistency."

Programming issues included no advisory committee, unclear data of what support the gay/lesbian youth program had from other programs at UNYA, and only one staff to serve a significant high-needs population. The absence of a systematic participant evaluation process combined with no needs assessment provides little concrete information to help support or guide the direction of the program. Also, not working with the Aboriginal gay/lesbian community seemed a weakness. There was an assertion that there were not enough positive role models for this group and that it was difficult to find gay/lesbian Elders. The need for gay/lesbian Elders is not a necessity provided the Elder could demonstrate compassion and empathy. Likewise, there are positive role models among the gay/lesbian population, some who are on the "red road" (in recovery or following traditional teachings), and they may have been a valuable resource and support to both clients and staff. Many are involved with the International Two-Spirit Gatherings that have been occurring for the last 13 years at various locations across North America. The location for the 2001 gathering was in British Columbia, a short distance outside of Vancouver, and was voluntarily coordinated by another person at UNYA. Clearly, there was opportunity to link with the Aboriginal two-spirit community.

7. Recommendations

- Given the nature of this work and the size of the population, efforts to secure two staff for this project would have minimized the isolation and frustration felt by the counsellor–facilitator. It is felt that the budget was sufficient to hire at least two positions: one full-time and one part-time. At the very least, other sources of funding could have been pursued to ensure meeting this requirement. A second aspect to this would have been the benefit of having gender balance to increase the opportunity for clients to bond with at least one staff member, especially if they had gender issues.
- An advisory committee could have been organized to help formally guide the counsellor–facilitator and the program.
- Greater efforts to find healthy, positive role models from the older Aboriginal gay/lesbian community would have been a logical place to start, especially since the program felt that the Aboriginal community was the most resistant. Drawing on the knowledge of Aboriginal gay/lesbian people who may have experienced many of the same issues as Aboriginal gay/lesbian youth would have allowed for greater opportunities to create a support base for the youth.
- The program had difficulties finding gay/lesbian Elders, yet involving healthy Elders who are compassionate to the needs of youth and who are not homophobic is felt to be all that was necessary.
- Partnering with appropriate Aboriginal agencies could have provided links into the Aboriginal community. The local Aboriginal AIDS organization based in North Vancouver has done a lot of work to gain support from leaders and health care workers in dealing with both HIV/AIDS and gay/lesbian people who are living with this disease. The case study author disagrees with statements from the project that this Aboriginal AIDS organization was not supportive because it was trying to distance itself from being classified as "gay." Although interviews with this or other organizations would help determine what relationship did occur, there are several local people affiliated with the Aboriginal AIDS movement who would have done well as both a support and a linkage.
- Implementing the evaluation plan outlined in the proposal may have allowed for revising the work plan to place emphasis where it was needed most and/or where it would have been most effective.

Notes

[1] While it was important to interview individuals with knowledge of the program, it is also recognized that relying on the project's counsellor–facilitator to provide the names of interviewees presents problems. In particular, it is unlikely that the names of individuals or organizations who might be critical of the program were offered. Such limitations may have been overcome if the researcher had lived in Vancouver or was able to spend more time in the city. The small number of personal interviews conducted for this study is a severe limitation and a threat to its reliability and validity.
[2] Four counsellor evaluations and two participant evaluation forms were completed and provided for this study.
[3] Deschamps, Gilbert (1998:1). *We are Part of a Tradition: A Guide on Two-spirited People for First Nations Communities*. Toronto, ON: 2-Spirited People of the 1st Nations.
[4] This number is based on the quarterly reports submitted by the project to the AHF.
[5] Cited in Vancouver Native Health Society (2001:12). *Youth Safe House Program Review*. Vancouver, BC: VNHS.
[6] This was in response to a question about their strongest contribution to the project.
[7] It appears that the project did not have or use the AHF reporting template for the first quarter to collect statistics per activity/objective; therefore, the information under the first quarter did not include all participant figures. Interestingly, the project modified the AHF's statistics sheet used in the final three quarters to include the category "transgendered" for reporting the sex of participants (i.e., the categories used were male, female, transgendered, total).
[8] Vancouver/Richmond Health Board (1999:7). *Healing Ways: Aboriginal Health and Service Review*. Vancouver, BC: Vancouver/Richmond Health Board.
[9] Vancouver/Richmond Health Board (1999:9).
[10] Urban Native Youth Association (no date: page 1 of Two-Spirited Youth Program Year End Report). *Annual Report 1999 – 2000*. Vancouver, BC: UNYA.
[11] Myers, T., L.M. Calzavara, R. Cockerill, V.W. Marshall, and S.L. Bullock (1993:42). *Ontario First Nations AIDS and Healthy Lifestyles Survey*. Ottawa, ON: National AIDS Clearinghouse, Canadian Public Health Association.\
[12] Vancouver Native Health Society (no date:2). *Vancouver Native Health Society 2000 Annual Report*. Vancouver, BC: VNHS.
[13] Vancouver Native Health Society (n.d.:2).
[14] Vancouver Richmond Health Board (1999:35).
[15] Vancouver/Richmond Health Board (1999:37).
[16] Vancouver/Richmond Health Board (1999:27).
[17] Vancouver Native Health Society (2001).
[18] Federal, Provincial and Territorial Advisory Committee on Population Health (1999). *Toward a Healthy Future: Second Report on the Health of Canadians* (for the Meeting of Ministers of Health, Charlottetown, PEI, September 1999).
[19] Vancouver/Richmond Health Board (1999:33).
[20] Vancouver/Richmond Health Board (1999:32).
[21] Urban Native Youth Association (n.d.: 5th page).
[22] La Prairie, Carol (1995:35). *Seen But Not Heard: Native People in the Inner City*. Ottawa, ON: Ministry of Public Works and Government Services Canada. Study sample size: 621 Aboriginal people in four inner-city areas living on the streets identified by street-level organizations. The majority of people interviewed were between the ages of 24 to 44, and 60 per cent were male.
[23] La Prairie (1995).
[24] Health Canada, Child Maltreatment Division (2001:1–4). Canadian Incidence Study of Reported Child Abuse and Neglect Highlights: At-a-Glance Fact Sheet, Spring 2001.
[25] Health Canada (1997:2). *Child Sexual Abuse: Information from... The National Clearinghouse on Family Violence Fact Sheet*. Ottawa, ON: Health Canada.
[26] Health Canada (1997:2).
[27] Vancouver Native Health Society (n.d.:26).
[28] Vancouver Native Health Society (n.d.:33).
[29] Krawczyk, Marian (2000:2). *Sacred Lives: Canadian aboriginal children & youth speak out about sexual exploitation*.Vancouver, BC: National Aboriginal Consultation Project, Save the Children Canada.
[30] Krawczyk (2000:14).
[31] Krawczyk (2000:33).
[32] Cited in Vancouver/Richmond Health Board (1999:24). Although the Helping Spirit Lodge Society study was cited, there was no further information on the methodology used. It was referenced in this context because it provided figures related to the social indicators of interest to this case study.

[33] See, for example, Bunge, V. Pottie and D. Locke (2000). *Family Violence in Canada: A Statistical Profile 2000.* Ottawa, ON: Minister of Industry, Canadian Centre for Justice Statistics. It reports a relationship between heavy drinking (not the frequency of drinking) and elevated rates of violence. "Ten studies reporting chronic alcohol use, alcoholism, or alcohol abuse reported that between 24% and 86% of battering incidents involved alcohol abuse." Cited in Health Canada (1993:4). *Family Violence and Substance Abuse: Information from... The National Clearninghouse on Family Violence Fact Sheet* (http://www.hc-sc.gc.ca/hppb/familyviolence/html/subabuseeng.html). It also notes that people who have experienced family violence are at greater risk for alcohol and drug problems.

[34] Vancouver Native Health Society (2001:18). It also reported that the substances being used most are cocaine, alcohol, and heroin, in that order.

[35] Vancouver Native Health Society (2001:32).

[36] Vancouver/Richmond Health Board (1999:24).

[37] Vancouver Native Health Society, (n.d.:34).

[38] It may be useful to point out that the concept of two-spiritedness, including their traditional roles, will vary among Aboriginal cultures. This case study does not assume or dictate that there is any homogenous view among Aboriginal people on the role or concept of two-spirited people. Some First Nations, for example, believe that two-spirited people had held more respectful roles and were accepted within their societies, while others believe that they had been banished.

[39] Vancouver Native Health Society (2001:15).

Appendix 1) Interview Questions

UNYA QUESTIONS:

1. On a scale of 1 to 5, (1 being low, 5 high) what level of support do you feel community agencies are giving to this project?

   1 2 3 4 5

2. On a scale of 1 to 5, (1 being low, 5 high) how well do you feel the Two-Spirited Youth Project is filling a gap ?

   1 2 3 4 5

3. On a scale of 1 to 5, (1 being low, 5 high) how well do you feel the Two-Spirited Youth Project is enhancing services ?

   1 2 3 4 5

4. In your view, what is the most important goal of the Two-Spirited youth project?

5. Please describe what role Residential School Survivors may have had with respect to the Two-Spirited youth project?

6. What do you perceive the benefits are, by having the Two-Spirited Youth project in this community?

7. What did you see as the biggest challenge or obstacle the project is facing?

8. Please describe, how this challenge or obstacle is being addressed?

9. In your view, how do you see other Aboriginal Healing Foundation projects relating to this project?

10. In your view, would you say the opportunities for Residential School Survivors and families to address Residential School issues are:

    better the same less not sure

11. In your view, would you say the opportunities for Two-Spirited Youth to discuss Residential School issues are:

    better the same less not sure

12. What is the strongest contribution you can make in helping the project reach it's goals?

13. What do you like most about the project?

14. What do you like least?

15. What have you learned from your involvement with the Two-Spirited Youth project so far?

16. Is there anything you would suggest that might improve the project? Why?

17. How well do you feel the areas addressed through this project will have an affect or impact on the issue of :

Physical Abuse :	a lot	some	a little	none	not sure
Incarceration :	a lot	some	a little	none	not sure
Suicide :	a lot	some	a little	none	not sure
Sexual Abuse :	a lot	some	a little	none	not sure
Children in care :	a lot	some	a little	none	not sure

18. Are you aware of examples of how Residential School Survivors, their families and communities have benefitted from this project? If yes, please elaborate.

19. Do you feel agencies who have partnered with the Two-Spirited Youth project are more aware and informed on the legacy of Residential Schools?

    yes no the same as before not sure

20. In your opinion, how well do you feel partnered agencies can now deal with Residential School issues differently?

21. In the last 12 months, what changes have you seen with Two-Spirited Youth regarding:

More self-esteem	a lot	some	a little	none	not sure
Making personal changes	a lot	some	a little	none	not sure
Offering/accepting peer support	a lot	some	a little	none	not sure
Facing homophobia	a lot	some	a little	none	not sure
Dealing with their sexuality	a lot	some	a little	none	not sure
Understanding residential school legacy	a lot	some	a little	none	not sure
Dealing with depression	a lot	some	a little	none	not sure
Facing alcohol and/or drug usage	a lot	some	a little	none	not sure

22. What changes, if any, have you made in how you do your work, as a result of your involvement with the Two-Spirited Youth project?

23. Would you have any final comments to share?

MANDATORY QUESTIONS:

A) How well is the project addressing the legacy of physical and sexual abuse in Residential Schools, including inter-generational impacts? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

B) What are the previously identified needs that the project is intended to address?

C) How would you rate the project's ability to address or meet those needs?

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

D) How well has the project been accountable (i.e. engaged in clear and realistic communication with the community as well as allow community input) to the community? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

E) How well have the methods, activities, and processes outlined in the funding agreement led to desired results? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way:

F) Will the project be able to operate when funding from the Foundation ends?

G) How well is the project able to monitor and evaluate its activity? Please choose only one response.

6	5	4	3	2	1	0
Very well, hard to imagine any improvement	Very well, but needs minor improvement	Reasonably well, but needs minor improvement	Struggling to address physical and sexual abuse	Poorly, needs major improvement	Is not addressing the Legacy at all	Not sure

Please offer an explanation why you feel this way: