SACRED AND STRONG:
UPHOLDING OUR MATRIARCHAL ROLES

THE HEALTH AND WELLNESS JOURNEYS OF BC FIRST NATIONS WOMEN AND GIRLS

We acknowledge with respect the territories on which much of this work took place, including those of the Esquimalt and Songhees Nations (Lekwungen peoples) and WSÁNEĆ peoples in Victoria, BC, as well as the Squamish, Musqueam, and Tsleil-Waututh Nations in Vancouver, BC. We also gratefully recognize Métis Chartered Communities and the respective territories of all those who contributed stories to this work.

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First Nations Health Authority
Health through wellness

British Columbia | Office of the Provincial Health Officer

First Nations Health Authority
501 – 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
Canada V7T 1A2
www.fnha.ca | info@fnha.ca

Office of the Provincial Health Officer
BC Ministry of Health
1515 Blanshard Street
Victoria, BC
Canada V8W 9P4
www.health.gov.bc.ca/pho

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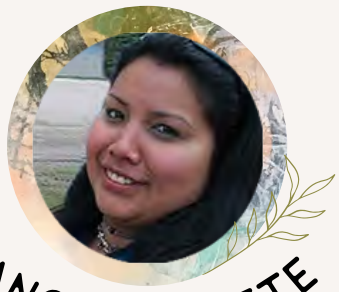

ANGELINE PETE

She is what the Haida call "skookum" – which means "solid and strong." She is loud, loves to laugh – and loves to make other people laugh. I remember we went together to Rediscovery Camp in Haida Gwaii one year, and she was admired by everyone. She has a magnetic energy, and she connects with so many different groups of people. She earned "stone ribs" at camp that year because of her integrity, skills, intellect and kindness to others. She is so fiercely protective, always eager to help others, and so strong; we never worried about her.

But my niece, Angeline Pete, has been missing since May 21st, 2011.

Angeline Pete was born to Molly Dixon and Herman Pete in Vancouver, BC on December 5th, 1982. In our traditional way, the firstborn grandchild belongs to the grandparents. Angeline was therefore raised by her grandparents, Eileen Nelson and Gerald Calder, from the age of four in Quatsino First Nation. She learned how to gather cedar the traditional way from her grandmother, and was taught how to gather, process, cook and bake traditional foods. She grew up surrounded by family and friends in the community of Quatsino, and is loved by many.

Angeline became a mother to Darryl Stauffer Jr on April 25th, 2004. Darryl was seven years old when his mother went missing. Angeline had travelled to Alert Bay and planned his birthday with Darryl's dad. This was the last time Darryl got to see his Mom. Darryl Jr. is now 17 years old and resides in Alert Bay with his father, Darryl Stauffer.

Angeline's boyfriend asked her grandmother for Angeline's hand in marriage on their visit home in April of 2011. Angeline was residing in North Vancouver with her fiancé when she went missing. Her fiancé has never contacted our family to offer any support in finding her.

There are no resources to support families when a family member just disappears like Angeline did. Where do you look? How do you look? How do you go on? Sometimes I think I could go crazy looking everywhere for her. I struggle at times to breathe because my niece isn't here. I wish that I could just wrap my arms around Angeline and bring her back, have her come home and let her to know how sacred she is, how intelligent, powerful and amazing she is.

It was my responsibility as her auntie to take care of her. I was raised that way – and so there's this guilt. All of us feel it. Everyone in my family feels guilt and an overwhelming sadness. My whole community has been impacted. If only … if only … But it isn't our fault. And it isn't Angeline's fault. My niece, just like all Indigenous women and girls, has a right to live and thrive without fear, without danger. We shouldn't have to worry about the safety of our daughters every minute of every day, but we do.

Our family welcomes any help and support in the search of Angeline. She is a mother, a daughter, a sister, a niece, a cousin, a friend. She belongs here, to this family, to this community, this land and territory of the Gusgimukw people, called Quatsino. We would like to put together a website for her.

As an advocate for women, I also have a dream to start a non-profit to develop prevention and empowerment programs for Indigenous youth and to support families, like mine, who have been impacted by the epidemic of Missing and Murdered Indigenous Women and Girls. In the meantime, this video (https://vimeo.com/551654903) is dedicated to families impacted.

To all Indigenous women out there:

"Stay connected, speak your truth, and stay safe. Your voice matters.
It is time for our Indigenous women to rise together in strength and unity and claim our space in this world."

To all Indigenous men out there:

"Claim your space as protectors; respect and honour Indigenous women."

To all leaders out there:

"Move reconciliation into action. What are you doing to contribute to keeping indigenous women safe and addressing systemic racism?"

Gilakas'la,
- Cary-Lee Calder, Angeline's Auntie, Quatsino First Nation

If you know anything about Angeline Pete's disappearance, please contact the North Vancouver Serious Crimes Unit at 604.985.1311 or the Quatsino Band Office at 250.949.6245.

INDICATES DATA FROM FIRST NATIONS LIVING ON RESERVE IN BC.

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INTRODUCTION

> "To all First Nations women and girls. All of you. You are beautiful. You are loved. You are resilient. May you be free from pain and suffering. May you be safe. May you love yourself. May you be healthy. May you feel strong. May you find your roots and feel grounded, connected, supported."
>
> - Melanie Rivers, Tiyaltelwet, Squamish First Nation[1]

This report is about – and for – *all* First Nations women and girls living in BC. It focuses on their health and wellness, including teachings that First Nations have known since time immemorial contribute to mental, emotional, physical and spiritual well-being at every phase of life – from conception to old age.

This report is a celebration of the incredible strength and resilience of First Nations women and girls. By sharing information and stories of lived experiences, this work aims to further empower women on their wellness journeys. It is also a reminder of the urgent need for collective action to eliminate prevailing systemic barriers to enable *all* First Nations women and girls to be self-determining, healthy and thriving.

A Note about Gender Inclusivity –

This report is intended to honour and celebrate the strengths of *all* First Nations people living in BC who identify as and/or express themselves as women, including cisgender females, trans women, non-binary people and those who identify as Two-Spirit/Indigiqueer. The term "woman" is used throughout, however, as a binary term, it may not accurately reflect the gender and sexual identities of all who are reflected in the experiences, data and stories discussed.

A Unique Partnership of Respect, Reconciliation, and Reciprocal Accountability

The Office of the Chief Medical Officer (OCMO) and the Office of the Provincial Health Officer (OPHO) have a unique partnership grounded in mutual respect and a shared commitment to monitoring population health in a way that supports reconciliation and relationship building. Since 2013, and in alignment with the *Transformative Change Accord: First Nations Health Plan*, the partners have worked in collaboration to create the *Population Health and Wellness Agenda* and track progress on several key indicators related to the vision of healthy, vibrant, self-determining children, families and communities. The health and wellness of women and girls is an essential component of this vision.

This report is dedicated to the MMIWG and their families

Between May 2017 and December 2018, over 2,380 families shared their stories through the truth-gathering process of the National Inquiry into the Missing and Murdered Indigenous Women and Girls (MMIWG).[2] The testimonies recounted the unique and precious spirits of these *stolen sisters* and laid bare the heartbreak and devastation that families and communities feel every day as a consequence of their absence.

Echoing the voices of those who shared their truths as part of previous initiatives, including the Truth and Reconciliation Commission,[3] the Royal Commission on Aboriginal Peoples,[4] and the Missing Women Commission of Inquiry,[4] these testimonies shone a light on the attitudes and systems that stigmatize, disadvantage, and harm First Nations women and girls. They reiterated the importance of self-determination and self-governance, adequate and sustainable funding, and Nation-led and distinctions-based initiatives in restoring First Nations women and their communities to thrive.[5] They also pleaded with society and its institutions to recognize First Nations women, girls and 2SLGBTQQIA people (those who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer-questioning, intersex and asexual), as valued members of society – and to treat them and protect them as such.

Their stories formed the basis of 231 Calls for Justice in the MMIWG final report, which outline the path to transforming societal values, decolonizing systems, and restoring the rights of First Nations women, girls and 2SLGBTQQIA people to live safe, respected, healthy, and self-determining lives.[6] These Calls to Justice were directed at all Canadians: every level of government, institution, industry, and individual. Some progress has been made since their release, but not enough. While many First Nations women, girls and 2SLGBTQQIA are thriving and healthy, connected to their culture, and leading their communities, they do so despite being exposed to disproportionate rates of poverty, racism, violence and trauma. There is still a dearth of timely data and information on the health and wellness of First Nations women, especially those who are 2SLGBTQQIA. As a consequence of systemic factors, First Nations communities continue to lose women, not only to violence but also to overdoses, should they seek to ease their pain from the trauma they experience through substances.

This report seeks to honour missing and murdered women, their families and communities. Its aim is to highlight their strength and pay tribute to their sacredness. May it also serve as a reminder and light to help guide the significant work, reconciliation, and healing still left to be done.

This Report

This report is part of the OCMO's and the OPHO's commitment to ensure that First Nations people's right to health and wellness is recognized and protected on an equitable basis. Grounded in First Nations teachings, it uses a strengths-based approach to focus on wellness and resilience – while also applying two-eyed seeing to bring together First Nations and Western ways of knowing.

Just as in the artwork that is on the title page and embedded throughout, this report looks at wellness from a wholistic perspective and at each phase of a woman's life journey. There are chapters dedicated to exploring wellness from conception through infancy, during childhood, youth, adulthood, and old age. Each of these life phase chapters shares data and stories of life experience related to being well mentally, emotionally, spiritually and physically. The chapters each contain three sections that focus on:

Elders' teachings often use a circle to depict the vital interconnections of life. It is a reminder that the health and well-being of each individual, family and community and Nation is nurtured through the balance and harmony of the spiritual and emotional, physical and mental aspects of living. There are also sacred stories that talk about the circle of life in terms of the different phases of a person's life and spirit journey, from conception/birth to death.

1: **Roots of Wellness** are the connections to culture and the ancestors, language and ceremony; connections to land and connections to community that are foundational to wellness and self-determination at all stages of life.

2: **Supportive Systems** are mainstream systems that women and girls need to access in order to meet their basic needs. These systems include education, housing, child welfare, healthcare and justice. Systems determine the environments in which a person lives and works, learns, prays and plays. When mainstream systems are culturally safe and free of racism and discrimination, individuals can meet their needs in a good way and thrive.

3: **Healthy Bodies, Minds and Spirits** represent a wholistic perspective on health outcomes. This section contains information on outcomes, trends and life experiences in these various spheres of wellness, highlighting areas of gender-based and/or racial inequity, as well as where women are thriving.

This report focuses on First Nations women and girls, and features their voices. It shares their experiences of wellness, how they stay well, and their hopes for the future. An effort has been made to include voices from a diversity of First Nations, language groups, gender and sexual identities, ages, and perspectives. Some were offered directly from individuals, and others come from a variety of secondary sources, such as published articles, books, interviews, and videos.

The report also contains quantitative data from a variety of sources on many aspects that contribute to a woman's health and wellness at different phases of her/their life, from before birth, to childhood, youth, adulthood, and old age. Please refer to the website for more detailed descriptions.

Ancient forests know
How she can be in stillness
How she can grow and connect
Ancient forests know
Strength comes from living as one tree, each tree, all trees
Ancient forests know
Ancestral roots connect her through time
Grounding, holding, inter-weaving
Her branches reach out, one palm up, one palm down
Ancient forests know
Each ring writes her story
Each pain, each lesson, each triumph
Growing steadily upwards until she touches the medicine of the moon
And through the darkness, the moon gently reflects back her light
And shows her the ebb and flow of life
Each child held in a mother's love
Guided by Elders' wisdom
And nourished by the sisters around her
Ancient forests know she is not alone.

– Melanie Rivers, Tiyaltelwet, Squamish First Nation[1]

Amplifying Calls to End Racism, Discrimination, and Colonial Practices

First Nations traditionally had robust and sophisticated systems to support the wellness of their members. Developed and passed on through generations, and grounded in connections to the land and values of the culture, these systems remain strong in many communities – and are being revitalized in others. Still, as highlighted by the final report of the MMIWG Inquiry, many First Nations women and girls continue to be disproportionately impacted by Western systems and institutions that remain grounded in racism and the legacy of colonialism.[7]

Those who shared their experiences through the MMIWG Inquiry exposed how policies and institutions such as the *Indian Act*, the Sixties' Scoop, and Indian residential schools, have persistently stigmatized, marginalized and undermined the rights of First Nations women and their families.[7] They highlighted that systems grounded in colonialist, racist and patriarchal values continue to impact their ability to learn about and practise the traditions and ceremonies of their ancestors; their ability to access to territories, lands and waters; and their ability to access fresh drinking water, eat traditional foods and partake in traditional food practices. These values, policies and institutions impact opportunities for both traditional and mainstream education, and create barriers to employment and secure housing. Because of these systems, and as highlighted by the Addressing Racism Review's final report, *In Plain Sight* (2020), First Nations women face disproportionate barriers to accessing health care. They are discriminated against at every level of the justice system. They also face judgement as mothers, and some live with the threat of having their children apprehended – a fear that often prevents them from seeking the care and supports they need and deserve.[8]

While many First Nations women and girls are thriving despite these injustices, collective action to transform these systems is essential to restoring wellness for all First Nations women and girls. This report seeks to further inform and support the actions previously recommended and/or currently underway in response to reports such as those by the Addressing Racism Review (2020), MMIWG (2019), the Truth and Reconciliation Commission of Canada (2015), the Missing Women Commission of Inquiry (2012), and the Royal Commission on Aboriginal Peoples (1996). Let it serve as a benchmark of progress on these necessary reparations.

Data Governance and Limitations

Every data point included in this report represents a strong, resilient First Nations individual who is a member of a family, community, and a proud Nation. In addition to honouring each and every individual represented in the statistics, the partners are committed to upholding First Nations data governance principles and advancing First Nations decision-making and control over their data.

At the same time, governance of the data shared in this report is complicated by two main factors: the partners do not hold the data for most of the sources included in this report, and the data sets used are BC-wide and therefore not held by any one Nation.

The First Nations principles of OCAP®: ownership, control, access and possession, are intended to be used as a tool to facilitate conversations between First Nations and those who hold First Nations data about how that information is collected, managed and shared.

OWNERSHIP: A community or group owns their information collectively, like an individual owns their personal information.

CONTROL: First Nations are within their rights to seek control over any aspects of research or information gathering that impacts them.

ACCESS: First Nations must have access to information and data about themselves and their communities regardless of where it is held.

POSSESSION: Ownership is asserted and protected by the physical control of the data. This may be implemented with stewardship agreements if physical possession is too costly or unwanted by a First Nation.[9]

The partners have endeavoured to collect and report on data in a distinctions-based manner, recognizing that the experiences, interests and circumstances of each First Nations woman and girl are unique, and therefore being clear whether the data are from an individual who identified as First Nations or as Indigenous more broadly. It is also acknowledged that every individual's experience is influenced by a combination of factors and that these overlapping social identities can work to both empower and oppress. Despite these efforts, the data presented are limited in many ways:

- **Lack of Gender–Diverse Data:** Most notably, the majority of available data does not reflect a full spectrum of gender identifications. Health system datasets currently only reflect binary sex categories (male/female) and do not capture a person's gender identity. Data from surveys, including the Regional Health Survey, do not differentiate between sex (which is biologically determined) and gender (how a person self-identifies) and do not ask that participants identify their sex/gender beyond the binary of male or female. The report is honoured to include the stories and lived experiences of several First Nations women and girls who are trans, gender-diverse and Two-Spirit/Indigiqueer. However, particularly as the binary categorization of gender is a colonial social construction,[10] this limitation reflects an important gap in this report and an area for future work and transformation.

- **Lack of Region–Specific Data, i.e., urban, rural, remote:** Provincial-level reporting conceals the significant diversity and unique strengths that exist across the 203 distinct and self-determining BC First Nations communities. Important differences that exist between urban and rural, or on-reserve and off-reserve communities, are also not discernible from this eagle-eye perspective.

- **Lack of Current Data/Data Delays:** Much of the available data is dated and therefore does not reflect the many social, cultural, economic, political and legal changes that have occurred over the past decade. These changes include reclamation of cultural practices and traditions in many communities, evolving BC First Nations relationships with different levels of government, and the impacts of public health emergencies in BC including the toxic drug crisis and the COVID-19 pandemic.

As updated data becomes available, it will be shared on the website: fnha.ca/sacredstrong. The partners will also continue to advocate to have the prevailing gaps in data addressed. The aim is to be able to update this report in the future with a more comprehensive picture of the health and wellness of First Nations women and girls living in BC, including those who are trans, gender-diverse and Two-Spirit/Indigiqueer; one that reflects their diverse and complex lived experiences, and also measures progress on those aspects that First Nations women and girls themselves have identified as being important, such as the connection to land and self-determination, for which no data currently exists.

In the meantime, this report is intended as a first step towards a new approach to reporting on the health and wellness of First Nations women and girls in BC. It is an approach that restores focus on the importance of the matriarchy to the health and strength of communities. In response to the call made by First Nations matriarchs at the *We Deliver Nutsamaht Gathering* in 2019, it is also an approach that holds up the health and wellness of First Nations women and girls as an indicator of the health and wellness of society as a whole.

PERINATAL AND INFANT WELLNESS

"Our culture has always celebrated life. Our children got their first traditional name at birth: it was their child name. At 10, they got another name. As an adult, another name. As they become older, another name. So there was tradition. We've always celebrated life. And uplifted our children."

- First Nations mother living in Bella Bella[12]

In First Nations communities, the birth of a baby is a sacred event to be joyously celebrated. Each Nation has distinctive teachings, knowledge and ceremonies that surround each phase of the journey – from preconception through pregnancy and childbirth.[1] Women are honoured and accorded special respect for their role as life givers, which is seen as a tremendous gift.

Traditionally, matriarchs taught girls and young women about respecting and caring for their bodies as well as about their Nation's customs with respect to pregnancy, childbirth and mothering. This transmission of wisdom by First Nations mothers, grandmothers and aunties, who also provided vital webs of support as extended family, has a protective influence on healthy child development[3] and has ensured the strength and continuity of generations of First Nations.

Colonialism introduced patriarchal, devastating and intrusive laws, policies, practices and systems that undermined and suppressed the active and respected roles of First Nations women[4] and broke up families. These included forced surgical sterilization,[5,6] the residential school system, the Sixties' Scoop, and the child welfare system. The sharing of valuable teachings surrounding pregnancy, childbirth, and mothering between generations was disrupted, but the teachings were not lost.[7]

Today, although First Nations mothering occurs within the context of historical and ongoing colonial policies and practices,[8] many Nations and matriarchs are actively sharing their traditional teachings and restoring their customs, and many First Nations parents and their infants continue to benefit from them.

The inherent resiliency of First Nations is exemplified in the vital role that women and mothers continue to play in their communities, and in the resurgence and reclamation of traditional roles, teachings and practices around pregnancy, childbirth and mothering.[9,10,11] The vision of healthy and self-determining individuals, families and communities is inextricably linked to First Nations women as the bearers of strong future generations.

This chapter focuses on health and wellness during the perinatal phase (from conception through childbirth) and also includes the postpartum period. It considers the well-being of infants and mothers (those who are biological mothers and those who play roles as mothers in their communities).

HEALTHY, SELF-DETERMINING WOMEN, INFANTS & COMMUNITIES – ROOTS OF WELLNESS

Restoring choice, control and self-determination of First Nations women and communities is key to ensuring that First Nations mothers, babies, and families are vibrant, healthy, and able to thrive.[13] In reclaiming First Nations teachings and protocols around birth, pregnancy and mothering, the power of women as life givers is restored. Following protocols also strengthens vital connections to land, culture and community. These connections, which are the roots of wellness at all phases of life, help to nurture the wholistic wellness of women during the transition to motherhood while also establishing a strong foundation for infant health.

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations people who experience pregnancy, childbirth and motherhood. While the words "mother," "woman," and "parent" are used throughout this chapter, they are used in recognition of the fact that discussions of perinatal health and wellness apply to cisgender females as well as trans women, non-binary people, and those who identify as Two-Spirit/Indigiqueer. It is important to acknowledge that the experience of being a mother is not defined by a person's biology. Although there is currently very limited perinatal data available on the health and wellness of non-binary and transgender populations, these distinctions are important as a person's gender identity can shape their experiences, their social determinants of health, and their access to services.

"As life givers, women bring children into the world – and for this, they command a great deal of respect. If we reclaim the notion of woman as life giver, we reclaim a vital sense of our power. Whether we eventually give birth or not is not important. How do women reclaim the power of life giving? Many of us begin to look for the significance of birth, creative energy, and life giving as it appears in ceremony."

- Kim Anderson, Cree/ Métis with roots in Western Canada but born and raised in Ottawa, Ontario[2]

Connection to Ancestors, Culture, Language, and Ceremony

Infants are seen as gifts from the Creator, born with inherent wisdom and close ties to the Spirit World.[14] Beginning before conception, Nation-specific teachings, language and rituals passed from generation to generation prepare young women for motherhood and provide guidance for the safe births and healthy development of infants.[15, 16] In the tragic circumstance where there is an infant death, there are also important community-led processes and protocols to help the family and community grieve and allow the baby to go into the Spirit World in celebration.[17]

In some Nations, pregnant women are honoured as a bridge between the Spirit World and earth.[18] They are also surrounded by family and community members who support them through the experience and help to nurture the physical, mental, emotional and spiritual needs of both mother and baby.[8, 19] Pre-settlement, all First Nations communities also had midwives who played a vital role as Knowledge Keepers, assisting in the physical and ceremonial aspects of childbirth and also providing support during pregnancy and postpartum.[19]

"When I think about all the grandmothers who have come ahead of me and those grandmothers who stand behind me and the grandmothers who stand in all the directions, I think that they're leaders and that, as leaders, as water carriers, as women who give birth to the next generations, that they all have those leadership qualities in them."

- Weweshkiinzhigook Rhonda Lee McIsaac,Ojibway Nation of Saugeen citizen living in Skidegate, Haida Gwaii[23]

Colonization caused a critical disruption in the transmission of knowledge and practices around pregnancy and childbirth, and many First Nations women and communities as a result do not have access to the teachings and supports of their culture during their prenatal journey.[8] Pregnancy is a time when First Nations women may be motivated to reconnect with their culture, and many communities are reclaiming cultural teachings, practices and protocols to support their expectant and new mothers through their journey.[8] Related to this, there has been a resurgence of First Nations midwifery and doula practices across Canada in an effort to bring birth closer to home and into the hands of Indigenous women.[20]

> "For Indigenous people, birth is supposed to be a ceremony. A life giver is bringing a whole new life into the world."
> - Jessica St. Jean, Squamish Nation[23]

This ability for First Nations women, mothers, and communities to pursue and participate in their own cultural practices at all points in their life, but particularly during pregnancy and childbirth, is a vital aspect of their self-determination.[21] These practices and ways of knowing around life giving and childbirth are also considered fundamental to shaping the health and well-being of the community.[22]

Connection to Land, Water, and Territory

The relationship to the land, water, and territory is a sacred element of First Nations identity and wellness.[25] Childbirth is an event that fortifies the connection to land,[26] and the practices and protocols that communities have around pregnancy and childbirth are all shaped and determined by that relationship to nature.[27] Some communities have customs and ceremonies for when babies touch the earth for the first time.[28] Some have teachings and practices around caring for the placenta, including burying it to connect the child to the land and provide a sense of belonging that will continue for their entire life.[1]

Environmental degradation and industrial development can create barriers to First Nations families being able to practise these important traditions. First Nations women and girls have also been vocal about the negative impacts of resource development and extraction projects on their reproductive health, rights and justice.[29]

> "I would want my grandchildren to be born here. This is where we're from. You know, looking on the birth certificates, they say 'Vancouver, BC.' You know, they're not from Vancouver. We're from Bella Bella. So when they are born in Vancouver, does that mean they are from Vancouver?"
> - First Nations mother living in Bella Bella[12]

Connection to Family and Communities

Mothering is not a biologically determined role in First Nations cultures, limited to a relationship between a female parent and her offspring. Very often motherhood involves a "multitude of roles and relationships that extend across time, spaces and generations."[8]

There are many amazing mothers in First Nations communities who may or may not have biological children of their own, but who take on this nurturing role as aunties.[2] Aunties, Elders, Knowledge Keepers, grandmothers and matriarchs are often involved in teaching younger generations about pregnancy, childbirth and motherhood, and in supporting the wholistic wellness of both mother and baby.[1,5] The community as a whole bears responsibility to uphold, celebrate and honour the wisdom and teachings of the matriarchs and to pass on those teachings to future generations and ensure the traditions, practices, and ceremonies related to mothering are safeguarded.[8] Being a part of the transformative and sacred process, rituals and celebrations around childbirth and parenting is also a vital component of the community's well-being.

> "Everyone is so happy to go and give to the baby, even if you are not closely related, because it is another member of the Haida Nation, and it just makes the community bigger and richer. In the long run, it will make it stronger."
> - Haida Nation citizen[13]

Connection to family and community is an integral element of the perinatal journey for many First Nations.[30] For younger mothers and those without a partner, the support from extended family and kinship networks can be an important protective force against the social and economic disadvantages often associated with early pregnancy and single parenthood.[31]

SUPPORTIVE SYSTEMS

The social determinants of health and wellness of First Nations mothers and infants are shaped by the wide range of systems mothers must interact with to meet their basic needs including systems for health, education, food, housing and justice. First Nations have had laws and protocols since time immemorial to govern different societal systems. Although these laws and protocols still exist, mainstream systems and structures in place today are rooted in Canada's colonial history and reflect Western perceptions of wellness, childbirth and mothering.

Because of historical and ongoing systemic anti-Indigenous racism, many First Nations women face barriers to establishing safe environments for themselves and their infants, and to accessing their basic needs around education, health, housing, employment, and food.[32] As a result, First Nations women are more likely to experience poverty, food insecurity, violence and unsafe living conditions.[30] Mainstream systems have also adversely impacted individual and collective experiences of childbirth for many First Nations women.

The health system is particularly influential in shaping the prenatal experience, childbirth and postpartum recovery. This section looks at the health system from the perspective of supporting healthy, vibrant and self-determining First Nations mothers and babies. It highlights the importance of the work underway to reclaim First Nations birthing practices and restore supports to enable births to happen closer to home or in community. It also brings attention to the opportunity that pregnancy and childbirth present for reconnecting to culture, healing, and breaking the cycle of intergenerational trauma.

> "I am not just a weaver because I make beautiful things. I'm a weaver because I'm weaving back the history into our community of the values of who we are as First Nations people and women – we stand on those blankets that we weave, we comfort ourselves with them, we use them in naming ceremonies, we use them when our children are born and they get their first name. And when they leave this world, that blanket goes with them. The blankets are everything to us, as they are to every community."
>
> - Debra Sparrow, Musqueam[127]

Mainstream Systems and the Ongoing Intergenerational Legacy of Colonialism

Colonial systems and institutions such as the residential school system, the child welfare system, the Sixties' Scoop, and Indian hospitals, broke up families and communities, which disrupted the transmission of teachings and knowledge around childbirth and mothering, and thwarted generations of First Nations women from receiving and sharing this learning, wisdom and support. The enforcement of patriarchal Western values caused fundamental changes to the roles and leadership of First Nations women with the effect of undermining their autonomy, their authority, and their perceptions of life-giving powers.[32,33] First Nations traditions celebrating birth as a community event, and embracing the physical, mental, emotional, and spiritual needs of women and their babies throughout and beyond pregnancy, were eroded and displaced by a Western, biomedical approach to prenatal care focused on the physical aspects.[30]

> "Even in the womb, there is healing to be done because of colonization."
>
> - Tsow-Tun Le Lum Cultural Support[36]

Historical and ongoing mistreatment, violence and harms inflicted by colonial institutions on First Nations women in and around childbirth, have resulted in deep, complex and intergenerational trauma.[24] Abhorrent violations, such as forced sterilizations, violated the reproductive rights of many First Nations women. Often performed during labour or immediately postpartum to prevent women from having future children, these practices have contributed to enduring distrust in Western institutions including doctors' offices and hospitals.[34] The practice of birth alerts (in operation in BC until 2019) to apprehend infants at birth was highlighted by the National Inquiry into MMIWG as being "one of the most egregious and ongoing examples of violence against [Indigenous] mothers and against children,"[24] and continues to be a significant source of fear. Prenatal, delivery and postnatal care are also among the most frequently cited locations of anti-Indigenous racist or discriminatory treatment experienced within the BC health care system.[35]

The British Columbia Tripartite Framework Agreement on First Nations Health Governance includes the recognition that First Nations maternal and child health need to be approached differently than through the biomedical model, and with an emphasis on the family, community, and the social determinants of health.[37] The Calls for Justice (7.4) issued by the National Inquiry into MMIWG similarly called on governments and health service providers to support the revitalization of Indigenous health, wellness, and child and Elder care practices including matriarchal teachings on midwifery and postnatal care for both mother and child.[38] In response, several programs and initiatives have been launched over the past decade to enhance perinatal supports that are woman-centred, community-based and culturally safe, and that integrate trauma-informed practices and address social determinants of health.[22] Notwithstanding this important progress, the Addressing Racism Review's final report regarding anti-Indigenous discrimination in the BC health care system, *In Plain Sight* (2020), has illuminated the fact that much work and healing still needs to take place.

"I moved to Nanaimo in June 2019 and gave birth to my daughter at the Nanaimo General Hospital shortly after. I had to stay there for four days, which was really terrifying for me because I was aware of birth alerts and aware of the overrepresentation of Indigenous children and youth in foster care. I even had it in my birth plan. As a visibly Indigenous person with an Indigenous partner, this was something we needed to be aware of as something that happens to Indigenous families all of the time. I really only felt shielded by my non-Indigenous mother who was with me the entire time I was at the hospital ... I couldn't fully verbalize the fear that I was feeling, but I had this beautiful moss bag made for my daughter. I felt fear of bringing that moss bag to the hospital – just for fear of being judged and also because the nurses were so clear with me that babies weren't to be swaddled anymore so that was just an example of me wanting to bring my culture into the hospital setting but not able to do so because of the fear."

- Anna McKenzie, Opaskwayak Cree Nation, currently living on the unceded homeland of the Snuneymuxw First Nation[40]

Health System

Notwithstanding important work underway to hardwire cultural safety and humility into the health care system, the interactions that pregnant First Nations women and their families have today take place within the context of the system's historical and ongoing colonial legacy.[41] These colonial foundations shape how services are structured and delivered in relation to the physical, mental, emotional and spiritual needs of First Nations women and their infants during the perinatal phase, and influence how First Nations women and their families are treated in the system. As highlighted by the Addressing Racism Review's final report, *In Plain Sight* (2020), First Nations women experience racism in distinctive ways due to the intersection of pervasive and systemic Indigenous-specific racism, misogyny and gender discrimination. First Nations are, as a result, disproportionately subjected to risks and harm. These realities are reflected in the low level of trust that First Nations women and their families have in health system providers and the care being offered.[41]

Culturally Safe, Trauma-Informed Perinatal Care

A health system that is supportive, respectful and attuned to First Nations cultural beliefs, values, practices, and ceremonies during the sacred perinatal phase contributes to First Nations women's wellness at all stages of life. While each person's experience of pregnancy is unique, becoming a mother is a transformative experience that can involve significant physical, mental, emotional and spiritual changes.[30] In some cases, this experience is shaped by trauma and/or intergenerational trauma – and the interaction with health care services can be re-traumatizing. Having supportive, respectful relationships and environments that empower mothers and their families in navigating these changes can help ensure that mothers and families feel safe and respected.[42] Providing respectful care that is in line with cultural beliefs is also central to upholding a woman's autonomy and self-determination.[43]

SUPPORTIVE SYSTEMS

"When my first son was born, my midwife delivered him. She was keeping someone out of the room, I remember; she was protecting me. I am very thankful for her delivering my baby. I had a pre-existing trust with her. We have similar values. I had minimal tearing and I was able to get up and shower right away. The baby was healthy … I felt like I had a lot of choice.

"With my second baby, I was diagnosed with preeclampsia at 35 or 36 weeks. They waited until 37 weeks to do an induction, then decided to take me for a C-section. My partner was told to go to another room, and I was taken to the OR where there were so many people. I didn't know any of the people there. They were strapping my arms down, stripping me down, and yelling for me to push. They were doing a jaw thrust at the same time. I was feeling pressured. My birth doula was not allowed in for the section. First they said if I push now I don't have to have a section, but then they just started doing the section. It was with general anesthesia and I was fully under. I didn't sign a consent. It was an OB I had never met before; I had never ever seen her during my labour. I woke up alone in recovery and grabbed my stomach and panicked because there was no baby there and I didn't know where the baby was … I remember screaming 'Where is my baby?'

"I didn't see my baby for three hours. After the birth, I requested my notes to find out how it had proceeded. The notes are very clinical; I guess they have to be … like instructions on how to make a sandwich. At my six-week, I went to the get the sign-off from the OB. I asked, 'What could have been done differently? Why was I strapped down? What where the jaw thrusts for?' And her response was: 'Aren't you glad that you and your baby are here today?'

"I was given no answers. After all of this, I had support at home. My aunt stayed and helped care for me and family helped with my son. It was the worst pain of my life and I don't know what to call it? Trauma? Tension?"

- sṯaʔqʷál̓qs, Westbank First Nation[44]

PROMISING PRACTICES

Honouring Indigenous Women's and Families' Pregnancy Journeys
is a resource to guide health care professionals in providing culturally safe, humble, and trauma-informed perinatal care for Indigenous women and their families. Created by aunties, mothers, grandmothers, daughters and sisters, the resource outlines six key principles of care that honour the resilience of Indigenous women and families as well as the trauma, racism and discrimination they have experienced:

1. Cultural Safety and Cultural Humility,
2. Self–Determination,
3. Trust through Relationship,
4. Respect,
5. Anti–Indigenous Racism, and
6. Strengths– and Resilience–Based Practice.[22]

While the principles of culturally safe, humble, and trauma-informed care are important at an interpersonal level, they are also relevant in guiding health services at a structural level to uphold First Nations self-determination around birthing and prenatal care. Central to this is restoring First Nations women's rights and abilities to give birth in community.

Equitable Access to Culturally Appropriate Health Care and Supports

Having a system that provides equitable access, as well as timely and appropriate care and supports throughout pregnancy, childbirth and postpartum, is key to supporting the health and wellness of First Nations mothers and infants.

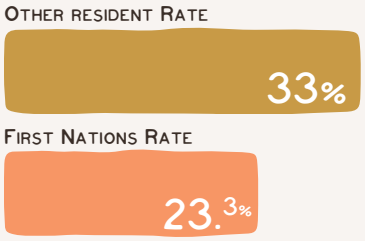
Health care providers have an opportunity to identify risk factors and respond appropriately with treatment and resources that can improve health outcomes for both mother and baby.[1] First Nations women often face multiple economic, geographic, social, cultural, and attitudinal barriers that prevent or make it challenging for them to receive timely and adequate prenatal care.[1,45] Past experiences — both personal and intergenerational — of discrimination, racism, judgement, and misunderstanding in the health care system can cause First Nations women to avoid seeking care.[45] What's more, a lack of transportation and/or childcare, and the related financial costs, can pose challenges.[1] This is especially true in remote and rural communities, where there may be a shortage of local services.[45,46]

"I think it's a huge void for people not to be born here, because all we see is death. You've probably heard that before. We're in a small community and it's constantly death, death, death, death. When you don't have birth here, and they're born outside, you know, it's different. There has to be a balance. There's end of life and beginning of life."[12]

- Heiltsuk First Nation citizen

Caesarean sections

First Nations women were *less likely* to have a Caesarean section than Other Residents, with a rate closer to *international recommendations for this practice.



**World Health Organization recommended Caesarean section rate = 10% to 15%*

2017/2018 | *In Plain Sight* (2020)

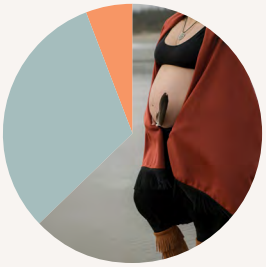
Prenatal visits

First Nations expectant mothers *received fewer prenatal* visits than other Residents, and were less likely to access midwifery care, have an obstetrician present during delivery, or deliver at home

2017/2018 | *In Plain Sight* (2020)

Prenatal care

Timing of first prenatal care contact for First Nations women:



- **62.9%** in first trimester
- **31.3%** in second or third trimester
- **5.7%** did not receive prenatal care at all

2015 | BC Perinatal Database Registry

Since 2000, there has been a significant decline in the number of rural communities across Canada offering local maternity care.[47] Additionally, since the 1970s, federal policy has required women living in rural and remote regions to leave their communities to give birth, regardless of their obstetrical history and whether or not the birth is considered "high risk."[48] (The fact that many First Nations women live in isolated, rural or remote areas in the first place is a result of the reservation system, which dispossessed First Nations of their traditional lands and livelihoods and forced them to live in remote areas, away from the general public and the resources, supports and opportunities many people take for granted in urban areas.)

Studies of communities that have been affected by the evacuation policy have associated women forced to leave their communities to give birth with increased stress and pre-term deliveries, as well as increased perinatal morbidity and mortality. This research highlights the importance of place and community in First Nations childbirth. It also underscores the critical importance of First Nations involvement in resource-allocation decisions pertaining to maternity care in First Nations communities.[12]

PROMISING PRACTICES

The Maternity and Babies Advice Line (MaBAL) provides services to expectant mothers and new parents, guardians or caregivers of newborn babies in rural and remote First Nations communities in BC. The service is founded on the principles and practices of cultural safety and humility. Family members and health care providers can also receive support. MaBAL doctors and midwives provide advice on urgent and non-urgent maternal and child health topics, including pregnancy, birth and newborn care. The doctors can also arrange referrals to obstetricians or pediatricians, if needed. The advice-line service is available 24 hours a day, seven days a week via Zoom video conferencing. There are no appointment wait times.

The Cultural Practices around Birth video shares information on the cultural practices of the Tsimshian, Tahltan, Haisla, Gitxsan, and Nisga'a Nations in and around childbirth – and how these practices impact their health care needs. It was developed by the Terrace/Kitimat and Area Aboriginal Health Improvement Committee, with financial support from the Northern Health Authority.

The Kwakwaka'wakw Maternal, Child and Family Health Program is an initiative in the northern region of Vancouver Island that supports First Nations women along their pregnancy journeys, providing culturally safe care that is trauma-informed and woman-centred. Working with birthing parents and their families, the program also helps to bring births closer to home – whenever possible – through a partnership with two local midwives. For those women and their families who need to leave the North Island for maternity care, the program helps to ensure a seamless, coordinated and collaborative care experience. Women and families can self-refer or be referred to the program by on-reserve services, family members, health care professionals or other agencies: Kwakwaka'wakw.Maternity@fnha.ca

Birthing Close to Home

Since the 1970s, women living in rural and remote communities have been required to travel to cities several weeks before their due dates to give birth in hospitals.[1, 49] While these policies are not specific to First Nations communities, First Nations expectant mothers are over four times more likely than non-First Nations women to have to undertake over 200 km of travel for childbirth.[45] As mentioned, the fact that many First Nations women live in isolated, rural or remote areas is often a result of the reservation system, a colonialist system that dispossessed First Nations people of their traditional lands and livelihoods and forced them to live in remote areas, away from the general public and the resources, supports and opportunities many people take for granted in urban areas.

These evacuation policies undermine First Nations women's right to choose health services that respect their culture — even for low-risk pregnancies.[19] While medical interventions have improved health outcomes for mothers and their newborns who experience complications, the argument that hospitals always provide the safest setting for childbirth is untrue.[50,51,52]

Evacuation disrupts important practices, ceremonies and celebrations associated with the event of childbirth,[49] and challenges the transmission of knowledge and teachings between generations. The mother's health can also be impacted by the physical, emotional and financial stress of separation and isolation that are part of the process of evacuation.[19,53] Rather than being surrounded by the care and love of her family and community, as well as the teachings and groundings of her culture and the land,[53] she is forced to travel to a distant and potentially unknown environment.[19] Loss is experienced by all involved — the expectant mother, her children, her partner, her extended family, and her community.[53]

Childbirth that occurs within the community is central to First Nations identity.[49] Ensuring that women receive timely and adequate pre-conceptual and perinatal care can increase the rate of low-risk pregnancies and allow delivery to more easily occur within the community.[1] First Nations mothers report positive experiences when they can give birth in their home communities as opposed to being subjected to medical evacuation processes.[49] Community birthing centres are found to offer a range of enhanced benefits such as increased parent satisfaction and more involvement of the father.[49] In addition to reaffirming the bonds and connections between the newborn and the community and the land, the event of childbirth and the accompanying celebrations provide a necessary balance to the occurrence of death in a community.[49]

Reclamation of First Nations Birthing Practices and Ceremony

The practices and ceremonies that First Nations communities have to prepare for and celebrate a new life help to establish a circle of support around a new infant and the family. Ceremonies, including those involved in the birthing process, are even required in some First Nations communities – and in the case of childbirth, they establish responsibilities within the family and the community for the care and teaching of a newborn. In helping to promote the involvement of partners and other family members, these rituals contribute to the well-being of the family as a whole. In strengthening these connections, these ceremonies can also help to reduce the need for child protection services.[22]

There are new and continuing efforts and initiatives to restore First Nations practices and ceremonies surrounding pregnancy, childbirth and infant care – as well as to return childbirth to First Nations communities in BC.[1,54] A growing number of communities have revitalized the practice of welcoming and naming ceremonies. The reclamation of First Nations midwives and doulas is another important aspect of this restoration.

"During a baby welcoming ceremony, there are roles for cultural speakers, a coordinator, family, and witnesses. The family places blankets and headbands on the cultural speaker and coordinator to protect their minds during the ceremony so that they will only give good thoughts to the young child and family. The blanket protects their hearts so that they will only have good feelings for the baby and family. The family places the baby on a new blanket on the floor or ground, and stands over the baby. Another family member cares for the baby. Witnesses are called upon to share what they have learned about welcoming the new baby and their responsibility to always keep an eye out for the child throughout the child's life. The witnesses also share with the family their teachings on bringing a baby into the world, and they pass this information along to the new family."

- Lucy Barney, Titqet Nation (Statimc Territory)[55]

PROMISING PRACTICES

Nations are creating resources to capture the cultural teachings, language and traditions around pregnancy, childbirth and mothering.

- ***The Teachings of the Elders***:
  This book by Norah George contains the teachings of Coast Salish Elders from the Cowichan, Chemanius, Halalt, Penelkaut and Malahat First Nations about the old ways of the Salish people, including several teachings related to pregnancy, childbirth, and the care of infants.
- **Videos for New Moms**:
  This video series with First Nations Elders and Knowledge Keepers was created by the FNHA to support life givers and their families before and after the sacred ceremony of birth. The six videos provide traditional teachings along with messages and words of encouragement for expectant mothers.
- **Generous Spirit | Drawing Wisdom**:
  This short video was created to promote and discuss the importance of including Indigenous knowledge and values in childcare. It was inspired and narrated by Anhluut,uukwsim Gaak, Sherry Small, Nisga'a Nation, Child Care Planner at the Metro Vancouver Aboriginal Executive Council.

Restoring First Nations Midwifery Practices

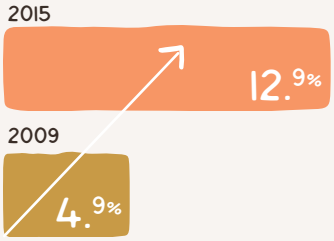
Midwives have long held an integral role in the care of pregnant women and infants in First Nations communities. At one point, all First Nations communities had a traditional midwife who assisted with the ceremonial and physical aspects of births and passed on these skills and vital knowledge to younger generations.[20] While practices and approaches varied by Nation, these individuals cared for the pregnant individual and family throughout the pregnancy, the birth, and postpartum – providing education and support for the family and community to keep the baby safe.[56,26]

"A Doula can help women find their strength and place of power in giving birth."[57]

With the privileging of the Western biomedical approach to perinatal care, there was a shift from home and community births to births in nursing stations and then hospitals – and the practice of midwifery was banned.[20] While this caused a disruption in the transmission of First Nations birth knowledge, Indigenous midwifery is re-emerging as a promising practice.[8] Providing culturally appropriate maternal care and facilitating births in community, Indigenous midwives and doulas are helping a growing number of First Nations communities reclaim childbirth. First Nations midwifery models of care are also helping to return childbirth to rural and remote communities.

Midwives

The percentage of First Nations women with a midwife as their primary health care provider during pregnancy increased.



2009; 2015 | BC Perinatal Database Registry

"I always ask, 'Do you have any plans for the placenta? Is this something you want to take home?' Some people aren't aware of this tradition, and so I'm able to give them that teaching … this is what we do in my culture, or this is what we do locally here … [I invite the family] to reach out to some of [their] Elders, and ask what they do with the placenta, because you are able to take it home."

- Sage Thomas, Indigenous Birthworker, Yelál Birth Collective, Tk'emlúps te Secwépemc[58]

PROMISING PRACTICES

Doulas for Aboriginal Families Grant Program – Doulas are trained to provide comfort measures such as emotional, physical, and spiritual support for women and their families during pregnancy, labour, and postpartum. Although doulas are not medical professionals, doula support and care has been associated with positive outcomes such as increased likelihood of vaginal birth, reduced reliance on interventions such as epidurals during labour, and increased duration of breast/chestfeeding. Doulas for Aboriginal Families is a grant program supported by the BC Association of Aboriginal Friendship Centres and First Nations Health Authority. The program provides grants for birth and/or postpartum doula services where the woman who is pregnant or her partner self-identifies as First Nations, Métis or Inuit.

HEALTHY BODIES, MINDS AND SPIRITS

First Nations perinatal practices, ceremonies and traditions around care have always sought to promote the wholistic health and well-being of both mother and unborn baby.[8] They are intended to instill a strong sense of responsibility for ensuring health throughout pregnancy, labour and infancy by striving for balance in all aspects of life – physical, mental, emotional and spiritual.[8] Expectant mothers are encouraged to achieve this balance by engaging in physical exercise, eating well, and avoiding any activities or behaviours that may be unhealthy or unsafe.[8] Spending time in nature and being in a good frame of mind are also considered important, as a mother's experiences and emotional well-being can affect the unborn child.[59] Some First Nations women feel motivated during pregnancy to change, "turn things around,"[60] and adopt more healthy lifestyles – and for some, this includes reconnecting with their culture.[61]

However, pregnancy can also be a very stressful time, particularly when it is unplanned or when the expecting mother is already living with health, social and/or economic challenges. For someone who – because of intergenerational trauma caused by the residential school system, the Sixties' Scoop, the child welfare system, and other colonial systems – may not have been cared for in a kind and loving way themselves, it can be difficult to know how to practise self-care even during pregnancy.[15]

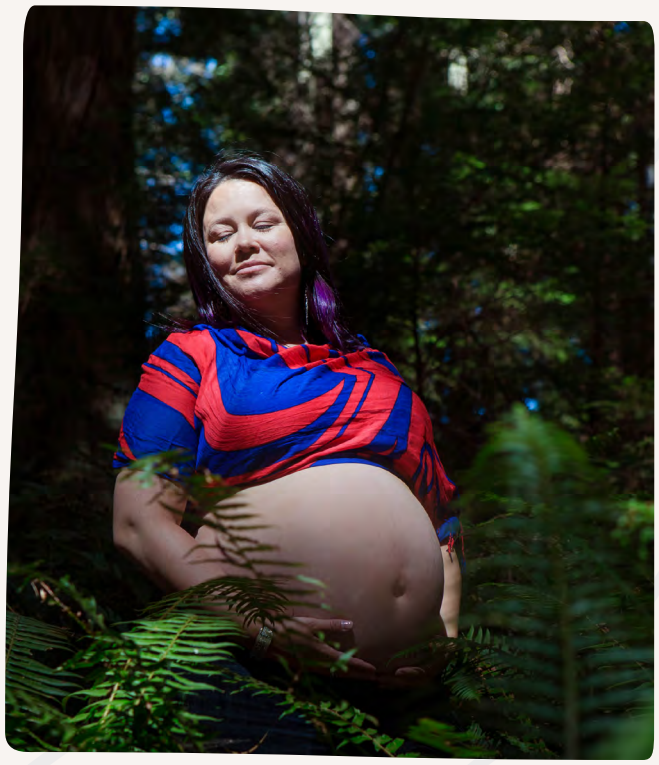
Reconnecting to First Nations teachings around pregnancy can help to remind women of their inherent power as life givers. Positive, supportive relationships are also vital during this time.

"Once the old people knew the young mother was pregnant, she was given the most attention – loving, caring attention. She wasn't allowed to see anything that was unpleasant, like spilled blood, a smashed finger, whatever. She wasn't allowed to go to a funeral where there was a lot of crying. She was only allowed to see nice things, like singing and dancing. The old people strongly believed that whatever happened to the young mother also happened to her unborn child."

- Woman Elder[62]

PROMISING PRACTICE

Our Sacred Journey: Aboriginal Pregnancy Passport
is a resource that provides a mix of Indigenous traditional beliefs and values as well as clinical best practices to empower women and families through their sacred journey of pregnancy. The passport invites women to document their experiences through pregnancy, birth, and baby's first few weeks. It also provides health information, resources, traditional teachings, growth charts, checklists, and a place to write down goals, thoughts, ideas and dreams for their babies.



"I had a rough childhood as a teenager – and after I finished my first year of college, I was making some poor decisions and had my first son when I was 20 years old. That changed my life. I decided at that point that I needed to shift my path and change the direction of where I was going. It was a combination of wanting to break the cycle of how I was raised and that nurturing, protecting piece of wanting to raise my children in a safe and caring environment."

- 'Maxwaks-Stephanie Bernard, Kwakwaka'wakw Nations[63]

Eating Well and Staying Active

Being well-nourished in mind, body and spirit can be foundational to a healthy pregnancy. Eating a healthy and well-balanced diet and staying active can contribute to healthy weight gain and ensure that the infant is getting all of the vitamins and nutrients needed for healthy development. These practices can be particularly important for those who develop gestational diabetes during pregnancy as a result of the hormone-level changes that occur during this time.[64] However, not all First Nations women have access to nutritious, fresh food during pregnancy.

> "The farther the community is displaced from their homelands, the more difficult their foods are to access … Our foods are the centre of our culture; they connect us to each other and to our ancestors. They have a huge effect on our identity, as well as our wellness."
>
> - Jessie Newman, Haida, Heiltsuk, and Kwakwaka'wakw, who works as an Indigenous Health Dietitian with the Vancouver Island Health Authority[65]

> "I am expecting my first baby, so I don't have any of my own stories for my own babies. I made some tiny jars of half-smoked moose without any additives for my sister to use for baby food, and my nephew ate three jars in a row at one year old! Baby born from the land. Moose stole his heart, and fed him what he needed. Our baby foods have been providing the nutrients we need since time immemorial."
>
> - Willow Thickson, Michel First Nation living in BC[71]

Colonialism, the disruption of First Nations food practices, and the dislocation of First Nations from their traditional territories, has precipitated disproportionate rates of obesity and diabetes among First Nations.[66] Some First Nations women have had the option of drawing on their traditional diets and food practices to help them stay healthy and active while pregnant. However, in some areas, First Nations foods are not an option due to lack of access to and/or contamination of traditional lands and waters. Particularly in rural and remote areas, the costs of nutritious, fresh food can be prohibitive – and in both rural and urban areas, a lack of food security can impact the health and wellness of pregnant women and their families.[66]

First Nations teachings provide guidance on eating well throughout the pregnancy journey, and First Nations foods can help contribute to a nutritious diet. A growing number of communities have initiated garden and harvesting programs to increase their access to healthy, affordable, culturally appropriate food. These initiatives enhance community food-security independence while allowing members to reconnect to the land and their place within the circle of life.[70]

Gestational Diabetes

Diabetes affects how the body manages glucose (sugar), making it more difficult for the body to control levels of glucose in the blood. Developing gestational diabetes, which is associated with hormone-level changes during pregnancy, increases the mother's risk of type 2 diabetes and other health conditions later in life.[67] Children born from mothers with gestational diabetes are also more likely to be overweight and develop diabetes in later life. A balanced diet, active lifestyle, and optimal blood sugar levels within the target range are associated with better short- and long-term outcomes for both mother and child.[68]

Maintaining a healthy weight before becoming pregnant helps to reduce a woman's risk of developing gestational diabetes.[68] Women should also get tested for diabetes early in their pregnancy or even before conception – and again between the 24th and 28th weeks of pregnancy. Working with a trusted health provider, women can explore ways of minimizing risks through their lifestyle and options for controlling blood sugar levels with treatment.[69]

INFANT FEEDING

First Nations have strong traditions around infant feeding and a mother's milk as the first traditional food. Human milk provides infants with all the nutrition they need for optimal development during the first six months of life. After starting solids, the recommendation today is to continue to nurse or provide human milk up to two years and beyond. Historically, breast/chestfeeding was an integral practice among First Nations mothers, who would nurse their children for an average of three to five years.[74]

"Breastfeeding is Creator's gift to mothers and babies, a special tradition we can continue forever. Breastfeeding carries our ancestors' strength to our babies to keep our future generations healthy."

- Lucy Barney, Titqet Nation (Statimc Territory), Cultural Advisor, Patient Experience, FNHA Office of the Chief Nursing Officer[72]

Breast/chestfeeding is associated with a host of positive health and wellness benefits for mothers, babies and families.[75] For babies, human milk reduces the risk for Sudden Infant Death Syndrome (SIDS),[76] certain infections,[77] asthma,[77] obesity, diabetes, and some childhood cancers.[78] Similarly, women who nurse their babies have reduced risk of breast, ovarian, and endometrial cancers, as well as diabetes and osteoporosis in later life.[78]

In many communities, family and community members provide help in various ways to support nursing.[79] First Nations women today report being more likely to breast/chestfeed when living in communities that offer supportive services such as lactation professionals and home visitations[50] and when surrounded by family, friends, and community members that are accepting of the act of breast/chestfeeding.[50]

Notwithstanding the benefits, breast/chestfeeding is a personal choice and not always seen as the best option for women and their families. For many women and non-biological parents, nursing may not be an option. For some, the intense physical contact may also be very uncomfortable or triggering.

Regardless of which path is chosen for infant feeding, it is important that mothers are well-supported both during the decision-making process and afterwards to ensure the baby is fed safely and correctly. They should have the opportunity to gain knowledge and understanding around the feeding choices, be able to ask questions, and share concerns without feeling pressure or shame.

"There's such a feeling of power that my body, this mother body, is able to produce the food that nourishes my baby, even after she's come out of the womb. To continue to provide for her that way made me feel powerful and connected, and just feels like such a universal experience, or near-universal experience, that generations of women in my family have experienced. There's something about breastfeeding and the way that it connects our own well-being so directly to our children. The better I take care of myself, the better I am able to take care of my little one. I just wish that any person who wishes to breastfeed their child, it's important for them to have the right to do so."

- Jessie Hemphill, Gwa'sala-'Nakwaxda'xw Nations [73]

PROMISING PRACTICE

A Guide to Your Baby's First Foods provides stories, tips and recipes to support First Nations parents in choosing, making and storing food to feed their baby from birth to when they are ready for solid foods at six months old. The Guide includes stories from parents and grandparents that connect the relationship with healthy food to culture, family, land and water. It also includes over 40 recipes.

Mental Wellness and Nurturing the Spirit

First Nations teachings emphasize the importance of balance and self care throughout the pregnancy journey.[7] Women are encouraged to maintain harmony between the physical, mental, emotional and spiritual parts of themselves – and in their relationships with others, partners, community members, and the natural world.[59] First Nations protocols and ceremonies help to ensure that women are surrounded with support from family and community in achieving this balance.[22] Together with the mother, the father and broader community also share responsibility to promote the spiritual well-being of the unborn child – and can do so by supporting the mother's well-being and ensuring the safety of her environment.[7]

"I come from a long line of strong women. And it's that warrior woman in all of us that we pass down. It's that strong blood, and we can't give up because of our babies. We were taught not to give up on our babies and to take responsibility. You're not alone in your experience. Women are strong. A lot of people think they're not. They just need to realize they are [strong] and it takes time for that to happen. You need someone to say that. Yes, you're pregnant and you may be alone. You're strong, you're making a human being! I make humans, what's your superpower?"

- Susan[39]

First Nations practices surround women with support and wisdom throughout pregnancy, childbirth and motherhood, which helps them to cope with the very common feelings of being overwhelmed as an expectant or new mother. First Nations mothers have shared how being with Elders and spiritual leaders in their communities, participating in cultural activities and exercises, and engaging in traditional healing practices, all contribute to their capacity to cope with these pressures.[80] These connections also work as a powerful protective force against the feelings of depression and anxiety that some women experience during pregnancy and/or postpartum (after birth).

"When I had my first child, I had my grandmother, my aunts, my mom – I had a lot of important women in my life attend the birth. Because birth is such a celebration for our people that everybody shows up and it's kind of difficult because it's limited in a maternity room when you want to have all these special women in your life be there to the birth and for support."

- Jodi Payne, Tahltan Nation[81]

Historical and ongoing trauma, racism, sexism, socioeconomic inequalities, and health inequities stemming from colonialism all contribute to disproportionate levels of stress on First Nations women.[41] These different stressors can be compounded by the worries associated with pregnancy, childbirth and motherhood, and can manifest in feelings of depression.[83,84] Pressures can be particularly acute among those who find themselves pregnant at a young age,[39] are without social supports, and/or are gender non-binary.[85]

"As a First Nations woman, you try to do it all. As a mother and a wife, you have to be perfect at doing everything in your work, your family and your community life. So, for many years, I didn't do for myself because I was too busy doing for everyone else and I ended up with severe stress and sickness and only then having to begin to finally take care of myself."

- Anonymous[82]

Depression

As First Nations people have always known, depression and anxiety during pregnancy can impact both mother and baby, increasing the risk of complications such as pre-eclampsia,[86] as well as raising the risk for adverse birth outcomes such as preterm birth and low birth weight.[87]

When First Nations women can access culturally safe prenatal care, health care providers can screen for mental well-being and respond by providing appropriate and timely treatment and resources.[83] Receiving supports and treatment for depression during pregnancy can not only help prevent associated health risks, but can also reduce the risk of depression following the birth, i.e., postpartum depression (PPD).[88]

"So that's when I started going to sweats and seeking medicine healers. That's when I started seeking out our culture and understanding it more. Accepting it. And it really did help. It helped a lot because I don't think I've had postpartum depression with this baby because of reconnecting with culture."

- Lisa[39]

"I had a baby at 15. I was living in semi-dependent living. I got really depressed. I didn't understand this at the time, but I had postpartum depression and I couldn't get up. I didn't even want to breastfeed my baby. I felt detached. But it was viewed as, because I was not diagnosed as a postpartum person, they just viewed me as, I don't know what they viewed me as, but it wasn't like, 'This woman has postpartum, let's help her, this teenager has postpartum, let's help her.'"

- Storytelling Circle participant[93]

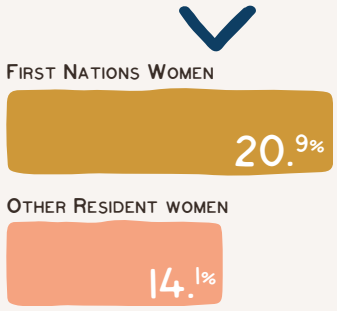
After the birth of a child, hormone changes and the new demands of motherhood can cause women to experience feelings of sadness, irritability, difficulty sleeping, and mood swings, among others.[89] Women can also experience these symptoms following adoption, miscarriage and stillbirth.[90] The arrival of a new baby is transformative, and these symptoms are normal when they last a few hours, days, or up to two weeks. However, when they persist beyond two weeks, the mother may be experiencing PPD[89] and may stand to benefit from additional clinical support.[91,89]

Without treatment, PPD can negatively impact the mother's health and the long-term development of the child, as well as challenge bonding between mother and baby, and interfere with other family relationships.[91] When postnatal care and support is accessible and culturally safe, appropriate treatment and early intervention can be provided to ensure the health and wellness of First Nations mothers and their families.[92] First Nations women have also identified their First Nations identity, culture, and relationship with the Creator as sources of strength and empowerment in overcoming depression during pregnancy and the postpartum period.[80]

Postpartum Depression

20%

The percentage of First Nations receiving health services for postpartum depression remained stable between 2001 and 2014 (around 20%) and was consistently higher than for Other Residents.



2001-2014 | MSP

Commercial Tobacco, Alcohol and Substance Use

First Nations teachings encourage women to be mindful of what they are putting into their body, even before becoming pregnant. Historically, in some communities, pregnant First Nations women and even their partners were expected to refrain from using substances such as alcohol and drugs during the pregnancy period.[93] However, for some, substances provide a way of coping with the pain, trauma, loss, and intergenerational impacts they have experienced as a result of racism and colonialist systems and practices such as the residential school system and the Sixties' Scoop.

During pregnancy, there is no safe limit for the consumption or use of any substance, including commercial tobacco, alcohol and illicit drugs.[1,94,95,96] Use of any of these products can affect the growth and health of the unborn baby and mother during pregnancy, leading to an increase of complications for both of them. The effects on the baby continue after birth and can lead to short-term and long-term challenges throughout life.[97,98,99]

FASD

Fetal alcohol spectrum disorder (FASD) is an umbrella term that describes a range of disabilities that result from prenatal alcohol exposure,[100] including brain damage, learning disorders, vision or hearing problems, heart problems, and birth defects. The leading cause of preventable developmental disability among Canadians, FASD's effects can range from mild to severe and can have lifelong consequences for individuals, families and communities.[101] As any amount of alcohol during pregnancy can impact an unborn child, there is no safe amount, and no safe time to drink alcohol during pregnancy.[102] However, if a child is born with alcohol-related effects, early identification and treatment can help them achieve their full potential in life.[103]

Pregnancy can be an important turning point in a woman's healing journey when they are inspired to step away from substances and find alternative methods for dealing with their pain. However, in cases where self-medication has led to emotional or physiological dependence, it can be extremely difficult to make this change. Withdrawal from alcohol and substances while pregnant is complex, and requires support to ensure the process of withdrawal and/or management happens safely.

There is significant stigma and social pressure surrounding the use of substances generally, and particularly while pregnant and breast/chestfeeding. This can prevent expecting and new mothers who are struggling from reaching out, asking for help, and accessing services.[104,95] Financial and geographic barriers may also prevent mothers from accessing appropriate services.[105,104] First Nations women often face additional barriers due to anti-Indigenous racism and fears associated with the tragic legacy of child apprehension.[105,95]

Having access to non-judgemental and trauma-informed environments can be vital to women who find themselves in this situation.[106] These types of supports can help set up families to stay together and can lead to a healthier future for both the mother and baby.[107]

Smoking

The percentage of First Nations who reported smoking during pregnancy declined between 2012 and 2015

2001-2015 | BC Perinatal Database Registry

Alcohol

5.3%

of First Nations used alcohol during pregnancy in 2015. This remained relatively consistent between 2001 and 2015

PROMISING PRACTICES

Fir Square is a program grounded in the principles of harm reduction and cultural safety. The program helps women to reduce substance use and related behaviours that may be harmful to themselves and their newborns, empowers women in their ability to parent safely, helps women to identify supports and resources, and helps women establish connections with self, culture and community. It also supports families in their recovery journey in a compassionate, caring, trauma-informed and culturally safe way, respecting and supporting growth and deciding whether to parent, and offering harm reduction in a recovery-oriented program. The program respects the long history and impacts of colonialism for many families and works to support other services in supporting parenting and minimizing child removals as a last resort.[108]

The Rooming-In Guideline for Perinatal Women Using Substances was established in 2020, establishing "rooming-in" as a new recommended provincial standard of care for new mothers and infants affected by substance use. Rooming-in is the evidence-based practice of keeping a birthing parent and baby together in the same room for the duration of their hospital stay with the important goal of promoting mother-baby togetherness. The model includes support for nursing, skin-to-skin contact, and safer sleeping. It may also include the active involvement of fathers, whole-family support, and other caregivers. The Guideline illustrates what the practice can look like in different maternity-care situations, in hospital, in community and even when the physical spaces (e.g., private rooms) do not exist. Informed by Elders and Indigenous health leaders, the Guidelines incorporate principles of trauma- and violence-informed practice, as well as Indigenous cultural safety.

Harmony House is a home in Prince George that provides a safe, secure and caring environment to support new mothers to live independently with their children. The program works to strengthen the bonding between mother and child, and to promote the mother's confidence by teaching life and parenting skills in a non-judgemental, caring environment. It also helps mothers to reconnect with their culture.

"I used to be a heroin addict. Life got out of control, but I didn't want the Ministry to find out and take my kids. I didn't want a lot of my peers to find out and judge me. I didn't want my family to find out and think I was failing … I wasn't really taught coping skills at home. When I was 30-something, women didn't ask for help. You know, you were at home, raising your kids. You got through stuff. I didn't really see the issue with it, until I couldn't afford it anymore. Then it was a big issue … I found myself 45 years old still going back to the same space – still dealing drugs, downtown, Abbotsford, and … pregnant. Something had to give – something had to change. I'm generally a very hopeful person. First time in my life, I'd lost hope. I figured, 'I keep ending up back here, this is where I'm meant to be, I guess.' My daughter walked into the space where I was living and was like, 'Mom, what are you doing? What are you going to do with this baby?' Adoption was the plan, and she just said, 'You know, this is what you're good at. Just have your baby.' And it wasn't even really the words; it was the fact that she was there. It was a very critical moment for me and to have someone that actually cared to show up and let me know that I was able to move forward, that I was able to change what was going on in my life at that moment. And I took it and ran with it."

- Peer Support Worker, Stó:lo Service Agency, Blackfoot Nation[111]

"We want to keep mothers calm and stress-free and able to nurture their babies in way that is healthy – and to bond in a healthy relationship. It's about building families, putting them together to stay together. It's about helping the young mothers to understand about their healing journey."

- Elder Lucy Duncan, Binche Keyoh, Tl'azt'en Nation, Lhojaboo (Bear)[109]

Sexual Well-Being and Reproductive Justice

Sexual health and well-being is an integral element of First Nations perspectives of wholistic health and wellness. First Nations teachings and ceremony traditionally provided girls with knowledge about their bodies, moon time and reproductive cycles, as well as a sense of responsibility and respect for their capacities and powers as life givers. Boys were also provided with knowledge about female reproductive roles and were taught about their responsibilities in supporting the wellness of the mother and baby from the moment of conception. Pregnancy was understood as a natural part of the sexual cycle, and was always a celebrated event.[112]

Residential schools and religious assimilation disrupted the passage of teachings around sexuality. Patriarchal and misogynist values introduced through colonialism impacted the roles of First Nations women, making them targets of sexual violence. Egregious racist practices such as coerced and forced sterilization further undermined women's fundamental sexual and reproductive health rights.[113] First Nations women, as a result, experience a disproportionately high rate of high-risk pregnancies and teenage pregnancies,[114] as well as higher rates of sexually transmitted infections (STIs).[115] STIs can be passed to unborn babies during pregnancy and increase the risk of miscarriage, preterm births, and birth defects.[116]

First Nations women continue to face barriers when attempting to access culturally safe sexual health care and supports, including conception, family planning, and abortion. These obstacles are compounded for women living in rural and remote locations, those living with the burdens of poverty, single working mothers, sexual assault victims, and women with mental wellness and substance-use challenges.[117] It can be particularly challenging for young women and teenagers, who may lack awareness about their sexual and reproductive health and choices.[118]

Women's self-determination in relation to their bodies and their sexual and reproductive rights is integral to the vision of "healthy, self-determining and vibrant BC First Nations children, families and communities."[117] This entails having free and informed choice and consent over one's body.[119] It also includes a person's rights to enjoy satisfying and safe relationships that are free from coercion and violence, as well as free from fear of health concerns or unintended pregnancy.[120]

Birth control is an essential aspect of sexual and reproductive health as it enables women's rights to choose whether or not to have a child, without negative or dangerous repercussions. Contraception empowers women in planning and spacing their pregnancies as desired. It can help prevent women from becoming pregnant at a time when they are not ready to have a child.[117] Access to abortion for unintended pregnancies is also an important right.

Healthy Infants

First Nations recognize the sacred fragility of newborns, and often have practices and ceremonies to help ensure their physical and spiritual protection and care. Some communities have special traditions around the baby's first bath – including incorporating cedar into the water. Others have a tradition of using moss bags and cradleboards as a means to keep the baby safe and close to the mother.[122]

"On the medicine wheel, infants sit beside the Elders. Like Elders, they may be considered teachers. Elders and infants are both close to the Spirit World; the infants arriving from it, and the Elders travelling to it. This closeness to the Spirit World may bring a spiritual strength, but it may also bring a physical vulnerability and sensitivity to environmental disturbance."[121]

SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected and unexplained death of a baby under the age of one. It is the most common cause of death in infants between the ages of one and 12 months of age – accounting for approximately 90% of deaths occurring before six months. Although the exact causes remain unknown and there is no way to predict which babies may die of sleep-related infant death, there are ways to protect against the risk of accidental sleep-related deaths. These include placing babies on their backs to sleep, providing a smoke-free environment during pregnancy and after birth, breast/chestfeeding, and using cribs/cradles/bassinets specifically designed for infants as opposed to co-sleeping.[122]

LIVE BIRTH RATES

FIRST NATIONS LIVE BIRTH RATE

54.2

PER 1,000 POPULATION

2015 | BC Vital Stats

19.4%

HIGHER THAN OTHER RESIDENTS

PROMISING PRACTICES

GREG GOTTFRIEDSON–BARRY OF THE SYILX NATION creates baby boards using practices passed down from the women in her family. Referred to in some Nations as cradleboards, the boards are made from fabric, traditional buckskin or red willow boughs and a thin board. The baby is then secured by the board through the lace-up front.

"We grew up in baby boards, and I knew that I wanted to carry on this tradition with my kids … My mom and my sister came to visit me, and my mom brought an old board from a family member so we could see how it was put together. We worked together to make my daughter's board."

Greg now creates baby boards for other families, and is seeing growing demand for them as more people seek to bring back this beautiful custom.

"It holds a deep sense of culture and tradition that you can feel when a baby is in their board … You can almost feel the presence of generations of ancestors when you see how peacefully content your baby is."[123]

MATERNAL, CHILD AND FAMILY HEALTH AND WELLNESS RESOURCE SERIES – Four resource booklets, collaboratively developed by the National Collaborating Centre for Aboriginal Health and the First Nations Health Authority, share culturally informed information on parenting, strategies, tips and other resources that will help First Nations parents raise healthy, secure, confident, trusting and resilient children. It includes: Growing up Healthy, Family Connections, Parents as First Teachers, and Fatherhood is Forever.

HONOURING OUR BABIES TOOLKIT: SAFE SLEEP – This interactive, educational resource was created to help service providers discuss safe infant sleep with Indigenous families and help reduce the risk of SIDS and unexplained infant deaths. The Toolkit includes information for families, a facilitator's guide, and a set of discussion cards. All of the tools are evidence-based and incorporate cultural beliefs, practices and issues specific to Indigenous communities.

HEALTHY BIRTH WEIGHTS

A baby's weight at birth can have implications during childbirth and for their health as they grow older. For example, when babies are born preterm (before the 37th week of pregnancy) and at low weights, they are at higher risk of illness[32] and behavioural issues[124] later in life. High birth weights have been associated with an increased risk of birth complications including longer labour, birth trauma to the infant, and Caesarean delivery.[125]

HEALTHY BIRTH WEIGHTS

72.1%

OF FIRST NATIONS BIRTHS AMONG MOTHERS AGED 20–49 WERE OF A HEALTHY WEIGHT

2015 | BC Vital Stats

PRETERM BIRTHS

11.5

THE CRUDE PRETERM BIRTH RATE FOR FIRST NATIONS PER 100 LIVE BIRTHS

BETWEEN 2001 AND 2015, PRETERM BIRTH RATES WERE CONSISTENTLY HIGHER AMONG FIRST NATIONS FAMILIES THAN AMONG OTHER RESIDENTS

2015 | BC Vital Stats

Past research has also found preterm birth rates to be higher in urban areas in BC, as compared to rural areas.[32]

CONCLUSION

Women's ability to bring life into the world is a sacred gift. Every First Nation has its own teachings and customs for supporting women in their pregnancy journey and for welcoming a new baby. Every woman's experience of pregnancy, childbirth and parenting is also unique; it is a journey shaped by a woman's connections and relationships, historical factors, personal health, and physical environment. This journey is also influenced by the systems that shape those environments and that determine a woman's opportunities and access to basic needs such as education, food and economic security, housing, justice and health care.

The perinatal phase is often a pivotal time in a woman's wellness journey – a time when women may be inspired to improve their habits and reconnect to culture and community. It is also when many women and their families interact with the health system. In reclaiming the First Nations practices and ceremonies around birth and mothering, and ensuring space and respect for these practices within mainstream health system, a growing number of First Nations women and their families are being supported through these experiences. Being supported through this transformative phase can alter the path of a woman's life. It can also determine the wellness path of an infant.

'een'thu wuxwaxtunaat
(I am Wuxwaxtunaat)

yath tsun 'uw' tatul'ut tthu hul'q'umi'num' sqwal.
nu stl'i' kwunus xwte'stuhw nu tatul'ut sqwal.
suw' tatul'ut-s nu me'mun'u.
tl'i 'ul' tthu hul'q'umi'num' sqwal tst.
I teach the Hul'q'umi'num' language.
I love to learn the language.
I teach my children.
I cherish the Hul'q'umi'num' language.
'een'thu wuxwaxtunaat, 'een'thu p'e' ten.
lhhwelu tthunu me'mun'u, yey'sul'u suw'wuy'qe,' na'nuts'a' slheni.'
'eli' sul'suli' tthunu me'mun'u.
tl'i'stuhw tst 'ul' tthu hul'q'umi'num' sqwal tst.
I am Wuxwaxtunaat. I am a mother.
I have three children, two boys and one girl.
My good-hearted children.
I love to teach the language to my children.
'uy'stuhw tsun tthu stl'eshun' ni' 'u tthu thi lelum.'
'uy'stuhw tsun kwunus t'it'ulum' ni' 'u tthu thi lelum.'
'uy'stuhw tsun kwunus hwiin'e' 'u tthu q'uwut.
'uy'stuhw tsun kws hwulmuhwquns tthu shqwii'qwal.'
I like to go to big house gatherings.
I like to sing at the big house.
I like to use my drum.
I like to hear them speak Hul'q'umi'num.'

- Gina Salazar, Wuxwaxtunaat1, Cowichan Tribes member from the Lhumlhumuluts' reserve. This poem was included in the Introduction to Gina's Masters of Arts (Linguistic) thesis in which she shares three stories in Hul'q'umi'num'.[126]

CHILD WELLNESS

"We have been caring for our children since time immemorial. The teachings of our values, principles, and ways of being to the children and youth have ensured our existence as communities, Nations, and peoples. The values of our people have ensured our existence. It is to the children that these values are passed. The children are our future and our survival."

- Teaching from Shuswap Elder Mary Thomas[1]

Children are cherished as sacred gifts from the Creator and recognized as both the present and future of First Nations families, communities and Nations.[2] Each child is seen as part of what makes a family and community whole. Their nourishment and protection is a central focus – and the health of the entire community is reflected in the health and happiness of its children.[3]

BC First Nations have always known that childhood is a unique and precious time in a girl's growth and development. The connections that girls establish during these early years, their environments, and how their bodies are nourished all have an impact on their future health outcomes.[4] It is during childhood that girls formulate a view of themselves and of others, the world, and their place in it. This is also when they establish habits for healthy living and self-care that can shape their wellness through adolescence, adulthood, and old age.

Educating and caring for children is understood as a collective responsibility in BC First Nations cultures. First Nations girls often benefit from the love and support of their parents as well as a network of extended family and community members – especially grandparents, uncles and aunties.[5] These kinship bonds help to root First Nations girls in their culture, territory, family and community, and to facilitate the development of strong and healthy self-identities.[6]

In some communities, the structures, institutions and policies of colonialism have impacted these vital networks of support around First Nations girls, and disrupted the rituals, cultural practices and passage of teachings. Racism, sexism and misogyny remain embedded in the many Western systems First Nations children and their families must interact with in an attempt to meet basic needs. Discrimination across systems such as health, education, and child welfare create barriers for First Nations girls when it comes to securing the things they need to live well. These barriers are experienced differently and in many cases more acutely by those children whose gender identity is non-binary and/or different from their biological sex.[7] Notwithstanding these challenges, many BC First Nations girls, just like the matriarchs, mothers, aunties and grandmothers that stand behind them, are living the vision of being healthy, thriving and self-determining.

This chapter draws attention to the many ways BC First Nations girls are flourishing in their wellness. It also highlights areas in which their ability to live to their full potential is limited by the ongoing impacts of colonial practices and policies. Finally, it illuminates the many ways that First Nations girls are exhibiting resilience in the face of these limitations and, together with their communities, are reclaiming control of the systems and transforming the relationships that influence their lives, health and wellness.

Girls are defined in this chapter as being between the ages of one and 12, although the ages captured by some of the quantitative data sources discussed differ slightly.

HEALTHY, SELF-DETERMINING CHILDREN & COMMUNITIES – ROOTS OF WELLNESS

A healthy childhood is pivotal to establishing the roots of wellness for First Nations girls. The individual identity each girl forms through connections to culture, the land and the community provides a foundation for health and well-being throughout her life. When these connections are strong, girls grow up with an understanding of where they come from, where they belong in the world, and how to live in a good way.

BC First Nations take collective responsibility for establishing these roots of wellness for their girls. Each Nation has unique teachings and ceremonies to empower girls with knowledge about ways of being in the world.[1] Passed on as lived experience or orally in the form of stories, songs and humour, these teachings provide guidance about respecting and caring for themselves and others, as well as the plants, animals, water and land. They also teach girls their roles and responsibilities within their communities.

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths, sacredness and wisdom of *all* First Nations children who identify as and/or express themselves as girls. The term "girl" is used in recognition of the fact that this includes those who were, and were not, born as female, and that some children have genders not fully described by this binary of male and female. Although there is currently very limited data available on the health and wellness of non-binary, transitioning and transgender children and youth, these distinctions are important as a person's gender identity is significant in shaping their wellness journey, their social determinants of health, and their access to services.

Connections to Ancestors, Culture, Language and Ceremony

First Nations girls connect with their culture in many different ways. Some have the opportunity to take part in cultural activities such as beading, drumming, dancing and the potlatch,[i] being out on the land and helping their mothers, aunties and grandmothers to gather and prepare food, or learning their language from their Elders. For many First Nations girls, ritual and ceremony are another important way to engage with and become rooted in their culture from an early age. Nations often have special rituals to celebrate the milestones of a girl's development; these include providing age-specific teachings and reaffirming the community's love and support for each girl as she grows and assumes greater responsibility in the community.[9] As babies or as young children, many BC First Nations girls are honoured through a naming ceremony, in which an Elder from the child's family or community chooses a spiritual name for the child.

> **"When we teach children our traditional values, we stay connected to our ancestors. This makes children some of our most powerful teachers and healers."**
> - Children's Voices, Our Choices[8]

[i]The potlatch is a spiritual and cultural ceremony central to the cultures of many First Nations in BC and held to celebrate and honour important occasions in a community such as the naming of children, marriage, transferring rights and privileges, and mourning the dead. While the traditions vary by Nation, these gatherings commonly include community feasts, the sharing of gifts, and the passage of rights, privileges and inheritances. (U'Mista Cultural Society, 2020; Living Tradition: the Kwakwaka'wakw Potlatch on the Northwest Coast)

"I was raised in the old way where my grandparents and my aunties took care of me while my parents worked, but I didn't know that until I learned about my culture. When I finally learnt about colonialism and the effects of residential school on my own family – and the fact that my grandmother went to residential school, I finally gained an understanding of my life experiences. It was then that a big weight lifted off of me and I had the curiosity to learn more about myself so I can mold myself into who I wanted to be as an individual.

"Now I work with youth. Even before I was 10 years old, I promised myself that, when I get older, I was never going to let my kids experience anything that I had growing up. I knew that I was going to change many cycles – and so that's what I've been doing. We spend a lot of time up the mountains with youth – bringing them into nature to recharge and disconnect from technology. I help youth to have a voice – to understand themselves and build self-awareness and self-identity.

"Youth keep saying over and over that they need culture. We bring culture to them and help them to gain that mental wellness by taking care of themselves, eating healthy, and taking care of the spirit more than anything. We help to build those relationships. It truly takes a community to raise a child."

- Nicole LaRock, Yakweakwioose First Nations, Stó:lō Nation[98]

Connections to Land, Water and Territory

Connection to land is an integral element of BC First Nations' perspectives of health and wellness. When a new child is born, some First Nations communities have a tradition of bringing the baby outside and touching their feet in the earth to mark their sacred, wholistic, spiritual interconnection with the land. There are also sacred teachings and rituals that build upon and nurture a First Nations child's relationship with and knowledge about the land, the waters and territory at every phase of their development.

"I am actually a water Indian, so my people live off of the ocean. Our food, our culture, our housing, our language – everything about us is the ocean. There are rites of passage with water, there is cleansing with water for our people – so that youth can go through times and understand who they are as an adult and grow into people like that. It's just a very, very sacred thing."

- Raye, Participant, Strengthening Our Relations - Reconciliation through Indigenous Youth Leadership Conference[10]

There is growing acknowledgement of the inherent rights and value of First Nations education, including increasing integration of First Nations land-based approaches that emphasize learning through interaction with a child's culture, language, family and the land. Through programs such as Aboriginal Head Start On Reserve, girls are gaining access to traditional foods and taking part in hunting, gathering and food-preparation activities. There are also an increasing number of land-based culture camps and activities in community to allow children to experience and learn the language and ways of the land that are so central to their lifelong wellness.

Connections to the Community

Community and family are integral components of First Nations perceptions of individual health and wellness – and children are seen as a focal point of community health.[1] Kinship and communal bonds are important parts of First Nations identity – and these connections with family and relations are particularly vital during childhood. Removing even a single child from a community has consequences that reverberate beyond individual families.[11]

"One way to think of children and resiliency is to imagine them with four blankets wrapped around them. These blankets protect them, guide them, root them in who they are and where they came from — ultimately fostering resiliency. The four blankets: self, family, community, and culture/language/connection to the land."

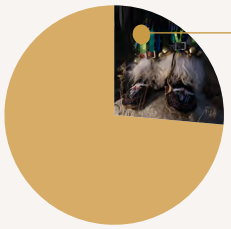
- Monique Gray, Cree, Lakota and Scottish; based in Victoria, BC[12]

"A Community to Raise our Children": This image shows four adult eagles taking the younger ones under their wings and guiding them in life. "Doing together as a whole makes things easier and more beautiful."

- Gordon White, Haida, Old Massett Village[13]

Participation in Cultural Events

58.1% of First Nations girls were participating in cultural activities, such as singing, drumming or dancing



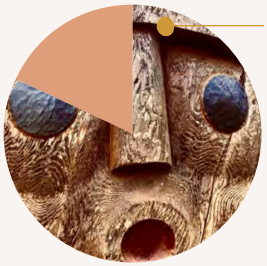
26.5% were taking part at least once a week

2015-2017 | RHS

First Nations Language

An increasing number of First Nations in BC are learning their own languages – and as of 2018, 78.1% of these learners were children and youth under the age of 25.[14] Girls who are able to take part in language nests and immersion programs in communities throughout BC are spending an average of 14.3 hours per week (nearly three hours a day) immersed in their language.[14]

Traditional Language



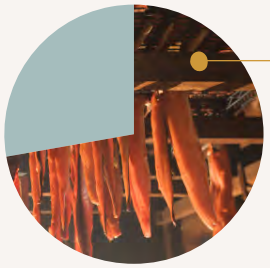
82% know a few words

Of those who know a few words,

3% are intermediate/fluent

2015-2017 | RHS

First Nations foods

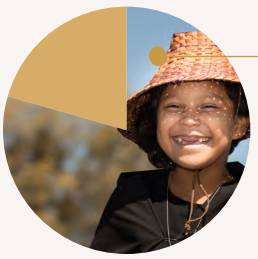


72.4% of First Nations girls ate at least one type of traditional food (other than bannock) "often" in the past year

2015-2017 | RHS

Caring Adults

Strong kinship ties within First Nations communities help to ensure that girls are surrounded by caring adults, and these attachments have significant impacts on a child's life. Whether the adult is a family member, someone in the community, or a teacher, these relationships can help a child to feel more connected and have a sense of belonging.



79.6% of Indigenous girls had caring adults in their lives – either through school, in their neighbourhood and/or in the home

- **70.1%** at home
- **77.6%** from school
- **59.9%** in their neighbourhood

2017/18 | MDI

Meals at Home with Adults

Family meals can be a time for connecting, providing support, and strengthening kinship ties. Research has found that children who regularly eat meals with family members are more likely to possess social resistance skills used to combat peer pressure, have higher self-esteem, and hold a positive view of the future.[16]

82% of Indigenous girls reported having dinner at home with adults at least three nights per week

2017/18 | MDI

Promising Practices

Every year, the Heiltsuk Kaxla Society hosts a homecoming ceremony to welcome Heiltsuk children who are in care off reserve. This is a time for the children and their caregivers to connect with Heiltsuk culture and extended family and to be on their territory. At homecoming, children are uplifted and honoured as members of the Heiltsuk community.[15]

SUPPORTIVE SYSTEMS

Teachings passed down from Elders and Knowledge Keepers serve as a reminder that children are the hearts of First Nations families, communities and Nations. The care of children is a sacred and valued responsibility,[18] and cultural values and practices help to ensure that girls have strong systems of support around them, enabling them to flourish.

At the same time, many of the systems that First Nations girls and their families must interact with to meet their basic needs – systems for education, food security, housing, health, justice – remain rooted in colonialism. While BC First Nations have worked to change these mainstream systems in various ways over time, these systems continue to create and perpetuate racist barriers that disadvantage First Nations girls and influence their social determinants of health.

The Calls for Justice and Calls to Action issued by the National Inquiry of MMIWG (2019) and the TRC (2015) respectively, the ruling and orders of the Canadian Human Rights Tribunal (2016), and the submissions of the Kelowna Accord (2005), all outline the policy changes required to address ongoing inequities that First Nations children and their families experience.[19] First Nations matriarchs and Elders continue their advocacy to dismantle systemic biases that undermine the health and wellness of their children. BC First Nations girls are following the lead of their strong, resilient matriarchs. They are adding their voices, perspectives and wisdom to this work to reclaim and transform systems, attitudes and relationships in ways that are necessary to create environments where all First Nations girls are supported to thrive and live to their full potential.

This section describes systems that influence social determinants of health for First Nations girls, including education, food, economic well-being, health and child welfare. It highlights some of the work underway to transform these systems and reclaim First Nations' inherent rights to their own systems, which have supported them for thousands of years. It also highlights the resilience of BC First Nations women and the many ways they are leading this important work.

> "Our people had a strong belief that whatever happened, we had to keep our family circle strong. With a circle, there is no beginning and no ending. Within the family circle, we have the grandparents – who were the teachers – and the young moms, the young dads, big brothers, big sisters, uncles, aunts and cousins. They are all on the outside of the circle and every one of them had an obligation to the little ones in the centre. Children were never growing up without somebody there all the time."
>
> - Teaching from Elder Mary Thomas, Shuswap[17]

Mainstream Systems and the Ongoing Intergenerational Legacy of Colonialism

> "I hope that the next generation grows out of this racism and ignorant phase, and grows a healthy bond and place where everyone gets along and is respectful with each other."
>
> - Natasha, Ojibwe and Irish (and an intergenerational residential school survivor)[20]

Racism and Discrimination

Racism and discrimination are embedded in mainstream systems and policies, and continue to harm BC First Nations girls. Manifested and experienced in many ways, systemic and interpersonal racism denies First Nations girls' rights to basic services such as education,[21] safety and protection,[22] and health care.[23] Racism and oppression perpetuate trauma for individuals and communities more broadly.

Reports by numerous inquiries and reviews, including the Royal Commission on Aboriginal Peoples (1996), the Truth and Reconciliation Commission of Canada (2015), the Audit of the Education of Aboriginal Students in the BC Public School System (2015), the Canadian Human Rights Tribunal (2016), the National Inquiry into MMIWG (2019), and the Addressing Racism Review (2020), have brought attention to the continuing effects of racism and discrimination on First Nations families. These initiatives have also outlined the necessary steps for addressing the systemic barriers that continue to shape the realities of many First Nations girls and impact their ability to thrive.

Violence and Abuse

First Nations have roles and responsibilities, specific to each Nation, which relate to women and girls and their rights to security, culture, health and justice.[24] Since contact, First Nations women and girls have been the target of violence: violence that the report of the National Inquiry into MMIWG describes as a "race-based genocide ... that especially targets women."[24]

The impacts of the genocide against First Nations women are pervasive and devastating. Inflicted through interpersonal relationships, through institutions, and through laws, the violence also has a direct and acutely negative impact on the well-being and security of First Nations children.

"As a residential school survivor, I was removed from my family as a pre-teen and placed in an institution that was devoid of warmth and love. There was no model of family structure, and we were left to our own devices to create fragile and tenuous relationships in rigidly segregated circumstances. The abject loneliness that I felt was shared by my dormitory peers. Many nights we cried ourselves to sleep missing the warmth, security, affection and support of our parents and home communities."

- Hilistis Pauline Waterfall, Heiltsuk First Nation[25]

Intergenerational Trauma and Healing

The attempted cultural genocide of Indian residential school systems marked the beginning of cycles of intergenerational trauma and neglect for many First Nations peoples.[26] Many First Nations children have been denied their right to be raised in the loving, supportive collectives that were the norm before contact. The mental, emotional, physical and sexual abuse experienced in residential schools, during the Sixties' Scoop, and in current child welfare systems, perpetuates cycles of trauma and neglect. A 2016 *Report on Indigenous Child Welfare in British Columbia* described the impacts of intergenerational trauma as "the burdens carried by survivors, including a lack of parenting skills and scars from having witnessed or directly experienced abuse, which have had a profound effect on the ability of many Indigenous peoples to care for families."[27] Individual and collective traumas manifest in many ways, including increased rates of family violence, addiction, mental health issues and suicide.[28] The negativity and pain caused by trauma can also, at times, be misdirected towards one's family and children, friends and community in the form of lateral violence, bullying, and abuse that perpetuates traumas.[29]

Over time, this cycle of trauma can cause negative behaviours to become normalized and incorporated into peoples' expectations, at times leaving survivors unable to identify and apply positive strategies for dealing with and escaping from the hurt.[30] Particularly when experienced during childhood, trauma can have profound lifelong impacts on a child's mental, psychological, physical and spiritual wellness.

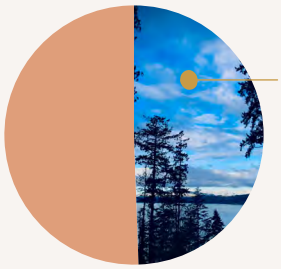
"Today we continue to teach the language, right from preschool to Grade 12 and we're so fortunate to be able to do that. Like I said, you know, my great grandchildren can speak the language a lot easier than I can. They just learn it so quickly. And they're not afraid to get out there and dance or get up there with a drum or the clappers. They feel so good about it. It's really something to see. You know, when we were so ashamed of it. I remember being young – eight years old or seven, walking to school, Mom would put braids in my hair, and before I got to school, I would have the braids out. It was shameful because of all the stigma about who we were."

- Elder Virginia Peters (Siyamex), Sts'ailes First Nation[39]

SUPPORTIVE SYSTEMS

First Nations girls have incredible resilience that has been inherited from and sustained through generations of BC First Nations in the face of adversity. Still, the trauma that some First Nations girls experience as a result of colonial oppression and cumulative emotional, physical, spiritual and psychological traumas that have been inflicted across generations[31] is highly complex and distinct from other types of trauma. Having community and health service providers who understand the history, dynamics and impacts of intergenerational trauma, and who support wholistic and community-grounded approaches, is vital to support their healing without perpetuating the harm. Many families and communities are also breaking the cycles of trauma by returning to teachings and ancestral protocols, reintegrating ceremony into their lives, and renewing respectful relationships within the family, community, and natural and spiritual environments.[32]

BULLYING AND CYBER BULLYING



49.6%

OF FIRST NATIONS GIRLS ENDURED EXPERIENCES OF BULLYING IN THE PAST YEAR

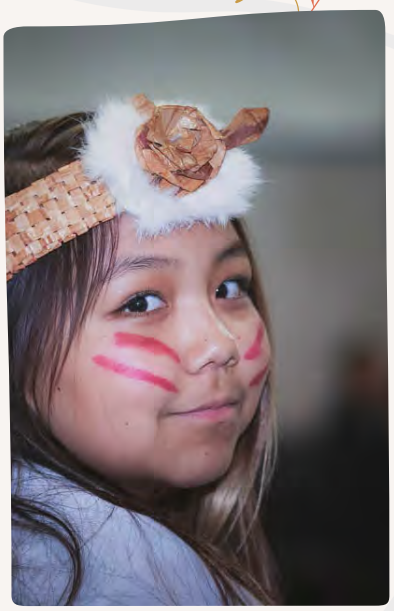
2015-2017 | RHS

PROMISING PRACTICES

"If we know about the past, we can try to make it better in the future. That residential school is something, yes, that happened and Orange Shirt Day is a time to try and educate more people."

- Haley Paetkau, Penelakut First Nation

Haley organized the first Orange Shirt Day to be held at her school in Victoria after being inspired by seeing her father, Steve Sxwithul'txw, share stories at an the Orange Shirt Day ceremony to help educate about the impacts of residential schools on Indigenous families.[33]



Children from the Songhees First Nation Daycare and Pre-school taking part in an Anti-Bullying/Pink Shirt Day rally.[34]

(Photo: Adrian Lam, *Times Colonist*)

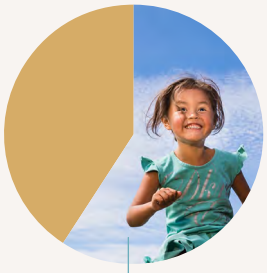
Education System

Many First Nations peoples and communities share a view of learning as a wholistic, experiential and lifelong process.[35] Beginning at a young age, children are taught about how to live in the world in a good way and about their responsibility to other people, other communities, and nature.[36] Education is not restricted to formal mainstream classroom settings, but rather embedded in all aspects of life. All things, both animate and inanimate, are understood to have important teachings to impart, and children are exposed to these teachings through diverse settings all grounded in land, culture and language.[37]

> "The children do not belong to us; we belong to the children. There is real hope when we centre children's education as a way of life, not just as programs."
>
> - Children's Voices, our Voices[8]

> **"We need to let the people know our ways. We need to create a better understanding. The only way we can do that is to let them know and expose it to them also because you can't really gain a strong understanding of our ways and the way we do things by reading it or by just hearing it. It's something that really needs to be experiential. If we are going to be giving a teaching, you know, sitting in a classroom isn't going to be as meaningful as going to a longhouse or one of our own traditional settings."**
>
> - Elder Virginia Peters (Siyamex), Sts'ailes First Nation[39]

Aboriginal Head Start On Reserve



59.3%

of First Nations girls attended an Aboriginal Head Start On Reserve program

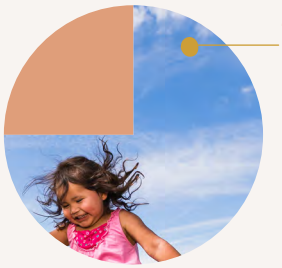
2015-2017 | RHS

Many Elders talk about teaching children as a sacred responsibility. It is also common in First Nations communities for all members to have a duty to ensure that children receive the knowledge, language and values they need to survive and thrive in the world. Research has affirmed that the learning that occurs in the first six years of a child's life – as they develop their emotional, physical, intellectual and spiritual capacities – is particularly foundational to their future development and wellness journey. It is at this stage that the foundation for self-esteem and pride in one's community and culture is laid and is therefore crucial to the development of a child's identity and sense of self.[38]

Families and extended families remain a child's most influential source of learning – and knowledge about their cultures, languages and ancestors continues to be a vital component of their education. Over the past decade, much work has been done by the First Nations Education Steering Committee and others to ensure that all First Nations children, including those attending school in the mainstream education system, have the opportunity to learn about their cultures. The public education curriculum has been enhanced so that non-Indigenous children are also taught about shared colonial history and First Nations history prior to contact. Vital progress has also been made toward restoring First Nations' inherent right to control the education of their children. Examples such as the Aboriginal Head Start On Reserve program for early learning and First Nations schools are showing the benefits of self-determination in education – not only for First Nations children, but for communities at large.

Academic Self-Concept

Children learn best in an environment where they feel safe, cared for and supported.[40] How they perceive their own academic ability and how confident they feel in mainstream classrooms can shape their learning path. Research has found that children's view of themselves as learners – or their academic self-concept[b] – is also influenced by receiving consistent positive feedback from parents and teachers. Self-reported data of Indigenous students between 2013/14 and 2017/18 also suggest that younger Indigenous girls felt more supported and more confident than older Indigenous girls.



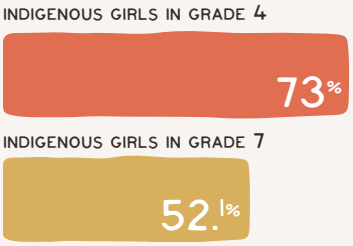
~75%

Every year between 2013/14 and 2017/18, approximately three-quarters of Indigenous girls reported a high level of confidence in their academic abilities

2013/14 and 2017/18 | MDI

School Support and Belonging

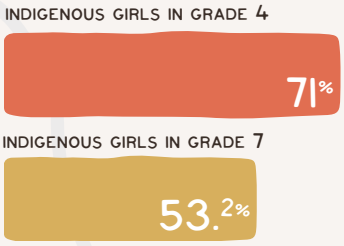
Indigenous girls in Grade 4 were more likely than Indigenous girls in Grade 7 to feel a higher level of support at school.



2017/18 | MDI

Strong Sense of Belonging at School

Indigenous girls in Grade 4 were more likely than Indigenous girls in Grade 7 to feel a strong sense of belonging at school.



2017/18 | MDI

Early Development

The Early Development Instrument[c] (EDI) measures five core areas of early child development that are predictors of adult health, education and social outcomes. The EDI questionnaire is completed by kindergarten teachers across BC for all children in their classes. The data provide insights on the proportion of children within a given area who are "on track," i.e., on the path for optimal development, and who are "vulnerable," i.e., lack additional support and care, such that they may experience future challenges in school and society.

Starting School

59% of Indigenous girls were developmentally on track to start school

2004/05 through 2018/19 | EDI

Promising Practices

A three-part series, *Exploring your Program*, provides resources and knowledge to support child educators for how they might weave the relationship of land-based teaching and programs into Aboriginal Head Start On Reserve programs in community. The series covers:

- Connections to Land-Based Learning;
- Connections with our Plants, Foods and Medicines; and
- Fostering Education.

"Along with a group of like-minded friends, we have taken control of our children's education by developing a loosely organized group called the 'Indigenous Life School.' Each family does things slightly differently but the premise for all of us is that we focus on life skills, emotional intelligence, revitalizing cultural practices, and learning as a family. As parents and educators, we have experienced the disconnect from our cultures that colonization, residential schools, and the Sixties' Scoop has had on our knowledge, and as such we ensure that learning our culture and language is not just for the kids, but for the adults too! Through the Indigenous Life School, we focus on preparing our children for the future and strengthening their connection to land and culture. Many of our lessons follow the traditional seasonal round. For example, since September, we have focused on harvesting for the cold winter months ahead. We have completed our salmon harvest, and my son, an avid fisherman, has also brought in a number of char and trout to fill up our freezer. Over the years he has learned not only how to fish, but has learned about fish anatomy, food preservation methods, the sacredness of our water and the need to protect it, and how to safely use traditional and Western tools. We also garden, forage, and hunt our own foods and medicines so it has been a busy month and not a lot of formal book work – but this is education at its Indigenous finest!"

- Carla Lewis, Wet'suwet'en Nation (Gitdumt'en Clan)[41]

[b]As measured by students' level of agreement with the following statements: i) I am certain I can learn the skills taught in school this year; ii) If I have enough time, I can do a good job on all my school work; and iii) Even if the work in school is hard, I can learn it. A child was interpreted as having high self-concept if their average responses were "agree a lot" or "agree a little."

[c]Concerns have been raised about the validity and potential bias of the EDI for use with Indigenous children. An Independent Assessment of the EDI, commissioned by the First Nations Education Steering Committee in 2016, found no bias, but as the study included only a small sample of teachers, concluded that the potential for bias in the implementation of the instrument still remains. (Ref: http://earlylearning.ubc.ca/media/publications/edi_assessing_bias_-_final_report_2016-01-16.pdf)

Economic System

BC First Nations share strong values around respecting and caring for one another and the land, particularly as it relates to children. However, historical and ongoing colonial processes of dispossession and assimilation, together with inequitable service provision, have resulted in manufactured poverty, as well as economic and social inequities for First Nations.[42] These inequities are particularly pronounced for First Nations children, who experience poverty at higher rates than any other population in Canada. Poverty negatively impacts children in many ways, including limiting their access to basic needs and opportunities, causing them to be isolated from social supports, raising their stress levels, and undermining their sense of hope.[44] Strong community connections and kinship ties can be vital to a family's capacity to maintain stability in times of economic need. Still, research has affirmed that children who experience poverty are also most vulnerable to a host of other risk factors, including an increased likelihood of being removed from their families and communities and placed in the care of the state.[45]

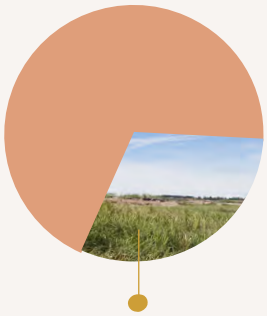
Food System

Food is an integral element of BC First Nations cultures – and vital in nourishing a child's mind, body and spirit. For many BC First Nations peoples, the teachings, practices and ceremonies related to hunting, fishing, gathering, preparation and sharing of food are a central aspect of their identity. Ensuring that First Nations children have the opportunity to take part in these practices, and learn about and eat the foods that have comprised the diets and medicines of generations, helps them connect to their families and their heritage. Indigenous foods are highly nutritious and offer a healthier alternative to the processed foods that dominate Western-based diets.

"They have to know what's happening in their body – so they can look after it – and how to eat. All the foods – everything is medicine. They have to know that. I want them to heal naturally. Everything we need is right here around us. All they have to do is know what it is and go get it."

- Choostl'o Bunk'ut Camp Leader[52]

Children Living in Low-Income Families



30.9%

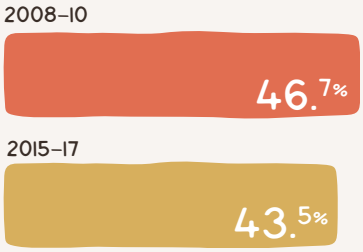
of BC Indigenous children under 18 years of age living off reserve were living in poverty*[46]

*as defined by the Low-Income Cut-Off Rate

2016 | Census

Affording Balanced Meals

The proportion of First Nations households who could not afford to eat a balanced meal (in the past 12 months) remained about the same.



2008-10; 2015-17 | RHS

Despite a growing movement to revitalize Indigenous food systems and sovereignty, the lands and waters have experienced changes that now limit peoples' ability to access Indigenous foods.[47] Diets and eating habits have been influenced by an abundance of processed, commercial food sources,[47] as well as mainstream food safety regulations that favour market foods and limit the use of Indigenous foods in some school and early childhood settings.[48]

Colonialism, the *Indian Act*, the reservation system, and climate change have created food insecurity for many BC First Nations, which in some cases means that children are not getting enough to eat or may not be getting the right types of foods to nourish them physically and spiritually. Food insecurity can cause nutrient inadequacies in children and be associated with issues such as obesity,[49] hyperactivity and inattention.[50]

Promising Practices

Nadleh Whut'en periodically coordinates a cultural camp at Choostl'o Bunk'ut, also known as Ormond Lake, for its children to learn about First Nations language, food, harvesting practices. Activities include storytelling, fishing, hunting, berry picking, among other traditional activities.[52]

Health System

Every Nation has its own stories and teachings on how to live well, how to take care of each other and the earth, and how to create a harmonious family and community, as well as a just society. These stories and teachings, passed down over thousands of years, provide guidance to families and communities in raising healthy and resilient girls and supporting their girls through any health challenges they might encounter. Ceremony, First Nations medicines and healing practices continue to play important roles in the wellness of BC First Nations families and their children. The mainstream health system also plays a role in addressing girls' health care needs – but to do so in a good way, the health system must be culturally safe and free of racism and discrimination.

Access to Pediatrician Care

Access to pediatrician care for First Nations children ages 0 to five years old was

80%

that of Other Residents[54]

2016/17 | *In Plain Sight* (2020)

> My hope for health care is that my family gets taken care of in a good way – that my grandchildren know they can go into a hospital and be given treatment that everyone else in the province gets and not be stereotyped because of who they are and where they come from. That they don't face the troubles and traumas that my daughter faced by going into an emergency ward and being asked, 'Do you drink? Do you use drugs?'"
>
> - Elder Syexwáliya Ann Whonnock, Skwxwú7mesh Úxwumixw (Squamish Nation)[55]

Unfortunately, the mainstream health care system in Canada, which is grounded in colonial and Western-based knowledge systems, has been a source of first-hand and intergenerational trauma for many BC First Nations. Racist stereotypes at the individual level and institutionalized through practices and policies lead to discrimination towards families and individuals and impede their access to services.[53] As reported by the Addressing Racism Review (2020), First Nations women are disproportionately targeted and impacted by racism in the health system.[54] The barriers that exist for First Nations women have a direct, negative impact on the health of First Nations girls, and in many cases, are compounded by intergenerational trauma their families and communities have experienced within the health system.

Jordan's Principle, passed in 2007, was an acknowledgement of, and response by, the Government of Canada to the complex funding and service delivery model that discriminates against and causes harm to First Nations children. Named in honour of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba who was a victim of these inequities, Jordan's Principle ensures that there are no gaps in publicly funded health, social and education programs, services and supports for First Nations children. Through Jordan's Principle, First Nations children (0-18 years) with an identified need can receive funding for health, social and education products, supports and services. To report a case of Jordan's Principle in BC or for more information: email: sac.principedejordancb-bcjordansprinciple.isc@canada.ca.

Jordan River Anderson

Jordan River Anderson was a young boy from Norway House Cree Nation in Manitoba. Jordan was born in 1999 with multiple disabilities and stayed in the hospital from birth. When he was two years old, doctors said he could move to a special home for his medical needs. However, the federal and provincial governments could not agree on who should pay for his home-based care. Jordan stayed in the hospital until he passed away at the age of five. Jordan's Principle, which makes sure that First Nations children have access to the products, services and supports they need when they need them, is named in honour of his memory.

Promising Practice

Ripple Effect of Resiliency is a self-led course for those who work with or support those who work with Indigenous children, youth and families. The six modules are designed to help learners develop their understanding of colonialism and how it impacts them and the people they work with. There is also a print resource: *The Ripple Effect of Resiliency: Strategies for Fostering Resiliency with Indigenous Children,* by Monique Gray Smith (ISBN: 978-0-9878690-1-2).

Child Welfare System

For thousands of years, BC First Nations have ensured the safety and well-being of their children with their own laws and teachings.[56] Suppressing First Nations systems and embedding ideologies of white supremacy in policies and practices through the *Indian Act*, residential schools, the Sixties' Scoop, and the relatively contemporary child welfare system, have eroded First Nations' inherent rights to care for their children. The system is based on colonial, Euro-Western models of the nuclear family and notions of parenting, which are different from the traditional, kinship relational approaches to child care of many First Nations. As highlighted by several inquiries and reviews, this chronic and pervasive removal of children from their families and communities has had, and continues to have, devastating individual and collective impacts on the health and well-being of BC First Nations.

For generations, First Nations have been asserting and calling for recognition of First Nations' inherent rights over the care of their children. Numerous reports and inquiries[d] have echoed this call – and the call for adequate needs-based funding – in their recommendations. Reform of the child welfare system and the full and proper implementation of Jordan's Principle was also advanced by the Truth and Reconciliation Commission of Canada as its top Call to Action.[58]

> "Is [*Bill C–92*] a passable Act? We need to be careful. I think our children deserve more than just passable ... There should have been more concentration given to the funding, to breathe life into jurisdiction we already have."
>
> - Mary Teegee, Gitxsan and Carrier from Takla Lake First Nation (Luxgaboo Wolf Clan)[60]

> "There is a tendency to codify poverty as neglect, which is why so many Indigenous children end up in care ... it's not that their families don't care about them – it's because they didn't have and couldn't access the resources needed to care for them. Therefore, child welfare codifies discrimination and colonization as personal or family deficits instead of tackling the underlying problems."
>
> - Dr. Cindy Blackstock, Gitxsan First Nation[57]

The *Act respecting First Nations, Inuit and Métis children, youth and families* (also called *Bill C-92*) came into force on January 1, 2020 and recognizes Indigenous peoples' jurisdiction over child and family services as part of their right to self-governance. The Act also establishes principles for governing child welfare to ensure that when determining the best interests of an Indigenous child, primary consideration is given to the child's physical, emotional and psychological safety, security and well-being. The Act emphasizes the need for the system to shift from apprehension to prevention, with priority given to services that promote preventive care to support families. It also establishes protocols to preserve a child's connection to their family, community and culture.[59]

> **"In a best-case scenario, we have to approach [*Bill C–92*] as an opportunity – but we have to do it with our eyes wide open, and that means acknowledging there is lots of lack of clarity here and that is never good for kids and families in vulnerable situations. So let's walk into this and ask really good questions, take it slow, do what we know we do really well – and really test the federal government's willingness to accept its responsibilities to support First Nations in their important work in caring for kids and families. And while we're doing that, we're going to have our courageous conversations in our Nations and with ourselves about how are we going to address the multigenerational impacts of colonialism in our communities ... I don't know of a First Nations law for children or family that is based on anger or based on hate. They're all based on love and unity and respect. We need to harness those values that we have traditionally – the gifts from our ancestors in our distinct Nations – and use that as a basis for moving forward."**
>
> - Dr. Cindy Blackstock, Gitxsan First Nation[61]

[d]Including, but not limited to: the Royal Commission on Aboriginal Peoples (1996), the Joint National Policy Review (2000), the *Wen:de Reports* (2005), the Truth and Reconciliation Commission of Canada (2015), and *The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (2019).

SUPPORTIVE SYSTEMS

A growing number of Nations are reclaiming sovereignty and asserting their inherent right to care for their children. They are restructuring their child welfare services in alignment with their traditions, laws and teachings to keep families together.

- As of January 2021, 148 First Nations bands in BC are represented by agencies that either have, or are actively planning toward, delegation agreements to manage their own child and family services.[62]
- There are 24 Indigenous agencies with various levels of delegation: three can provide voluntary services and recruit and approve foster homes; seven have the additional delegation necessary to provide guardianship services for children in continuing care; and 14 have the delegation required to provide, in addition to the above, full child protection, including the authority to investigate reports and remove children.[62]
- As of January 8, 2021, five First Nations had submitted requests to enter into a tripartite coordination agreement with Indigenous Services Canada.[63] If parties can reach an agreement within 12 months, "or reasonable efforts to reach an agreement were made during that year, including use of alternative dispute resolution mechanism," then the Indigenous governing body would exercise its jurisdiction – and its laws on child and family services would "prevail over federal, provincial and territorial laws."[64]

Government Care

Indigenous girls (0–9 years) were in care at

18.9x

the rate of non–Indigenous girls

2016 | BC Ministry of Child & Family Development; NHS

PROMISING PRACTICES

The Touchstones of Hope for Indigenous Children, Youth and Families is a movement toward reconciliation in child welfare to ensure better outcomes for Indigenous children, youth and families — to ensure they are safe and living in dignity and respect. The movement is about promoting and entrenching the Touchstones of Hope principles and process in grassroots control, preparing community-based facilitators to work with communities and organizations, and developing culturally driven vision plans and next steps that are meant to inform child welfare practice and policies specific to regions and Nations. The reconciliation process is guided by five Touchstones of Hope principles that are defined and brought to life by those involved in the movement so that they reflect the unique context of Indigenous Nations and communities. These culturally relevant principles serve as the foundation of the movement toward reconciliation in child welfare and better outcomes for Indigenous children. They are: self-determination, culture and language, wholistic approach, structural interventions, and non-discrimination.[65]

The **Red Willow Womyn's Society** is a grassroots, Indigenous-women-led organization in the Cowichan Tribes First Nations territory. It was founded in 2009 as a small group of Indigenous and non-Indigenous women who began weekly gatherings to talk about their lived experiences with daily systemic oppressions. Through these "sharing circles," Red Willow womyn helped each other navigate their daily barriers, and the circle grew. Today, the Society acts as a support for the wider Hul'qumi'num community. Through guided cultural protocols and teachings, they support and advocate for one another and work to strengthen families and the role of mothers as sacred life givers.

"Indigenous Womyn in Canada, we are the Warriors of spirit. We are guided by the wisdom of our ancestors that lives right inside our bones. Blood ties that hold the life force of the Great Unknown, held by the stars above this earthly throne. Never can this be taken from us, always we have known — how our grandmothers fought for us from the heart of our clanship homes. We connect in this ancestral flow walking in balance, sacred as we go. Saying 'No!' to the maze of the child welfare craze, joining together sisters in spirit with sisters of these modern days, always in our womynhood medicine ways."

- excerpt from a piece written by Patricia Dawn (Métis and Cree), founding Mother of the Red Willow Womyn's Society[66]

PROMISING PRACTICES

The Na gan ts'i'stk Grandmothers are majority matriarchs of the nine tribes of Lax kw'alaams. Brought together around their traditional matriarchial teachings, Lax kw'alaams grandmothers support children and families to ensure children stay connected to their community, heritage, and culture. They do this by inviting children and youth to meet their extended families in Lax kw'alaams and to learn cultural activities such as traditional seaweed gathering. They help to promote healing for families in the community and, in doing so, have reduced the number of children being taken into care.[67]

On October, 26, 2018, **Stó:lo matriarchs** stood and reclaimed their jurisdiction for children and families in that Nation. In the Stó:lo world view, the concept of "matriarch" refers to the eldest woman or the woman recognized by family as their matriarch, who carries the thread of family history and culture, as well as ceremonial and naming rights of her family. In keeping with this ancestral role, Stó:lo matriarchs signed a declaration pledging to keep the children of the Nation safe and within their families.[69]

"This year was the first year that I got to spend time with my grandfather, and for me, it's created a lot of positive changes in my life. I believe that without him, I would be taking a very different path. You know, even after all the abuses that have happened in the past that have pushed our culture down, I think now is the time when a lot of youth are in need of that support and that guidance … and so if you're out there and you have a chance to connect with a youth, then please – we really need you."

- Emma Joye Frank, K'ómoks First Nation, Kwakwakawakw - Namgis Nation and Eh-Cho Dene Nation

"We are here to support children and families, to work with our children and youth, to encourage them to complete their education, to take pride in who and what they are, where they come from, to teach them about their culture, who they belong to – their Nation, tribe, crest, clan, family – to help work towards and build self-care plans and safety plans so that our children feel safe – and parents as well. We're here to be mentors and role models and helpers and teachers."

- Na gan ts'i'stk Grandmothers[68]

HEALTHY BODIES, MINDS AND SPIRITS

First Nations girls live, grow and flourish in the context of their families and communities. Mental, physical and spiritual wellness is strengthened by identity, culture and kinship ties, but is negatively impacted by intergenerational trauma, systemic racism and discrimination. The health outcomes for First Nations girls are shaped by their physical and social environments as well as the cultural values that underlie their lifestyles, behaviours and relationships.

BC First Nations have Nation-specific laws, customs and teachings that guide families and communities in creating environments and nurturing relationships that support girls to thrive and flourish. For many First Nations, ensuring the health and happiness of their children and babies is understood to be a central focus, and the child's wholistic wellness is seen as a reflection of the community's well-being.[70]

This section offers a glimpse into the data and lived experiences of BC First Nations girls as they relate to health outcomes associated with their physical, mental, emotional and spiritual wellness.

Mental Wellness and Nurturing the Spirit

Mental wellness is achieved through a balance of the mental, emotional, spiritual and physical. This balance is enhanced when girls feel a sense of purpose in their daily lives, when they have hope for the future, a sense of belonging and connectedness with their family, community and culture, and an understanding of their place in the world.[72] When girls are supported to achieve mental wellness, they can realize their own potential and more easily cope with the stresses of life,[73] as well as contribute to and live in harmony with family, community, nature and the environment.[74]

General Health

87% of Indigenous girls reported being in "good" or "excellent" health

2017/18 | MDI

> "Remembering who we are is absolutely important as we look forward to who we want to be again in the future – as Nations, as families, as communities. We have … a vision that speaks to healthy children, healthy families and healthy communities, but also having a sense of vibrancy. And what does vibrancy mean? How do you measure vibrancy? Our Elders said, it starts with the sparkle in the eye of a child. Do our children have a sparkle in their eyes? What does that actually mean for a child to have a sparkle in their eye? It's a sense of belonging, a sense of love, a sense of purpose, asense of safety. It's being inquisitive – wanting to know things."
>
> - Gwen Phillips, Ktunaxa Nation[71]

> "Indigenous children hold a unique place in our collective: they embody the past through our teachings, they experience the present, and they hold our dreams for the future. Their individual identities ensure collective cultural continuity."[84]

Well-Being Composite Index

The well-being composite index combines children's scores from 15 questions related to optimism, self-esteem, happiness, absence of sadness, and general health.

- **32.3%** of Indigenous girls scored as "high" and "thriving" on the well-being index.
- **24.5%** scored in the "medium" range.

2017/18 | MDI

HEALTHY BODIES, MINDS AND SPIRITS

First Nations have always known that a girl's emotional and social development during childhood sets a path for balance and mental wellness in later years of life.[76] In many Nations, each stage of a girl's life is filled with teachings about the world, the plants, water, and animals, and how to care for and respect them. Storytelling and humour are used to enhance their capacity to overcome everyday challenges.[77] Each child is seen to enter the world with special gifts to share with their family and community.[78] They also have responsibilities in the community that grow as the girls gets older, instilling in them a clear sense of purpose as well as an understanding of their role, their relationship to others, and to the land.[79]

Colonial policies and practices have deliberately disrupted First Nations knowledge and practices that nurture and sustain mental wellness. As a result, many First Nations girls have limited access to their own healing practices. In some cases, families may not feel ready, or may choose not to reconnect and relearn their teachings.[80] Colonialism has also created inequalities in the social determinants of health for many First Nations families, exposing them disproportionately to poverty, overcrowded and sub-standard housing, food insecurity, social and economic exclusion, and inadequate health services.[81] These inequities, particularly when combined with a cultural disconnect, can have a negative impact on a girl's sense of belonging and mental wellness.[82]

As a result of ongoing advocacy to uphold their inherent rights, a growing number of communities are working to re-establish the circles of connectedness around their children[83] and many First Nations girls continue to benefit from opportunities to learn their language, connect with their Elders, and establish roots in their culture. With this foundation in culture and tradition, First Nations girls are growing up proud, with strong senses of identity as well as the knowledge and skills they need to live well as they transition into adolescence.

"Each child grew up learning about their importance to the community and their responsibility to their teachers and the other people within their community. They would learn this too from the teacher mentors who guided them into the ways of communal life. Another of the Syilx laws is that we are each responsible to everyone else in the community; each of us are a healthy part of the 'whole' family. The adults had the responsibility to model and teach from the earliest age that our actions are always connected to the others within the community. In this way we learned that we needed to think about what impact everything we did had on our people. It was not okay to hurt any member of our community. Our love, health and well-being were tied to each other, and we knew this with every fibre of our being before we became an adult. We understood our connection to our family and extended family, our community, the whole Nation and our land, which included every living thing on it. This too was the law of the Syilx people."

- Sheila A. Nyman, Syilx First Nation, in memory of her Great Aunt Doll[75]

"When I was growing up, my mother performed a coming-of-age ceremony. She did this on her own because unfortunately our relatives were at residential school. She was quite sad at the time but she explained what would happen. She said normally the women in the community would take me aside usually down by the river and they'd share their teachings with me of what it is growing from a young girl into womanhood and what our responsibilities are growing into womanhood. That we were there to support the whole family wherever and however we could. That we're also a gift from Creator and that we are able to bring life into the world. I was so happy to get these teachings from my mom and I too was sad that none of my aunts and grandmothers and cousins were there to support me during this ceremony, but that ceremony stayed with me all my life."

- Lucy Barney, Titqet Nation (Statimc Territory)[99]

Optimism and Future Goals

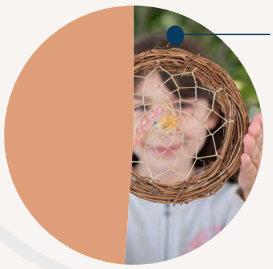
Optimism is about having positive expectations for the future. Having goals and feeling hopeful about the future relates to a variety of long-term benefits – including greater success in school and work, less likelihood of depression and anxiety, greater satisfaction in relationships, better physical health, and a longer life. It is also a strong predictor of resiliency for children facing adversity.

78.1% of Indigenous girls had plans for their future

2017/18 | MDI

8/10 Indigenous girls had either moderate or high optimism about the future

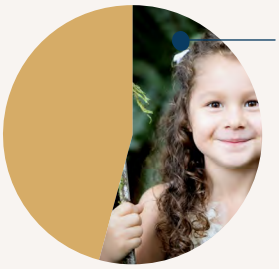
2017/18 | MDI



51.3% More than half of Indigenous girls had high levels of optimism

2017/18 | MDI

Happiness



54.2% of Indigenous girls were happy with their life and reported feeling that things in their life were "excellent"

2017/18 | MDI

Peer Relationships – A Sense of Belonging and Close Friendships

>9/10 Indigenous girls felt a medium/strong sense of belonging to their peers

90% of Indigenous girls had at least one close friend

Every year 2013/14 - 2017/18 | MDI

Self-Esteem

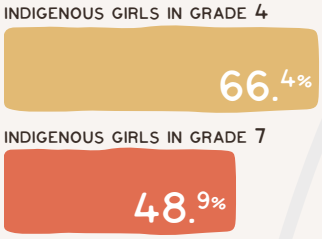
72% of Indigenous girls exhibited a strong and healthy sense of self-esteem/self-worth

2017/18 | MDI

Postive Body Image

Indigenous girls in Grade 4 were more likely to have a positive body image than girls in Grade 7 >

Percentage of Indigenous girls reporting "always" or "often" liking the way they looked:



2017/18 | MDI

Promising Practices

L, KI, L (L,TH,KEEL) Child and Youth Mental Health Program of Hulitan Family and Community Services Society provides support to First Nations children, youth and their families to improve their mental health and over all well-being. "L, KI, L," in the SENĆOŦEN language, refers to the confidence and the positive feeling arising from an appreciation of one's own ability. The program uses a wholistic approach and embraces the teachings of the medicine wheel to build confidence, empower and address the mental, emotional, physical and spiritual needs of children and their families.[85]

Sexual Well-being and Reproductive Justice

BC First Nations have teachings and ceremonies to teach children how to care for themselves and to respect their bodies and those of others. Prior to contact, sexual development was seen as a natural phase of a person's life journey, and sexual health was recognized as an integral component of overall wholistic health and wellness. First Nations traditions and strong kinship bonds within communities ensured that as children began to experience puberty, they were surrounded by, and had access to, the knowledge and lived experience of adults and Elders.

Residential schools and attempted assimilation introduced colonial constructs of sexuality and morality, and disrupted the passage of teachings and ceremony around aspects of sexual wellness. In addition, experiences of mental, emotional, physical and sexual abuses inflicted in residential schools, distorted and disrupted many individuals' relationships with their bodies and future sexual health. Many First Nations cultures honour a girl's journey into womanhood and recognize women's moon time and reproductive cycles as sacred. In stark contrast, European settlers enforced strict, patriarchal attitudes towards gender and sexuality.[86]

PROMISING PRACTICES

There is an Indigenous Sexual Well-being Learning Model that some communities have used to start conversations around traditional knowledge and ways of being in regards to healthy sexuality. It is a strengths-based model that acknowledges healthy sexuality as an important aspect of overall wholistic health and wellness. The model builds on First Nations values related to developing and maintaining healthy relationships and protecting oneself and one's community from communicable diseases including sexually transmitted infections. Being immunized for HPV is a particularly important way girls can care for themselves and help protect their future sexual well-being.

The silence, stigma, and shame that has been attached to sexual matters though colonial institutions has had intergenerational impacts,[87] including impacting the ability of First Nations children and their families to acquire sexual health information[88] and services when needed, and rendering First Nations girls more vulnerable to sexual assault and sexually transmitted illnesses.[89] These challenges in accessing services are exacerbated in rural and remote communities.[90] Children and youth who identify with a gender that is not the same as their biological sex and those who are fluid in their gender identity often face additional barriers in accessing care and discussing gender-affirming health care needs due to discrimination[91] and limited experience among health care providers in managing gender dysphoria.[92]

Healthy Bodies

First Nations culture and teachings support healthy, wholistic diets and active lifestyles that help ensure children are well-nourished physically, mentally and spiritually. Colonialism has caused a significant shift in the prevailing food systems and ways of life, resulting in more sedentary lifestyles and an increased reliance on much less nutritious or non-nutritious processed foods containing large amounts of saturated fats and sugar.[93] While this transition has impacted the health outcomes of First Nations children, many Nations are returning to their teachings about the importance of traditional, natural foods to help ensure the health and vitality of future generations.

Healthy Eating

Food is a vital component of wellness for First Nations girls – with the potential to nurture their bodies and strengthen their connections to family and culture. Eating a balanced and nutritious diet, such as that provided by First Nations foods, is important to girls' ongoing growth and development. Learning about and taking part in activities such as berry picking, fishing and canning provides an opportunity for girls to connect with their families and ancestors. Sharing meals together with family and community also helps to build a sense of purpose and belonging.

Healthy eating

The majority of Indigenous girls reported eating junk food in moderation.

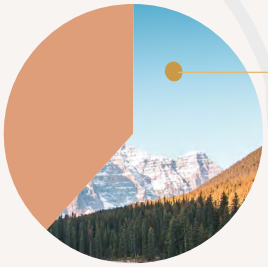
- **35.5%** ate junk food (e.g., chips, candy, pop) once a week or never.
- **44.7%** ate it two to four times a week.

2017/18 | MDI

Due to the ongoing negative impacts of colonization, including poverty and food insecurity, some First Nations children are vulnerable to inadequate intakes of certain vitamins and minerals, particularly vitamin D, calcium and iron.[47] Processed foods and diets high in sugar and saturated fats are also contributing to rising rates of obesity and diabetes among First Nations children.[94]

Self-rated body weight

As girls become more self-aware and self-conscious, how they view their own body can have an increasing impact on their wellness. Body image dissatisfaction during childhood can impact a girl's self-esteem and lead to other mental health challenges later in life.[95]



61.9% of Indigenous girls felt that their body weight was "just right"

2017/18 | MDI

Physical Activity

First Nations knowledge and teachings recognize the positive influence of physical activity on wholistic wellness.[97] Being active during childhood is vital to a girl's development and can improve confidence, self-esteem, strength and coordination, while also helping to develop healthier social, cognitive, and emotional skills. When the activity takes place outdoors, there are the extra spiritual benefits of being on the land. Physical activities and sports are also a fun way for children to connect with their family, community and their culture.

Establishing an active lifestyle during childhood lays the foundation for health in later years, establishing the motivation, confidence and competence for lifelong patterns of activity and reducing the risks of illness and chronic disease. This is particularly important given the growing proportion of activities that are more sedentary and involve sitting in a car, or in front of a screen, computer, TV or tablet.

In balance with being active, it is equally important for a child to get adequate rest. It is precious time for the healthy growth of their minds and bodies and vital for the rejuvenation of their spirits.

> "Some of my earliest memories as a youth are from the summer and fall, when everyone in my community would be smoking salmon and jarring it – and being put on fish-gutting duty. At the time, I didn't think it was so awesome, but now I know how valuable it is and it was teaching me respect. It's just like when I went to Wet'suwet'en culture camps, and we butchered moose meat. I remember all those teachings we learned there. The culture in my community is strong and it's definitely helped me a lot in growing up and being proud of being Wet'suwet'en. I remember there was a time when I wasn't proud and that was really hard for me to get through. I think it can be difficult for the youth still – being proud of who you are when we've received so much discrimination and racism as Indigenous people. It's a big part of your wellness, your mental wellness, to be proud of your culture and your identity."
>
> - Michelle Buchholz, Wet'suwet'en Nation[96]

Physical activity

59.8% of First Nations girls got the recommended hour of daily physical activity

2015-17 | RHS

Screen time

3.5 hrs per day is the average time spent on screen by First Nations girls which is more than the recommended two-hour daily limit of screen time for children

2015-17 | RHS

Sleep

57.6% of Indigenous girls reported "getting a good night's sleep" at least five nights a week

2017/18 | MDI

PHYSICAL CONDITION/ILLNESS

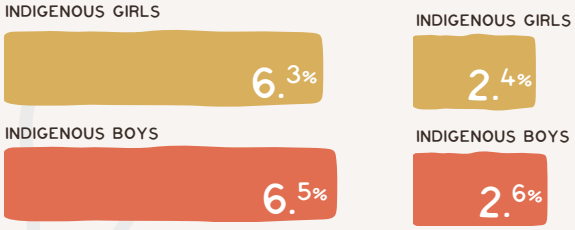
76% OF INDIGENOUS GIRLS HAD *NO PHYSICAL DISABILITIES* OR LONG-TERM ILLNESSES

2017/18 | MDI

ORAL HEALTH

The Addressing Racism Review (ARR) highlighted the disparity between First Nations and Other Residents in the rates in hospitalization of children for dental caries as being among the greatest of all commonly evaluated health indicators.[98]

HOSPITALIZED TO TREAT DENTAL CARIES



2019/20 | *In Plain Sight* (2020)

CONCLUSION

Children are a central, vital part of First Nations societies. In many Nations, the health and wellness of the children is seen as an indicator of community well-being overall, and communities consider it a collective responsibility to ensure each child is happy, healthy and raised in a good way. This attention and care for children helps to establish First Nations girls' connections to the roots of wellness: their culture, land and community. It also fuels their knowledge and inherent resiliency as they grow and transition into adolescence.

With the reclamation of First Nations languages, ceremonies and teachings, a growing number of First Nations girls are thriving in the context of their communities. There is still work to be done to dismantle the barriers and racist discrimination that First Nations girls and their families encounter in interacting with mainstream colonial systems. With these obstacles removed, this future generation of matriarchs will be in a better position to live to their full potential.

Memories of stolen past
Towards a bright future, no going back
Let's build a home where we can hope and laugh
Loodis Lp 'Nunn, an Elder, told me that
Let's be a voice, who remain in silence
The youth of today, ain't afraid of rising
For the missing women, who are facing violence
There's a road of Loomsk, let's change and find it.

There's a highway of Loomsk
Take us to the promised path
There are many who are lost
We've been waiting on these changes
So if your life is going downhill
Just slow down
Guilks Ama niisgn (take care of yourself)
We can hold on
And be proud
And bring hope back to where we live.

- Lyrics excerpted from "The Highway," a song written by Kitsumkalum youth[101] about The Highway of Tears, a 724-kilometre stretch of the Yellowhead Highway between Prince Rupert and Prince George that has limited public transit and where more than 40 women and girls, mostly Indigenous, have gone missing or been murdered since 1969.

Youth Wellness

"I am definitely very hopeful for the future – to see how women will be able to show up and be present for their families and communities. I know for my own daughter Kwaya'tsiiq'Kwe, I can see that shift in health, wellness, and grounding. She has confidence and a connection to culture that is not linked to the heavily burdened notions of trauma and colonization. She has a different state of being – and a sense of what it means to truly be Anishinaabe. There is a sense of freedom that comes with that state – she isn't resisting anything, just embracing who she is and what she sees in the world. I see that sense of purpose and grace. There is a lot of meaning to Living the Good Life as a young Indigenous woman now. It isn't that we didn't have it before, but living during the time of the Oka Crisis, for instance, there was a lot of heaviness. Now it's all around reconciliation, revitalization of culture and language, and just being present without experiencing the harms of attending residential schools. There is a sense of being able to live freely, have choice. Freedom."

- Kinwa Bluesky, Anishinaabe-kwe from the Sandy Lake First Nation and the Kitigan Zibi Anishinaabeg, living in Vancouver[9]

Youth hold a special place in First Nations families and communities. They represent the future, and their health and well-being is understood as integral to the well-being and continuance of First Nations communities overall.

First Nations have long recognized adolescence as a critical period of development and growth, when girls transition into young women. As adolescents, they begin to establish their role within their families and commmunities and create their own path.[2]

Rites of passage, such as coming-of-age ceremonies, are used to mark and celebrate this evolution. Through ceremony, young women receive blessings and teachings about their bodies and about their roles and responsibilities as adults. Culture and tradition also empower youth and affirm their identity, growing responsibilties, and connections to their community and the land as they prepare for adulthood.[1]

This chapter highlights some key elements that describe and contribute to the health and wellness of woman-identifying First Nations youth living in BC. It also draws attention to the historical and ongoing structural and systemic barriers that can impact health at this phase and potentially throughout a woman's wellness journey.

The majority of quantitative data in this chapter is from youth between the ages of 10-19 who have self-identified as "female." However, the precise age range varies depending on the source of information. It is acknowledged that much of the data in this chapter dates back to 2013, and therefore may not reflect current realities. Updates will be made available in the future on the website: fnha.ca/sacredstrong.

Healthy, Self-Determining Youth & Communities – Roots of Wellness

The deepest roots of wellness for First Nations include self-determination, identity and connections to culture, the land and community. While important at every life stage, these connections can be especially significant in shaping young women's health during adolesence when so many aspects of their identity are in development.[3] Having strong connections helps girls to feel supported as they take on the responsibilities of being an adult and decide how best to apply their gifts.[2]

"When you dance, it's not just a hobby or activity you do for exercise. It's ceremony and you honour the sacred connection to the mask that you're dancing, the supernatural being that you're honouring, and the story you're telling."

- Alix Goetzinger, Haida, 21, sharing her experience dancing in the Haida dance group, Hltaaxuulan Gud Ad K'aajuu, and the importance of cultural connection for the coming generations. She grew up in Haida Gwaii, dancing and singing in ceremony, and she came to understand it as a source of healing.[6]

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations youth living in BC who identify as and/or express themselves as women, including cisgender females, trans women, non-binary people and those who identify as Two-Spirit/Indigiqueer. The term "woman" is used in this chapter, however, as a binary term, it may not accurately reflect the gender and sexual identities of all those who are reflected in the experiences, data and stories discussed. Although there is currently very limited data available on the health and wellness of First Nations non-binary and transgender populations, these distinctions are important as a person's gender identity shapes their experiences, their social determinants of health, and their access to services.

Connections to Ancestors, Culture, Language and Ceremony

A connection to culture provides an essential anchor for growth and well-being during adolescence. In the process of developing a strong and balanced sense of self, some young First Nations women begin to explore their roots and identity in greater depth. Strengthening this understanding and connection with their culture can help to instill confidence and pride, and foster a sense of purpose and belonging.

During youth, connection to culture can be expressed in many ways. Young First Nations women talk about how time spent learning a First Nations language, talking with their Elders, and taking part in dances or food-harvesting activities with their community, all contribute to their well-being and personal development.[4] When surveyed in 2014-15, 100% of BC First Nations youth indicated that connecting to culture through First Nations teachings is important to them.[5]

"Being away from home is a struggle. I miss hearing my traditional language and learning from our Elders back home, but I made the choice to pursue education and opportunities on the Coast Salish Territory. I love my life in Vancouver but being away from home impacts my identity. I wish I knew more about our culture and traditions. I wish I could participate in more ceremonies. The LGBTQ2+ community in Vancouver is my safe space. We have so many different groups and sporting activities. The coming-out process is not easy; although I come from a very accepting family, it was a challenging time for me. Living in Vancouver and hearing people's stories has empowered me and encouraged me to be proud of who I am."

- Anonymous

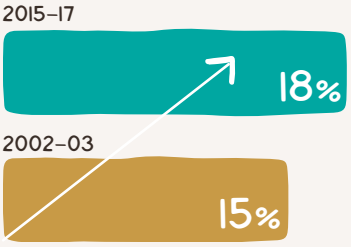
"For me, staying well during COVID comes with connecting to my spirituality and healing my spirit. It comes with harvesting our traditional foods and medicines. It comes with speaking x̌a'islak̓ala, my native tongue, learning my family history and the history of my Nation. It comes with singing, drumming, and dancing to our songs."

- q̓ándaux̌w, Megan Metz, Haisla First Nation[7]

It is common for young women's connections to culture to change as they gain more independence and explore the world. In moving to a new community or city, for example, some young First Nations women find an accepting environment, which can open up new opportunities to explore their heritage. For others, moving away from home can disrupt the connections they have with their family, Nation, and the land. Some express feeling a sense of "displacement" that challenges their wholistic wellness.[8]

Participation in Cultural Activities

Percentage of young First Nations women who were able to take part in activities related to their culture at least once a week:



2002-03; 2015-17 | RHS

"ƛaʔuukʷiʔatḥ (Tla-o-qui-aht) language reflects the ecology of our home – it comes from the land. And so in learning our language, I was able to learn so much more about our culture than I ever dreamed of ... I learned not just our language, but I found pieces of my soul in different words that I learned."

- Gisele Martin, Tla-o-qui-aht First Nation, past participant of the FPCC Mentor-Apprentice Program[10]

First Nations Language

BC is home to 34 First Nations languages, accounting for 60% of First Nations languages in Canada. As of 2018, the First Peoples' Cultural Council reported that 78.1% of learners of First Nations languages in BC were under the age of 24.[11]

Of those young First Nations women who knew any words in their Nation's language ...

2015-17 | RHS

> ~1/10 were intermediate/fluent in understanding and/or speaking

> 4.8% fluent in both understanding *and* speaking

> 6.1% fluent in either understanding *or* speaking

Rites of Passage

Many First Nations celebrate coming-of-age ceremonies as a way of honouring a girl's transition to adulthood.[12] These ceremonies provide cultural grounding and support for youth to establish strong identities as they navigate puberty.[13] They also help celebrate the respected position of First Nations women and girls in their Nations and communities.[14]

Ceremonies tend to differ for girls and boys. In some cases, with the Western influence of binary gender norms, ceremonies evolved over time to be less inclusive of youth who are Two-Spirit or non-binary in their gender identity. However, many communities are now acknowledging this departure and reviving rites of passage for every individual, regardless of their gender and/or sexuality.[15]

"When I started my year-long 13-Moon Ceremony, I was 11 years old. It was December and when I finished it was January, and I was 12 years old. It was the middle of winter. We had to actually go down to the river after our sweat and get into the water and bathe in the water. We had to actually go and get an axe so that we could break off the ice so that we had a way to get into the water without slipping. It was me, my mother and my aunts that were there. So there was probably about a good dozen of us women in the water at this point. And it was freezing cold, mind-numbingly cold, but the thing that makes it a really good memory is that it wasn't just me sitting there in the water, it was all of my aunts at the same time. So it made me feel a lot closer to these women in my community and my mother. It was all of us at once. And I didn't feel alone. It was just something that we had to do, and at that point, I had been through the training for a year so had developed a really deep sense of discipline and a sense of purpose in what we were doing."

- Alexa Manuel, Syilx and St'át'imc Nations[16]

PROMISING PRACTICES

The **Mentor–Apprentice Program** is a one-on-one language immersion program administered by the First Peoples' Cultural Council that facilitates the development of fluent speakers of Indigenous languages by partnering fluent speakers with committed learners in an immersion environment in the home and on the land.

Culture is Healing is a program that Yúusnewas offers on the traditional and ancestral lands of the xʷməθkʷəy̓əm, Sḵwx̱wú7mesh, and Tsleil-Waututh Nations that works to improve cultural revitalization for Indigenous youth through accessible and low-barrier cultural, spiritual, and First Nations teachings, activities, and knowledge. The program also provides a safer space for Indigenous youth to access peer support in the areas of sexual health and harm reduction.

Connections to Land, Water and Territory

First Nations perspectives on wellness encompass a positive balance of relational connections between family, community and land. Beginning at birth, many girls are taught of their interconnectedness with the land, water and territory through stories, ceremony and teachings. As adolescents, young women are often engaged through various land-based activities that help to enhance their understanding of the world and the inseparability of land and water from health and well-being. Through coming-of-age ceremonies, young women often take part in transformative experiences on the land. They are also taught of their responsibilities around land stewardship.[17] Due to the impacts of residential schools, the Sixties' Scoop, and the Millennial Scoop, not all girls and young women have the benefit of these teachings.

As those who will inherit the environmental issues emerging today, youth demonstrate a heightened awareness and concern regarding the state and sustainability of the lands, waters, and natural systems.[18] First Nations youth are often at the forefront of those highlighting the fundamental connections between colonialism and climate change, and they are participating in resistance efforts against further exploitation and contamination of their ancestral territories. Through programs such as Supporting Emerging Aboriginal Stewards (SEAS), First Nations youth are embracing their responsibility as stewards of the land, culture and resources,[19] and are playing a key role in developing locally based solutions to address climate change.[20]

Due to various factors, including the degradation of and displacement from territories, some First Nations youth face barriers maintaining a connection to the land. Still, for many, maintaining a relationship with the land remains a central component of their identity, how they stay connected to their culture, how they heal, and how they stay well. This land connection can be exercised in many ways, such as by participating in land-based cultural activities, engaging in First Nations food practices, and eating First Nations foods.[23]

First Nations Foods

Indigenous youth who ate foods from their culture were *more* likely to:

Rate their mental health as good or excellent	Feel good about themselves
79% vs. 73%	81% vs. 74%

Indigenous youth who ate foods from their culture were *less* likely to:

Have experienced extreme stress in the past month	Have self-harmed in the past year
11% vs. 15%	20% vs. 24%

2013 | AHS

3/4 of female First Nations youth ate at least one type of First Nations food (not including bannock) on a regular basis in the past year

2015-17 | RHS

Promising Practices

Project Reclaim is a land-based and youth-driven project of the Tsartlip, Tseycum, Tsawout and Pauquachin Nations. With support from Elders and community mentors, youth lead their community in preventing, resisting and healing from violence. Youth lead restoration projects to create greener, healthier spaces in the community. They also develop and deliver culturally relevant curricula in middle and high schools around preventing violence and fostering safer communities.

Supporting Emerging Aboriginal Stewards (SEAS) Community Initiative is a program designed to engage, develop, prepare and empower Indigenous youth to become the next generation of stewards in their communities and territories. Created in 2009, the SEAS Initiative has supported youth in four communities in the Great Bear Rainforest of BC on programs developed by the community and suited to the community's priorities, needs and opportunities for engaging youth in stewardship learning and activities. Programs integrate traditional and cultural knowledge with Western science approaches – working to spark and strengthen the connections between youth and the natural world around them.

Koeye Camp is a land-based language and culture camp delivered by the Qqs Projects Society. It engages Heiltsuk youth in an immersive experience incorporating language lessons, First Nations foods and medicines, potlatch protocols, weaving and canoe pulling. Space is prioritized for urban Heiltsuk youth and youth in foster care.

Connections to Family and Community

Relationships and connections to family, community, and one's Nation serve as anchoring points that help foster a sense of being loved and supported by others.[24] Young women and girls are often supported by matriarchs, mothers, grandmothers, aunties, and Elders, who act as caring mentors, teachers and role models. They provide guidance, support, and important First Nations teachings, and can be pivotal as young women navigate the changes and challenges of adolescence.

Particularly during adolescence, a time of so many changes and transitions, positive social connections serve as a protective factor against injury and risk-taking behaviour.[21] Having the love and attention of family has been shown to be pivotal in helping youth cope with social exclusion, bullying and physical assault.[21] These supportive relationships are also key in supporting young women to thrive.

"My granny was always my saving grace. I spent a lot of time with her over the course of my life. She cared for me a lot as a baby, but I also spent time with her as a child and teenager, and then again as a young adult. I moved to Victoria for a few years, but I moved back to Port Hardy 13 years ago with my two boys, so that they could learn where they are from and I could care for my granny. She was why I moved home. She was very – just very humble. She had a calming nature about her. Completely non-judgemental and loving. I remember those beautiful qualities. I think that idea of just always being there – that stability, that unconditional love – it was so important to me and my wellness journey. She is definitely one of my biggest role models."

- Maxwaks-Stephanie Bernard, from the Kwakwaka'wakw Nations[25]

Adolescence is a time when girls typically gain increasing independence from our families. As youth begin to spend a greater amount of time with their peers and begin turning to them for their emotional needs, peer relationships become a more salient factor to wellness during adolescence.[29] Close friendships have been shown to be particularly influential as a predictor of positive mental health during the teen years as well as later in life.[30]

"Over the years, I let people question my identity. They would ask questions like, 'How can you identify as Haida when you grew up in Edmonton?' Or make sweeping statements such as, 'You don't look Native. Can I see your status card?' As if it were a badge of identity to be displayed on my arm; as if my status card, blue eyes or blood quantum were the answer to who I am. I came from two different worlds and I had been disconnected from my roots for so long that I let other people's opinions define my identity. And that hurt. I made WomanWho Returns because it was the only way I could answer these questions. I needed to be vulnerable enough to explore how I belonged within my own community. I had to understand that it wasn't my fault I didn't feel grounded in my own Haida Identity – it wasn't ingrained in me from an early age. I had to make a concerted effort to take ownership of it."

- Heather Hatch, Haida from the Raven Clan. After reconnecting with her Nuni, Heather was adopted into the Raven Clan, and given the name Jaat Sdihltl'lxa, which means "the woman who returns."[26]

"It is within our families that we as individuals come to know our place in the world and to know ourselves as part of a larger collective."

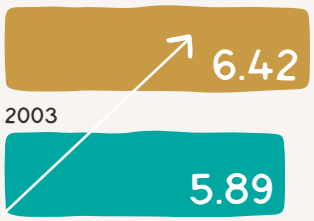
- Dr. Margo Greenwood, Cree ancestry[135]

Family Connectedness

Young Indigenous women felt more connected to their families than they did in previous years

2013 | AHS

Ratings on a 10-Point scale of family connectedness



The scale of family connectedness was compiled from responses from youth about their relationships with their parents and families more generally, i.e., whether they feel that their parents are warm and loving, the degree to which they feel close to and cared for, heard, and understood.

2003; 2013 | AHS

Caring Adults

64.5%

of young Indigenous women felt as though there was an adult in their community who really cared about them

2013 | AHS

Indigenous youth who feel there is an adult in the community who cares about them are more likely to feel good about themselves than Indigenous youth who do not have a caring adult in their lives.

80% vs. 67%

Peer Supports – Number of close friends

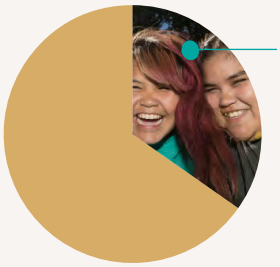
77% of young Indigenous women had at least three people they considered to be close friends

2013 | AHS

Being a part of a safe and inclusive community that is self-determining and has strong connections to one another and to the land provides opportunities for young First Nations women to contribute to and learn from their communities. Feeling connected helps youth to feel a sense of security and belonging.[31] It also provides an important foundation for healthy behaviours and has been shown to be particularly salient as a protective factor for youth in adverse situations.[32]

Many First Nations youth think of their community in relation to where they grew up. Others find and establish community in connection with their interests, gender orientation, school or sports.

Community Connectedness



34.8% of young Indigenous women felt "quite a bit" or "very much" a part of their community

2013 | AHS

Feeling Safe

86.8% of young indigenous women "always" or "often" felt safe in their neighbourhood during the day

55.4% felt "always" or "often" safe at night

2013 | AHS

> "As an Indigenous woman, I am – and have always been – part of that wave of brown women who have safe spaces and vulnerability in a violent society at the forefront of their minds. Every time I read about another Indigenous woman who is murdered or missing, there's a pang of animal fear and the question, 'What if it had been me? What if someday, it's my daughter?'"
>
> - 'Cúagilákv (Jess Housty), Haíłzaqv (Heiltsuk) First Nation[33]

Young First Nations women's perspectives and experiences of safety must be set within the broader intergenerational context in which First Nations women and girls live. These experiences and perspectives are of course shaped by those of their mothers, aunties and grandmothers[34] as well as the abuse and violence that First Nations men[35] and fathers[36] have endured.[37]

PROMISING PRACTICES

IndigenEYEZ is about transforming communities. Based in Syilx, IndigenEYEZ takes a wholistic approach to teaching that blends land-based learning with the arts and best practices in community-building to inspire an intergenerational legacy of well-being among First Nations people in BC and beyond. Its youth camps are transformative learning experiences that provide a potent blend of the arts, the land, local cultures and languages, and intergenerational connections. Youth are empowered to take creative risks and discover new skills and passions. They gain confidence in their ability to engage the issues in their lives and begin to truly stand in their own power.

> "As someone who is trans and identifies as Two-Spirit, I really wasn't able to truly conceptualize who I was until I met other Two-Spirit people. And so when I did, it was really quite magical. I was doing some engagement work in the community and one of the people I was working with, we started sharing some of our stories, and what we found was that so many of our stories were the same – even though we were from different Nations and different communities, we had so many similar experiences. Growing up, living in the north and being trans and Two-Spirit, you just never expect there to be someone like you out there – and so to find someone that was, it was so magical. It helped me see that I wasn't alone. It was like it was ok for me to exist because there is someone that already does."
>
> - Jean Baptiste, Wet'suwet'en Nation[28]

SUPPORTIVE SYSTEMS

The wellness of young First Nations women is shaped above all by having self-determination, a strong sense of self, cultural identity, and the ability to be in balance with the world around them. It is also shaped by the systems they must interact with to meet their basic needs: systems for education, health care, housing, transportation and justice.

Long before colonization, First Nations had highly sophisticated systems and protocols that provided for the basic needs of community members. While First Nations approaches remain in place, Western systems that are rooted in colonialism continue to oppress First Nations ways of being. As a result, young First Nations women continue to face racism, discrimination, and marginalization when going about their daily lives, including accessing services and pursuing opportunities. This exposure to racism is compounded by the impacts of sexism and other socially constructed biases. Young First Nations women face disproportionate levels of risk compared their non-Indigenous peers; risk in the form of abuse, exploitation, bullying and harassment.

First Nations youth are choosing to take action in diverse and creative ways, such as through the *We Matter* campaign, to promote approaches that are adapted to their lived realities and driven by youth needs and priorities.

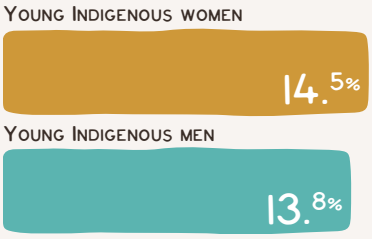
Mainstream Systems and the Ongoing Intergenerational Legacy of Colonialism

Racism and Discrimination

Young First Nations women in BC continue to be negatively impacted by the mainstream education, health care, youth protection, and justice systems, all of which are rooted in colonial ideologies. Systemic racism and social exclusion within these systems perpetuate violence, poverty, lack of adequate housing, poor living conditions, and intergenerational trauma.[38,39] Racist stereotypes and biases shape how young First Nations women and their families are treated within these systems and are at the base of why many young First Nations women continue to encounter barriers and disrespect in accessing culturally appropriate health and legal services.[38] While the data shared here is close to 10 years old, in 2020 the Addressing Racism Review reported that these systemic barriers remain in place and that First Nations women are disproportionately impacted.

Race-based discrimination

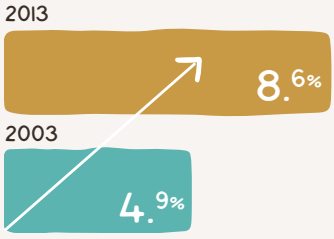
Percentage of young Indigenous women and men who faced discrimination because of their ethnicity, skin colour or race:



2013 | AHS

Sexual orientation-based discrimination:

Percentage of Indigenous females who were discriminated against or treated unfairly because of their actual or perceived sexual orientation:



2003; 2013 | AHS

Sex/gender-based Discrimination

- Young women are considerably more likely than males to be subject to discrimination on the basis of their sex/gender
- Young Indigenous women experience sex/gender-based discrimination more often than their non-Indigenous female peers

2013 | AHS

PROMISING PRACTICES

We Matter is an Indigenous-youth-led national campaign started in 2016 to allow Indigenous role models and allies from across Canada to share messages about their own experiences of overcoming hardships, and to communicate to Indigenous youth that no matter how hopeless life can feel, there is always a way forward.

Violence and Abuse

First Nations have always had ceremony, protocols and teachings that affirm young women as sacred and help to ensure their protection. These were stolen from generations of First Nations through colonization, which deliberately undermined the power, rights, autonomy and respect that First Nations women and girls held within their communities as a way of undermining Nations' ways of being.[40] Gendered violence has been used as a tool to further control First Nations women.[41] As highlighted by the National Inquiry into MMIWG, systemic and societal values, enacted in policies, structures and institutions, have worked to create and maintain a culture of impunity around the violence – and have also fueled the egregious assumption that First Nations families, women and girls are somehow themselves to blame.[42] The COVID-19 pandemic has further highlighted how gender-based violence increases during times of crisis.[43]

> "You're more likely to be a victim of violence and sexual assault [if you're Indigenous]. It's scary raising daughters and being afraid, hoping that they're not among that three-quarters of Aboriginal women who have to grow up with that. And these statistics only go up as development goes up."
>
> - Geraldine Thomas-Flurer, Saik'uz First Nation[44]

Sexual Harassment: Verbal and Physical

The proportion of young Indigenous women reporting sexual harassment declined between 2003 and 2013

As of 2013

55% had experienced verbal sexual harassment in the past year

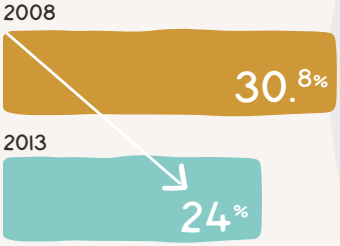
1/3 were the subject of physical sexual harassment in the past year

3X The rate of physical sexual harassment among young women – both Indigenous and non-Indigenous – was almost three times that of their Indigenous male peers

2003; 2013 | AHS

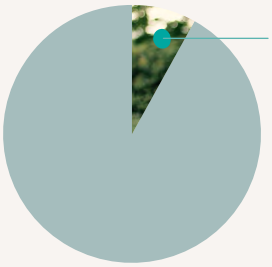
Abuse: Physical and Sexual

Reported cases of physical abuse by young Indigenous women decreased:



Approximately 1/4 The proportion reporting to have been sexually abused remained constant

2008; 2013 | AHS



8.1% of young Indigenous women reported that they had been been physically assaulted by a boyfriend/girlfriend in the past year

2013 | AHS

The everyday realities of young First Nations women are shaped by the pervasive threat of violence that has been created and maintained by colonialism. At the same time, for as long as violence has been inflicted against First Nations women and girls, there has been resistance against it. This ceaseless resistance is apparent in everyday individual acts of resistance of young First Nations women coming together, supporting each other, and speaking out against the violence.

Young women – both Indigenous and non-Indigenous – were *more likely* than young men to be victims of abuse

Rates of sexual abuse among young Indigenous women were also considerably higher than among their non-Indigenous female peers

2013 | AHS

SUPPORTIVE SYSTEMS

The resistance and resiliency is also evident in Nation-level actions to reclaim vital teachings, practices and ceremonies, such as coming-of-age ceremonies, which seek to restore First Nations women and girls to their rightfully respected place within their communities.

The following is an account of a coming-of-age ceremony at the House of Huu-ay-aht in Anacla. Elders at the event shared that this was the first time they could remember a coming-of-age being celebrated in the House of Huu-ay-aht:[45]

As eagle down began to float around the ankles of the dancers, rattles and a voice rose from the circle, drums followed, and finally two sea serpents emerged. As the voices and drums grew louder, a canoe began rising above the dancers, on the shoulders of men. Sitting in the middle were Helena and Cierra, with two guardians by their sides. The canoe made its way down the centre aisle and circled the front of the building. Dancers followed, all paddling to the beat of the drums and voices that sang out. Finally, with tears running down their faces, the young women were seated at the front of the room with their guardians.

Helena's father, Cory, explained that aside from receiving a new name and finding out who their relatives are, teaching the young women they deserve respect is the most important part of the event. "It's about raising them up and showing off how important they are because they bring life into the world. They need to be reminded that they deserve respect."

Hereditary chiefs from several Nations were then called up to wash the young women's feet. Cory explained that this is an important part of the ceremony. By bowing down in front of the young women and washing their feet, the chiefs are putting themselves below the young women, when they would usually be above them. It is a sign of respect and a way of honouring them on their special day.

The final step in the official ceremony was giving each of the girls a new name. Helena was given the name of her grandmother Marie Nookemus, which comes from her grandmother before her – Kla-qwo-klee-nulth. Sara Dennis, hereditary chief for the Ka:'yu:'k't'h'/ Che:k'tles7et'h' Nation, offered Cierra her name – Kluu-ath-apee.

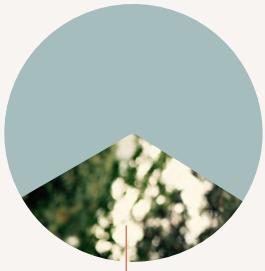
Lateral Violence and Bullying

At times, the violence and trauma that has been inflicted upon First Nations communities through the *Indian Act*, residential schools, the Sixties' Scoop, and other colonial institutions and policies, may be misdirected towards family members, children and community in the form of lateral violence, bullying, homophobia or transphobia.

As a counterpoint to lateral violence, *lateral kindness* is an approach to addressing the various forms of unkindness that arise when the hurt and oppression caused by colonialism manifests in anger towards other people in the form of gossip, verbal and physical assaults, passive-aggressive behaviours, blaming, shaming, bullying, and threatening or intimidating behaviour. Drawing from First Nations teachings about respect, fairness, and the importance of relationships, lateral kindness aims to create an environment built on a foundation of kindness.[46]

"When we think to the future, we consider the legacy we will leave for those who come after us: our children, grandchildren, nieces, nephews, and other young people for generations to come. One of the best legacies we can leave them is an education that will help prevent violence and keep Indigenous women and girls safe so that they can all flourish. Together, we can create a society in which all Indigenous lives are valued."[51]

Bullying and Cyber Bullying



32.9%

of young Indigenous women reported having been bullied at least once

14.8%

young Indigenous men reported the same

2015-17 | RHS

Promising Practices

Voices will Guide Us is a student and youth engagement guide created by the National Inquiry into MMIWG. It invites students of all ages to understand the crisis of violence through forging connections with communities in their own area, and engages them in generating arts-based messages of resilience, truth, hope, solidarity and justice.

The Esk'etemc (Alkali Lake) Commitment Stick initiative was launched in November 2016 to end all forms of violence against women and girls. Started by Alkali Lake (Esk'etemc) Elder Fred Johnson Sr., with the support of Chief Charlene Belleau, the Commitment Sticks were designed to signify the sacred responsibilities we have for the health and safety of Indigenous women and girls, as well as to remind us of their infinite value. The act of picking up a Commitment Stick symbolizes a personal and professional commitment of time to live violence-free and to actively stop violence against Indigenous women and girls.

N'we Jinan is a non-profit organization that travels to Indigenous communities and schools across North America working to amplify the voices and stories of youth. Empowering youth with knowledge in sound recording, music production, song writing, voice and performance, the program provides a platform for youth to share their experiences and relate to their broader community. N'we Jinan has worked with youth in several First Nations in BC including Kitsumkalum First Nation youth, who created and produced a song and music video about the Highway of Tears (see lyrics on page 45).

"As Indigenous youth, we are not only inheriting a climate crisis that is driven by fossil fuel projects like the Coastal Gas Link Pipeline, but we are inheriting a legacy. A Canadian legacy of genocide, colonization, marginalization, gendered violence. The man camps, the construction of these pipelines: they threaten the bodies of Indigenous girls, Two-Spirit people. In defending the land, we are defending our bodies."

- Ta'Kaiya Blaney, Tla'Amin First Nation[22]

The Education System

In both First Nations and Western cultures, young women are at the stage of life when they are learning to take on the responsibilities of adulthood. First Nations view education as experiential and wholistic. Learning takes place in both formal and informal settings: in the home, on the land, in community spaces, and in the classroom. First Nations knowledge and teachings are key in building identity, cultural continuity, strength, and resilience. Succeeding in the mainstream educational system, including high-school graduation and post-secondary training, has also become essential to the majority of jobs in today's labour market.[52]

There are a growing number of land-based programs for First Nations youth that combine First Nations culture and teaching with mainstream scientific knowledge. In BC, there have also been committed efforts to integrate Indigenous perspectives and knowledge into the mainstream education curriculum and institutions to the benefit of all students – First Nations and non-First Nations.[53] Still, for many First Nations youth, these two streams of learning remain largely distinct, and create pressure to become literate in both ways of knowing – and to integrate and/or balance Western and First Nations ways of knowing in their work and activities.

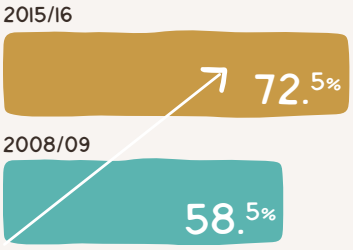
In addition, while an increasing percentage of Indigenous youth – females in particular – are succeeding in the mainstream education system, they are less likely than their non-Indigenous peers to feel connected to school.

"That's kind of where I see my role in our people's language revitalization ... I'm an instrument for my ancestors. Every day I work through my ancestors and especially with our language, it's an everyday effort to save our language ... I think it's important that we not just preserve but continue to use our language in the everyday context and even if that means I'm on Instagram using my Kwak'wala all the time. When you learn your language, you're learning the worldview of your ancestors. I really take that to heart and I try to live through that every day."

- Sydney Mạlidi Roberts studied at the University of British Columbia for six years to become a Kwak'wala teacher with a specialization in Indigenous pedagogy. Upon completion of her program, Sydney moved back to her community to further her cultural education, and shares much of her language journey on Instagram.[54]

School Completion Rates

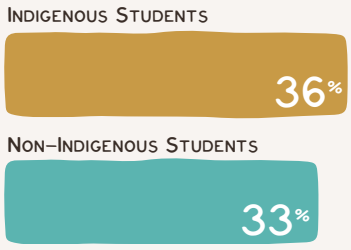
Eight-year completion rates for young Indigenous women increased steadily:



2008/09; 2015/16 | BC Ministry of Education

Indigenous Content in BC Public Schools

Percentage of students in Grades 10 and 12 at BC public schools who reported that they were "many times" and "all of the time" taught about Indigenous peoples in Canada:



2014/15 | BC Ministry of Education, School Satisfaction Survey

Economic System

Many young First Nations women have jobs and their own sources of income. During the later adolescent years, many young women move out on their own. However, in most cases, and particularly during the early teens, the ability of young First Nations women to meet their basic needs – with enough nutritious food to eat, a safe and stable home, and sufficient income to buy clothing and other life necessities, is determined mainly by circumstances beyond their control. In some cases, this economic, food and housing security is linked to the community's access to sustainable and non-contaminated First Nations territories for hunting and other resource-producing activities.[55]

Food System

First Nations perspectives of wellness bring focus to the importance of food to all spheres of a person's life: physically, spiritually, mentally and emotionally. For many First Nations in BC, food holds special cultural significance – and having access to First Nations foods and food practices is part of how many young women stay well, connected to the land and to community.[56] Being able to afford and physically access enough food each and every day is vital to healthy growth and development.

While a complexity of factors associated with colonialism continues to impact the food security of many First Nations families and communities,[57] a growing number of communities are reviving First Nations food harvesting, history and culture as a way of increasing access to and control over their food.[58]

Housing

A healthy home environment provides young First Nations women with the physical and social conditions necessary for health, safety, hygiene, and comfort.[59] Research has found that the quality, adequacy, affordability, appropriateness, location and accessibility of housing all influence physical, mental, and emotional wellness.[60] Overcrowded living conditions, for example, have been linked to an increased risk of certain cancers through exposure to second-hand smoke, as well as the spread of communicable diseases such as tuberculosis.[61] Unsuitable and cramped housing has been found to precipitate higher levels of stress and violence, substance abuse, addiction and suicide.[62] Unstable housing, leading to frequent moves and the use of temporary housing, can also impact a youth's wellness, as well as their access to and use of wellness and social supports.[63] Among young Indigenous women who had left home/run away, over half (55%) indicated that a stable home environment would have helped them stay at home.[64]

Going to Bed Hungry

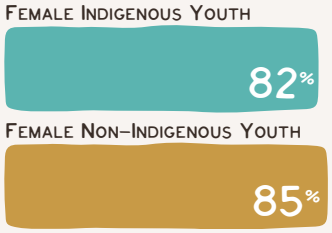
82.5% of young Indigenous women never went to bed hungry due to a lack of money for food.

17.5% of young Indigenous women indicated that they did experience hunger at the end of the day at least some of the time because there was not enough money for food in their home.

2013 | AHS

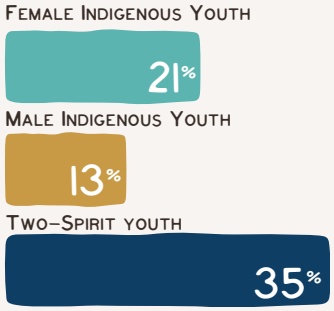
Housing

Percentage of female youth who live in housing considered to be "suitable":

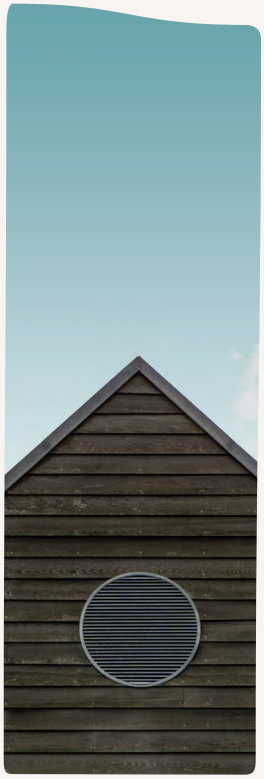


2016 | Census

Percentage of Indigenous youth who ran away from home in the past year:



2013 | AHS



Indigenous youth never in government care were *less likely* than their peers in care to:

	Run away	Move houses	Have moved three or more times in the past year
Never in care	14%	28%	7%
	vs.	vs.	vs.
In care	37%	53%	20%

2013 | AHS

81% of Indigenous youth who had stayed in the same home rated their mental health as "good" or "excellent"

vs.

64% who had moved or run away[21]

Youth who experience ongoing housing instability are also at greater risk of precarious housing situations and homelessness.[64]

PROMISING PRACTICES

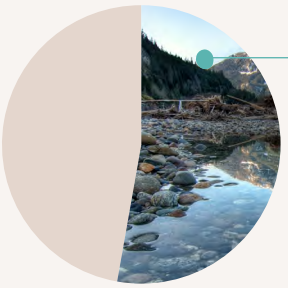
Xpey Selhni, the Cedar Woman House is a unique and innovative purpose-built facility operated by Snuneymuxw First Nation (SFN) for Indigenous women and children in the region of the Hul'q'umin'um'-speaking people who have experienced violence or are at risk of experiencing it. With programming designed around Indigenous values and cultural priorities, Cedar Woman House serves the immediate need for emergency shelter and services for Indigenous women and children. A second phase of the project will see the development of a long-term, purpose-built facility that will include the safe home and transition housing for Indigenous women and children, as well as second-stage housing for Indigenous peoples. As a means of healing and breaking the cycle of violence, SFN will focus on ancestral teachings (including those of the Coast Salish Snawayalth) that tell us that the interconnectedness of self, family and community is essential to the survival of our language, culture, and all that we consider sacred.[65]

> "For Indigenous women, girls, and 2SLGBTQQIA people, the denial of the right to housing or adequate health care can place them in even more vulnerable situations, making them targets for predators. Further, the failure to protect a woman's or child's right to adequate housing, for example, can make people stay in abusive situations, in order to avoid becoming homeless."
>
> *- MMIWG, Volume 1,* page 188

Homelessness

Indigenous youth, including First Nations youth, are consistently overrepresented among homeless counts in cities across BC, a reality that cannot be separated from the historical and ongoing effects of colonialism and discrimination – the loss of lands, the *Indian Act*, residential schools, the Sixties' Scoop, and child welfare institutions.[66]

HOMELESSNESS



53% of youth aged 12 to 19 who responded to the Homeless and Street-Involved Youth Survey (HSIYS) conducted in BC identified as Indigenous[a]

79% of these identified as First Nations[64]

64% reported having a family member who had been in a residential school[64]

2014 | HSIYS

Research on homelessness often points to a predominance of males within the homeless population. It is important to note, however, that women and girls tend to be vastly underrepresented in homeless counts.[67] Because living on the streets is inherently unsafe, particularly for young women, trans, gender-diverse and Two-Spirit/Indigiqueer youth, these populations tend to be more commonly among the "hidden homeless,"[b] often doubling up with families and friends or staying in unsafe situations such as abusive relationships rather than staying on the street or accessing services for the homeless.[68]

Precarious housing also places youth – and particularly woman-identifying youth – at increased risk of sexual exploitation. Research conducted in BC communities such as Prince Rupert, Abbotsford or Kelowna, have found approximately one in three homeless and street-involved young people (including Indigenous and non-Indigenous youth) report having traded sex for money, drugs, or other things.[69]

In the past, many homeless counts did not report on the number of Indigenous female youth and only recently have they begun to allow respondents to identify themselves in non-binary ways.

[a] The HSIYS allowed respondents to identity as more than one Indigenous group.

[b] "Hidden homelessness" refers to individuals who do not have permanent housing and are only able to access temporary or short-term accommodations, including staying with friends, family, and strangers. They often do not access housing support and services and remain "hidden" in statistical counts.

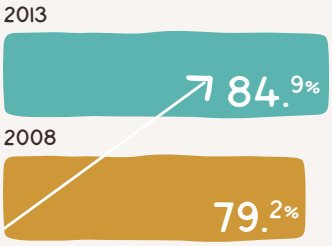
Health System

Children typically access health services with the support of family, however, during adolescence, youth are gaining more independence. They may be more reluctant to involve their parents and guardians or to consult their family health providers for concerns regarding their wellness, particularly in relation to substance use, emotional problems, or reproductive issues.[70] Two-Spirit/Indigiqueer, non-binary and trans youth, as well as those with a history of trauma, can face additional barriers in accessing health supports as well as fears of not being understood, stigmatization and re-traumatization.[71] It is important therefore that primary health care services are culturally safe, trauma-informed and easily accessible to youth, including those who have limited access to transportation.[72]

Embedding cultural safety and cultural humility into the health care system creates environments where young First Nations women feel safe, supported, heard and respected. When care providers come from a place of cultural humility, young First Nations women are more likely to access health care and social supports when they need them — and access supports that are appropriate to their wellness beliefs, goals, and needs.[73] When services are not provided with respect and/or the provider lacks cultural understanding and sensitivity to past traumas, these negative experiences can prevent young women from accessing the system when they need it.[74]

Seeking medical care when needed

The percentage of young Indigenous women who did not need medical help in the past year or got the medical help they needed increased:



2008; 2013 | AHS

15.1% reported that they needed medical help but did not get it

2013 | AHS

2013

The top three reasons given by young Indigenous women who did forego medical care when they needed it were:

1. They thought the problem would go away
2. They did not want their parents to know
3. They were afraid of what the doctor would say or do

Promising Practices

In November 2017, Indigenous youth from over 30 communities in northern BC gathered together in Smithers, Prince George and Fort St. John for facilitated sessions on the topics related to primary care, mental wellness, substance use, and traditional wellness. The "Ancient Cultures, Modern Wellness" gatherings asked youth to discuss what improvements in health care they would like to see. In response, over 100 youth expressed their need to be involved in collective health on their terms, in a process they understand. Participants from each of the gatherings voiced their health and wellness priorities through developed scripts for Public Service Announcements. The following – entitled "Do you see the difference?" – was developed by youth from north central areas of BC.

"Do you see the difference?
Some see an individual, we see a community.
Some see skin colour, we see an equal.
Some see an overcrowded room, we see a ceremony.
Some see a plant, we see a medicine.
Some see youth, we see our future.
Do you see the difference?"[76]

"I began my nursing journey after being inspired by the community nurses I met while briefly living in my grandma's home community. Since then, I have become a registered nurse and I have been able to influence the health care experiences and outcomes for Indigenous people as an Indigenous Patient Care Clinician. I get to work with Indigenous folks and their families as they receive care and help to advocate for culturally safe treatment. I also work with care teams to support them to learn and apply culturally safe and trauma-informed practice. It is an honour and incredible privilege to be able to support people when they are having a hard time and help to ensure that they receive respectful, kind, and compassionate care. I did not imagine myself in this type of role when I started nursing school and it has been an incredible journey to get here – I am excited to see what new opportunities to promote health for Indigenous people come up in my career!"

- Jessica Key, Registered Nurse, Musgamaukw Dzawada'enuxw Nations[75]

HPV Vaccination Rates

The Human Papillomavirus (HPV) is one of the most common sexually transmitted infections (STIs) in both Indigenous and non-Indigenous populations. HPV often remains undetected and clears on its own, however for some people, HPV does not go away, and cells infected with the virus become cancerous over time. HPV infections cause 90% of anogenital warts and 70% of cervical cancers, as well as a large proportion of anal, penile, vaginal and vulvar, mouth and throat cancers. The HPV vaccine protects both females and males against HPV infections.

In BC, the HPV vaccine is recommended for anyone with a cervix between the ages of nine and 45 and it is offered for free to all children (girls and boys) in Grade 6.[78] Due to various barriers to HPV immunization and other preventative screening measures, including a lack of culturally sensitive care and awareness/understanding,[79] immunization rates among First Nations women and girls were below the Other Resident population. Prevalence rates of cervical cancer are also 1.6 times higher among First Nations women than among Other Residents.[80] However, with targeted efforts to address these systemic inequities, rates of HPV immunization among First Nations women and girls have improved and, in 2012, had exceeded those of Other Residents.

Youth Justice System

First Nations cultures traditionally approach justice differently from European settler society – with an underlying focus on the resolution of disputes, the healing of wounds, and the restoration of social harmony.[81] With the enactment of the *United Nations Declaration on the Rights of Indigenous Peoples* (*UNDRIP*), the BC Government has committed to bring provincial laws into harmony with First Nations rights and principles of justice and law.[82] In the meantime, however, young First Nations women continue to be disproportionately impacted by and represented within colonial justice systems.[83]

The National Inquiry into MMIWG highlighted how this overrepresentation is directly tied to the violence, poverty and disruption of family life that has been imposed upon First Nations communities through colonialism. The National Inquiry provided explicit evidence of how the Canadian system not only causes but perpetuates violence against First Nations women and girls and 2SLGBTQQIA peoples. It also outlined the steps for addressing the issue through the reclamation of Nation-based systems and protocols of justice and community-based solutions to crime prevention and reintegration.[41]

HPV Immunization

69%

The average rate of First Nations Women who completed the HPV immunization series prior to their 16th birthday. This rate increased between 2003 and 2015 to reach this level

2009-2015 | BCCDC

Avoidable Hospitalizations – Injuries

Rates of hospitalizations due to intentional and non-intentional injuries were higher among young First Nations women as compared to Other Residents

2001-03; 2013-15 | Hospital Discharge Records

Youth Custody Rates

There was a decline in the rate of young Indigenous women (12–17 years old) in provincial custody in BC

2006/07 - 2016/17 | BC Ministry of Child & Family Development

Promising Practices

The Heiltsuk Gvi'las Restorative Justice Program employs value-based processes that engage Elders, adults and youth to build capacity and connectivity with the Heiltsuk community as a way of preventing and responding to conflict and harm. The program includes outreach and prevention initiatives for youth, restorative justice circles, and family meetings.

Am'ut (which means "home" in Coast Salish) is a culture-based, full-time attendance program that promotes healing, resilience and a strong female identity to help girls address issues and continue on to a positive future in their community. An alternative to incarceration, the program operates out of a house in Surrey as a four-bed residential program. It is staffed by a caring team of gender-responsive, trauma-informed professionals that includes a clinical counsellor, an art therapist, and a First Nations Elder.

The **Xw-l-ale-cecemala (Kids Come to Life)** program of the Ki-Low-Na Friendship Society uses a restorative justice model focused on culturally based rehabilitation and reintegration to support Indigenous youth living in and around Kelowna on the territories of the Syilx Okanagan Nation who are involved, or at risk of being involved, with the criminal justice system.

Youth Welfare System

Young First Nations women, trans, gender-diverse and Two-Spirit/Indigiqueer youth are overrepresented among youth in government care.

Following recommendations, calls to action, and calls for justice from several inquiries and reports highlighting the colonial policies and approaches that have caused this overrepresentation,[85,86] the child welfare system is undergoing significant transformation to address its historic and ongoing role of removing First Nations children from their family, community and culture.[87] A growing number of First Nations communities are reclaiming control of their own child welfare services by developing culturally appropriate parenting programs and reviving the systems of culture and knowledge that for thousands of years ensured the safe and effective protection of children and youth.[88] Some hold homecoming ceremonies where they bring children and youth who have been placed in government care back to their home territory to preserve their cultural identity. Nations such as the Heiltsuk Nation are proud to have brought home 90% of their youth in care.[89]

Youth in care

THE RATE OF YOUNG INDIGENOUS WOMEN (10–18 YEARS) IN CARE WAS

13.2x

THAT OF YOUNG NON–INDIGENOUS WOMEN

2016 | BC Ministry of Child & Family Development; NHS

"It's my firm belief that the foster care system is working the way it's designed: as a machine to destroy Indigeneity. And we need to look at restructuring it. We need to look at how the system is removing Indigenous children from Indigenous mothers … An Indigenous mother may receive $600 on welfare to feed her children. The foster care system can say that's not good enough, take the child and put it in a home, and give that home $1800 to feed those children. So they're giving more money to non-Indigenous parents to feed Indigenous children, and they're not supplying Indigenous parents with any support."

- jaye simpson (they/them), 23, an Oji-Cree trans person born and raised in BC and a member of the Sapotaweyak Cree Nation in Manitoba. jaye spent 16 years in government care before aging out at 19.[84]

Still, far too many young First Nations women continue to experience the intergenerational effects of the mainstream system responsible for removing generations of First Nations children from their homes and their communities. Upon aging out of government care at the age of 19, many youth find themselves having to manage many significant life changes, including the transition to self-sufficiency, with minimal supports. As a result, these youth are at high risk of experiencing challenges and impediments to their success.[90]

"On a Sunday afternoon after a church service, I was given a Haida-designed necklace and told by the only other Indigenous woman in the congregation that I was an Indian. I remember the sun shining in through the doors in Edmonton that day. I was raised by my mother (of German heritage), adopted by my father and my culture was hidden from me until the age of 14, when I began to explore why I'd always felt different from the rest of my family.

"Between the ages of 14 and 20 I experienced the breakup of my family and as a result I experienced homelessness and the child welfare system. During this time my long-standing issue with anorexia landed me in the hospital because my heart stopped beating due to my illness.

"A healing journey began after I received care for my mental health. I learned that at the core of this disease I felt ashamed of who I was because I did not belong anywhere. After my recovery I went home to Haida Gwaii to live with my grandmother in my twenties."

- Jaat Sdihltl'lxa, Heather Hatch, Haida from the Raven Clan[91]

HEALTHY BODIES, MINDS AND SPIRITS

The vision of healthy, vibrant, self-determining young First Nations women involves well-nourished roots of wellness. It also requires the creation and maintenance of supportive systems that are free of systemic barriers. Having these elements in place will create the foundations necessary for *all* young First Nations women, their families and communities to flourish.

This section explores select health outcomes for young First Nations women living in BC: outcomes that are vital to development, happiness and fulfillment during youth and that can also shape the path of a woman's wellness in future phases of their life journey.

Being Active

First Nations communities have long and rich histories of physical activity and athleticism. The benefits and importance of being active reverberate through the teachings; pre-settlement, physical activity was a major part of First Nations people's everyday ways of life. However, in today's world, many young women, First Nations and non-First Nations, live more sedentary lifestyles.[92]

It is increasingly common for people of all ages both at work or school and in their time off to be engaged in screen-based activities, including watching television, working at a computer, using the Internet including social media, reading online, or playing seated video games. A youth's access to physical activity can be impeded by lack of resources and/or transportation challenges.[93] Young First Nations women living with disabilities can face unique challenges and barriers when it comes to staying active and participating in sports.[94] Two-Spirit/Indigiqueer and gender-diverse students have also been found to be significantly less likely than other youth to participate in physical activity and organized in sports, suggesting that these youth also face barriers when it comes to being active.[95]

Physical Activity

68%

of young Indigenous women were getting the recommended[96] hour of moderate–to–vigorous physical activity three or more days per week

2013 | AHS

PROMISING PRACTICES

Since 2009, youth of the Syilx First Nations have come together to run a 274-km section of the Okanagan Nation Territory and raise awareness of suicide and mental health issues. The Syilx Unity Run is a youth-led initiative to encourage and strengthen healthy lifestyles and living through action and physical exercise activity. It is also an opportunity for youth to experience being out on their territory, being together as Nation as a means to address a broad range of community and societal issues, from suicide and mental health to cultural rejuvenation and reconnection with Nationhood and the land.

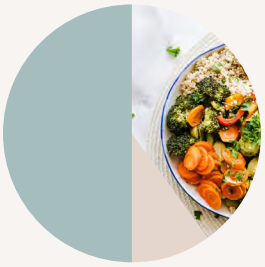
Healthy Eating and Body Image

Many First Nations Elders and Knowledge Keepers teach that "Food is medicine." Eating balanced and nutritious meals contributes to wellness at all stages of life. Due to the significant and rapid growth and development that happens during adolescence, eating well during youth is particularly important.[97] Nutrition during adolescence can help prevent adult diet-related chronic conditions such as cardiovascular disease, cancer, diabetes, and osteoporosis.[98] The harvesting of food, preparation and sharing of meals are also important times for connecting with culture, family, community and the land.[99]

> "Food is really our medicine. That's what I feel. It's what we put in our bodies is what we're going to get out of life."
>
> - Janine Sampson, Stellat'en First Nation[23]

Eating Nutritious Meals

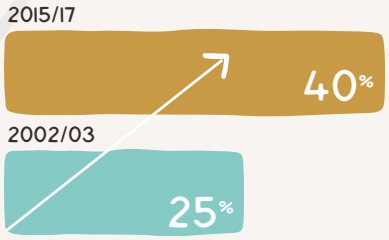
First Nations young women who reported eating nutritious and balanced meals:



- **40%** "always" or "almost always"
- **50%** "sometimes"

2015-17 | RHS

The proportion of First Nations young women who reported eating balanced and nutritious meals "always" or "almost always" increased:



2002-03; 2015-17 | RHS

Healthy Body Image

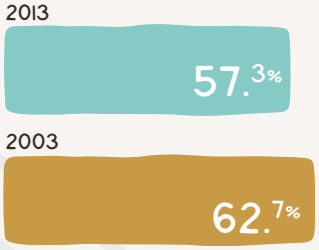
Body image is influenced by many complex factors, including a young woman's identity and culture – and in the case of many young First Nations women, colonialism and racism.[100,101,102] The introduction of Eurocentric ideals and body standards perpetuated by the media has negatively affected the health and wellness of many young First Nations women (e.g., resulting in body-image dissatisfaction, low self-esteem, and disordered eating).[101, 103]

Many find the strength to overcome these issues and embrace healthy bodies through learning about First Nations knowledge and reconnecting with culture. Access to healthy First Nations women and Elders as role models, and learning to procure and prepare healthy and First Nations foods, have also been found to help empower female youth and reduce their need to "fit in" with settler-colonial social norms and values.[101, 104]

> "I just remember when I was feeling really insecure, I called my mom and I honestly was just like, 'Mom how do I deal with this insecurity? I feel like I'm not good enough, I just don't feel pretty,' and she said, 'You really are getting caught up in this Western world.'"
>
> - Sheila, Indigenous youth research participant[102]

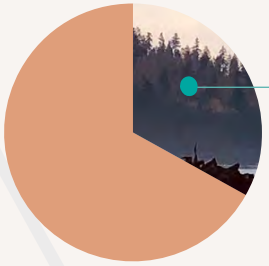
Body Weight

Just over half of young Indigenous women indicated that they were happy with their body weight in 2013:



2003; 2013 | AHS

Disordered Eating



33.3% of young women (both Indigenous and non-Indigenous) – indicated that they had engaged in binge-eating at least once in the past year

~1/10 reported that they had purged after eating (13.5% for Indigenous, 9% for non-Indigenous)

2013 | AHS

Sexual Well-being and Reproductive Justice

First Nations perspectives of wellness recognize sexuality as an inherent component of a young woman's holistic health and wellness. A girl's first period, or moon time, holds particular significance in many Nations.[2] Menstruation is considered a sacred and powerful time in a woman's cycle.[105]

Pre-colonialism, young women were taught openly about their reproductive phase, about their power as life givers, and about their bodies. Changes experienced during puberty were celebrated and honoured through rites-of-passage ceremonies.

> "Young women were taught many things. The most important thing they were taught was to have pride in their bodies and to be proud to be a woman. They were taught to respect their bodies, because their bodies were the 'givers of life.' [...] These things were taught to them about the time they were becoming young women, when their bodies were beginning to change."
>
> - Woman Elder[106]

Many First Nations are reviving their cultural practices around puberty rites and ceremonies and re-establishing First Nations women's sexual health, which was repressed through colonialism. Youth have become leaders in the resurgence of traditional concepts and values around gender and sexuality; wholistic, respectful and autonomous sexuality.[107] A blended image of traditional and modern Indigenous sexualities is emerging.[107]

Young First Nations women's sexual health continues to be threatened and undermined by intergenerational traumas and experiences of abuse and sexualized violence. Egregious practices such as coerced and forced sterilizations, birth alerts and unethical research on First Nations women and children have contributed to ongoing mistrust and fear when it comes to accessing sexual health services. This is compounded by the persistent racism, stereotypes and discrimination that First Nations women continue to experience in the medical system.

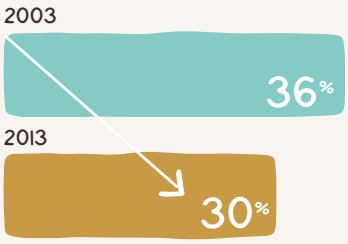
Another issue that undermines the sexual well-being of young First Nations women is inequitable access to culturally sensitive supports and reproductive health services. Youth who are trans, gender-diverse, or who identify as Two-Spirit/Indigiqueer or non-binary often face additional stereotypes and commonly experience a lack of care from a wholistic perspective. As reported in the *Believe Me Report*, Indigenous peoples reported being viewed as drug users and sexually promiscuous, and having birth control pushed on them at young ages.[108] Those experiencing menstrual cycles also shared how the cultural significance of moon time and menstrual cycles were rarely considered or acknowledged by practitioners in prescribing birth control.[108]

Promising Practices

Ask Auntie is a free, interactive online platform that has been developed with input from Indigenous youth across BC. The program replicates the traditional learning style between an auntie or Elder and a youth, providing a safe space in which to talk about and relay cultural teachings around puberty and sexual health, the body and relationship safety. Communities adapt the program to the specific needs of their youth – and to incorporate the unique teachings of their own Nation.

Having sex for the first time

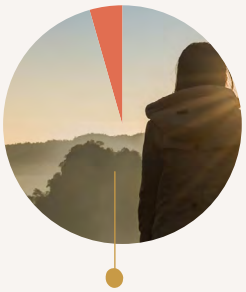
Indigenous youth (males and females) are waiting longer to have sexual intercourse :



THE PROPORTION REPORTING TO HAVE ENGAGED IN ORAL SEX REMAINED THE SAME[21]

2003; 2013 | AHS

Use of Contraception



95.8%

THE VAST MAJORITY OF SEXUALLY ACTIVE YOUNG INDIGENOUS WOMEN USED SOME FORM OF CONTRACEPTION THE LAST TIME THEY HAD SEX

2013 | AHS

Sexually Transmitted Infection Rates (STIs)

THE RATE OF STIs AMONG FEMALE FIRST NATIONS YOUTH DECREASED

BUT AT 3,175.8 PER 100,000 IN 2012/14, WAS STILL CONSIDERABLY HIGHER THAN THE RATE AMONG NON-FIRST NATIONS FEMALE YOUTH: 624.4 PER 100,000

2009/11; 2012/14 | BCCDC

Pregnancy

Pregnancy is a sacred event in First Nations communities at all ages of conception. Many young First Nations mothers are well supported by their immediate and extended families. In mainstream culture, there is often judgement of teenage pregnancies and single parenthood. This stems from beliefs that early motherhood increases a woman's vulnerability and can heighten the social and economic challenges she faces with respect to completing school, gaining employment, and earning an income.

Research has shown, however, that due to the culturally interrelated systems of care available to teenage mothers in Indigenous communities (particularly those living on reserve), Indigenous teenage lone mothers are not necessarily subject to the social and economic disadvantage that is often equated with early pregnancy.[109]

In contrast, vulnerability has been found to be more closely linked to a woman's place of residence, as this often dictates the employment and educational opportunities, the cost of housing and importantly, the mother's ability to access and utilized various support networks: sisters, brothers, uncles, aunties, and grandparents – as well as community services.[109] Not all young First Nations mothers have these robust support systems, and early pregnancy and single parenthood can be extremely challenging.

2013–15

Teenage Pregnancies

Pregnancy rates among First Nations youth declined steadily between 2007–09 and 2013–15

2007-09; 2013-15 | BC Vital Stats; MSP

Pregnancy rates among First Nations youth:

47.4
Per 1,000

VS

For Other Residents

10.6
Per 1,000

Abortion

Rates of abortion decreased among First Nations youth between 1995–97 and 2013–15

1995-97 ; 2013-15 | BC Vital Stats; MSP

Mental Wellness and Nurturing Spirit

Youth is an important time to nurture the physical, emotional, and spiritual balance that is foundational for mental wellness. This balance is enhanced through strong connections with culture, family and community. Young women talk about the importance of spending time in nature, eating well, staying active, and being with their Elders.

As adolescents, First Nations young women are in a phase of development when both the nature of the stresses they experience and how they respond to that stress changes.[110] Many young people experience heightened stress as they transition into and through their teens,[111] and these stresses can be particularly acute for those who do not feel as though they conform to prevailing cultural norms with respect to their sexual and/or gender identity.[112]

Research has shown that the majority of mental health issues and disorders onset prior to the age of 25.[113] Left untreated, issues such as depression, anxiety and eating disorders can impede all aspects of health, including emotional well-being and social development, leaving young people feeling socially isolated, stigmatized, and unable to meet their potential and realize their goals.[114]

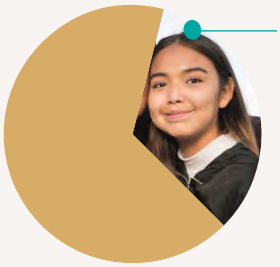
Many young First Nations young women living across BC are happy and thriving in connection with their communities and the land. But for some, intergenerational trauma and socio-economic inequities related to the effects of systemic discrimination, colonization, residential schools, land appropriation, Indian hospitals, and child welfare intrusion have caused significant harms and stresses. Young women impacted by these adverse experiences either directly or indirectly face greater barriers when it comes to establishing and maintaining balance in their lives. They are also more susceptible to problems associated with their mental wellness.[115]

> "An Elder helped me to connect my anger, my powerlessness, to my depression. She said, 'It is pressing you down and an extra weight for you to carry. You need to find ways to move that energy – ways to let it go.' I talked it out with my counsellor. I chopped wood, I walked … I did many different things to just move the anger out of me."
> - YCW[116]

"I have faced many struggles in my life that I have triumphed over but I have also faced struggles that took me a lot longer to overcome. I find it is okay to have rough patches, it is okay to fall back into yourself but always remember you have the strength to come back. I've had some low-lows and I always try to be light on myself and recognize that my wellness journey is never going to end. There's no finish line, I will always be moving forward to better myself even when I feel like I've gone backwards. I try to remember that last year looked so different and the year before that, and the year before that because I am constantly changing and trying to evolve myself and that is what's important."

- Clea Schooner, Heiltsuk First Nation[27]

Self-Rated Mental Health



33.4% of young Indigenous women rated themselves as being in either "good" or "excellent" mental health

2013 | AHS

Percentage of young Indigenous women who rated themselves in "good" or "excellent" mental health

Those who never went to bed hungry

71%

Those who sometimes went to bed hungry

41%

Stress, Depression and Anxiety

Ratings of stress, depression and anxiety by young Indigenous women:

- **77.6%** no feelings of depression
- **80.6%** no anxiety disorders or panic attacks
- **80.1%** not ever feeling extremely stressed in the past month

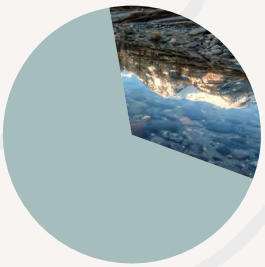
2013 | AHS

Self-Harm

In some cases, those experiencing intense emotional pain and psychological distress harm themselves as a way of coping or responding to the pain.[117] Self-harm, which can include cutting, biting, burning, and scratching oneself, is sometimes used as a means to gain control over one's body,[118] as a form of self-punishment, or as a means to release tension.[119] For those who have been socialized to conceal anger, self-harming may also be a way of turning that anger and stress inwards.[119] In instances of deep trauma and suffering, this pain can result in the tragic loss of life by suicide.

Incidences of self-harm are very often indicative of much deeper, underlying issues of collective suffering and injustice related to intergenerational and contemporary trauma. Sadly, self-harming behaviours commonly start during early adolescence[117] – and are significantly more common among woman-identifying[117] and trans youth than among males.[120] Young Indigenous women are overrepresented among those at risk for self-harming behaviour.

33.4% of Indigenous females who completed the AHS indicated that they had purposely cut or injured themselves at least once in the past year



2013 | AHS

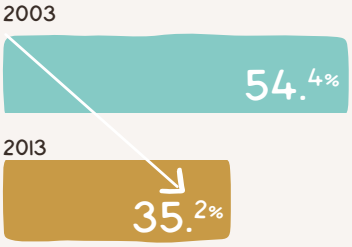
Substance Use

Adolescence is a time when some youth begin to experiment with substances such as alcohol and drugs. For many, their use is recreational and does not lead to long-term health outcomes. For others, however, early onset substance use can increase their risk of developing dependence and substance abuse. Youth living with trauma and intergenerational trauma may use substances to help numb their pain and temporarily relieve emotional distress.[121] Youth will be influenced by the coping skills and approaches of the adults in their lives, some of whom might be able to moderate their usage.[122] However, because the adolescent brain and physiology is still in development and therefore more vulnerable to injury, the risks associated with using many types of substances are higher for youth than they are for adults.

Commercial tobacco, for example, has been linked to more than 24 diseases and health conditions, including cancer, high blood pressure, high cholesterol, emphysema, depression, anxiety and mood disorders, and those who start to smoke commercial tobacco at a young age have been found to be more likely to experience greater degrees of nicotine dependence and difficulty quitting.[123] Similarly, cannabis use that begins early in adolescence, is frequent, and continues over time has been associated with increased risk of harms,[124] including the development of psychotic symptoms and disorders, with an enhanced vulnerability to psychosis.[125] Some of those harms may not be fully reversible.[126]

Smoking

THE PROPORTION OF YOUNG INDIGENOUS WOMEN WHO HAD EVER TRIED SMOKING COMMERCIAL CIGARETTES DROPPED



2003; 2013 | AHS

Since 2016, British Columbia has been experiencing an overdose death epidemic due to an increasingly toxic illicit drug supply. While youth are not disproportionately impacted, this toxicity increases the risk of overdose death for both youth and adults who use drugs both recreationally and habitually.

Respecting Tobacco

For thousands of years, natural tobacco has been an integral part of ritual, ceremony and prayer in many First Nations. In recent years, First Nations youth have demonstrated leadership in restoring respect around the use of tobacco and in curbing rates of smoking in their communities.[127] Nicotine is the addictive chemical in tobacco that makes it difficult to quit. Vaping has introduced a new nicotine delivery system that is gaining popularity among youth in some communities and stalling progress on nicotine addictions.[128,129]

> "I think it's important to share the message of not smoking and build awareness of peer pressure because it happens daily with many youth … I just want to show everybody that smoking, and the use of other drugs, isn't the answer. Being in an anti-smoking commercial felt really good, I felt amazing because I got to be a part of that message and maybe be the change for some other youth – maybe one day help them."
>
> - Tyneshia Commodore, Soowahlie[130]

PROMISING PRACTICES

In 2017, Indigenous youth from communities across BC created a series of VIDEOS about what they were doing or planning to do to change the impact of commercial tobacco on their lives and/or the lives of their friends, families and communities.

First Nations understand that a person's mental distress is intimately connected to other dimensions of individual and collective wellness.[131] Community-based approaches to issues such as anxiety and depression often involve the collective with a view of restoring well-being within the individual in the context of their relationships to others, to the land and to the teachings.[131] Activities such as spending time on the land, for example, can help protect against mental health challenges by promoting self-reliance and self-confidence and providing opportunities for mentorship and community involvement.[32] Knowledge of Indigenous languages has been shown to have a positive influence on youth mental wellness.[132] Community-level factors such as self-government, involvement in land claims, band control over education, child welfare and health services, fire and police services, and the presence of cultural facilities – have similarly been found to be associated with lower rates of youth suicide.[133]

> "I was really struggling with a bad addiction to alcohol and I was using some other types of drugs. I went down to the fire pit and talked to an Elder and we're talking for a bit and she told me to keep on going in life. Just talking to an Elder will help you to go on the right pathway and sometimes life gets hard, but you keep on going and don't give up because everybody cares about you and you're a warrior, you should stay strong. Talk to an Elder, or a teacher, or somebody that really cares, 'cause I matter, you matter, we matter."
>
> - Mary Modeste, Coast Salish, Quwut'sun (Cowichan) Territory[134]

In mainstream culture, mental health issues are compartmentalized and focus primarily on the individual. First Nations women have less access to culturally safe mental health and substance-use treatments. Racism leads to legitimate fears of incarceration and/or child apprehension, which can also deter young women from seeking supports and services.[80]

As a result of the ongoing racism and intergenerational trauma that places First Nations women at greater risk of using substances and creates barriers to them accessing support and services, young Indigenous women also face a higher risk of dying from a drug overdose.

Alcohol and Substance Use

94.1% of young First Nations women abstained from using any illicit substances in the past year

2015/17 | RHS

Between 2003 and 2013, the AHS found an increasing proportion of **Indigenous youth were abstaining from using alcohol and other substances**

2003; 2013 | AHS

Conclusion

First Nations young women are sacred. As adolescents, young women are transitioning into their roles as adults and life givers. It is a time of increased independence and agency, when young women have greater opportunity to apply what they have learned through their childhood and make their own life style choices. It is also often when young women further develop their personal, social, sexual and cultural identities. The connections a young woman makes as she navigates this phase of her life can help lay the foundations of health and wellness through her adulthood and old age. Developing and nurturing deep roots in community and in culture is important, as they provide support as well as a strong sense of belonging and purpose. They can also help young First Nations women cope with the racism and other barriers they will likely face within the colonialist systems they must interact with to meet their basic needs.

Young First Nations women are increasingly applying their wisdom and creativity to resist and speak out against persistent injustices. There are also many proudly leading work in their Nations to revitalize their language and restore connections to land and ceremony. These are the future matriarchs of First Nations communities and, surrounded by the support and teachings of their mothers, aunties, grandmothers and great-grandmothers, they hold a vital role in the continuance and rebuilding of future of First Nations communities.

ADULTHOOD

"We are the mothers who give birth to our Nation. We are the mothers who bring future generations into being. We are the lifeblood of our people. We are the grandmothers and mothers and daughters, the aunties and nieces, the sisters of our Nation. We make our Nation rich. We come from the matriarchy, and our womanhood is a blessing."

- Heiltsuk Women's Declaration[7]

Women are highly respected in First Nations cultures as matriarchs, Knowledge Keepers, caretakers of the water, and sacred givers of life.[1,2] Matriarchs hold positions of power and are leaders in their communities – presiding over feasts, leading ceremonies to mark key life transitions such as birth and coming-of-age as well as nurturing and teaching children, the leaders of tomorrow.[3,4] Many Nations are traditionally matrilineal, meaning that peoples' identities – including clans and roles – are passed down through mothers.[5] Two-Spirit/Indigiqueer, trans and non-binary women are also leaders on a journey to decolonize gender and reclaim the important roles they have held in many First Nations cultures as leaders and teachers, interpreters, child minders, mediators, healers and medicine people.[6]

First Nations cultures strongly value the interconnectedness of all aspects of individual, family and community life. However, the vital balance and respect for women has been undermined by colonialism and the continuing imposition of Western, patriarchical values. While many First Nations matriarchs continue to thrive and lead their communities on a path towards wellness, the structures, policies and attitudes of colonialism continue to have devastating impacts on the lives, relationships and health of many – with rippling effects on the strength and balance of communities more broadly.

This chapter focuses on how First Nations woman-identifying adults living in BC are thriving and self-determining. It highlights some of the ways their ability to live to their full potential continue to be challenged by colonial structures and systems. It also celebrates the ways First Nations women demonstrate their inherent resilience adapting to, resisting and surmounting these obstacles for the benefit of themselves, their families, communities and Nations.

The majority of quantitative data in this chapter is from adults between the ages of 18-54 who have self-identified as "female." However, some data covers those up to the age of 65.

HEALTHY, SELF-DETERMINING WOMEN & COMMUNITIES – ROOTS OF WELLNESS

The vision of healthy and vibrant First Nations women is grounded in the roots of wellness: their connections to culture and identity, the land, family and community. These connections are interrelated and mutually reinforcing. The connection to land and water, for example, is at the core of First Nations culture, language and identity.[8] Practising culture, similarly, helps to build women's connection to their community while also strengthening and empowering the community.

Self-determination for the individual, family, clan and Nation is necessary for First Nations women to revitalize and maintain these connections through their adult years. When strong, these connections provide support, guidance and strength to women as they navigate the adult phase of their life journey and balance the various mental, emotional, spiritual and physical spheres of wellness. They, in turn, keep the culture alive by teaching and passing on language and tradition to children and grandchildren.

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations people living in BC who identify as and/or express themselves as women, including cisgender females, trans women, non-binary people and those who identify as Two-Spirit/Indigiqueer. The term "woman" is used in this chapter, however, as a binary term, it may not accurately reflect the gender and sexual identities of all who are reflected in the experiences, data and stories discussed. Although there is currently very limited data available on the health and wellness of First Nations non-binary and transgender populations, these distinctions are important as a person's gender identity shapes their experiences, their social determinants of health, and their access to services.

Connections to Ancestors, Culture, Language & Ceremony

Having a connection to culture and language is a deep foundation of wellness and identity at every phase of a First Nations woman's life. Taking part in ceremonies and engaging in cultural practices helps many First Nations women become and stay strong, heal, and achieve a sense of balance. Connecting to culture and identity by learning the language of one's ancestors is a powerful way to break out of the cycle of trauma.[9] It has also been associated with decreased suicide ideation.[10]

> "Learning my language has been an amazing journey that I wouldn't trade for any monetary value because it is priceless. My identity is slowly emerging and I'm beginning to feel whole and powerful as a woman of my Nation!"
>
> - Yvonne Joe, Nłeʔkepmxcín[13]

Women and matriarchs often play a key role in leading, preserving and revitalizing cultural activities and ceremonies.[11] They have been central to the preservation of First Nations language and cultural practices[14] and continue to lead the movement to revive these traditions among their children and within their communities, including: reclaiming the potlatch, traditional birthing traditions and parenting methods;[12] integrating traditional foods and healing practices into their lives; and reviving puberty rites, welcoming ceremonies and marriage ceremonies.[11]

Connections to Land, Water & Territory

First Nations cultures recognize women's connections to the land and water – in a physical, spiritual, cultural and symbolic sense – as foundational to their wellness journeys.[15] For many First Nations women, land and water are medicine. Maintaining a connection to the land, waters and territories – engaging in traditional food practices or using traditional medicines, gardening, swimming or going for walks, fishing and hunting, camping, or canoeing – is seen as essential for healing as well as maintaining wellness.[15] Traditionally, when harvesting, hunting or trapping First Nations foods, ceremonies were held to give thanks for the plants and animals for their gift of nourishment that kept the woman, family and community strong.[30]

> "The land is the physical place we live our lives in. It is a physical representation of how we see ourselves and what we value most. If we nourish it, it will nourish us. If we degrade it, it will reinforce that same value we place on ourselves. It is a reflection, a mirror of our own level of health and what we choose every day as our priorities."
>
> - Coco Miller, Gitxsan/Tsimshian, Kitselas First Nation[22]

Colonialism caused a disruption in the intergenerational transfer of knowledge around water and undermined First Nations' rights and access to water resources, including clean, safe and reliable water for drinking. Through impeded access to territories, the Indian reservation system, limited transportation systems from remote areas, ecological destruction and contamination, changes to how First Nations can use their traditional lands have also had an acute impact on women, their livelihoods and their capacity to practise their traditional ways of life.[16 24] First Nations women's and girls' physical safety and lives have been subjected to some of the most harmful impacts of resource extraction projects involving industrial work camps[17] – impacts that include increased crime rates, violence, sex trafficking and economic insecurity.[18,19]

In many cases, as the guardians of their families, communities and cultures, First Nations women are at the forefront of resistance efforts that bring attention to the risks associated with extractive development and reclaim communities' rights and access to territories and safe drinking water.[20,16] They are also leading the movement to revitalize ecological knowledge systems and traditional diets, as a way of re-establishing the cultural responsibilities and relationships that Indigenous peoples have with the environment and asserting control over their own well-being.[21]

"I had family. They transitioned with me. I've learned that for a trans person to transition fully, their loved ones must transition with them. This is a lot to ask of a family / community who might not otherwise have to even think of such a reality."

- Saylesh Wesley, Stó:lō [23]

Connections to Family and Community

First Nations perspectives on wellness bring focus to the wide range of social, environmental, and spiritual contexts and interconnections that shape a women's health and identity. While each individual is valued as their own person, they are also defined by their interconnections, and kinship relationships.[24] Relationships with clan, family and community serve as anchoring points that help foster a sense of being loved and supported by others. First Nations women play important roles in their communities as caregivers for children and Elders. This connection to community and having a sense of belonging contributes to a women's safety.[26]

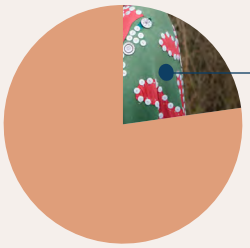
For many First Nations women, community is bound to their territory and/or their immediate and extended family. For others who left their communities for work or education – and particularly those who were removed or disconnected from their families and communities as a result of residential schools, the Sixties' Scoop, child welfare or other policies of colonialism – their family and community may be tied more to where they live or work, a common interest or pastime. Regardless of whether these are blood connections or otherwise, having safe and loving relationships with partners, family and friends is vital to First Nations women's capacity to cope with adversities they may face through their adult years, and to their ability to overcome these challenges and threats to their security, health and wellness. These relational connections, rooted in the values of kindness and respect, have been found to be particularly significant for women's wellness, even more so than for men's.[27]

"The greatest gift I have been given by my Elders, is the gift of knowing who I am as Tsleil-Waut (one of the Tsleil-Waututh). Someday, my generation will be Elders, and I worry about that. What if we don't know enough? What if we forget? And then I remember my grandparents and my parents and I know that we will be okay."

- Leah George-Wilson, Tsleil-Waututh Nations[28]

Participation in Cultural Events

71% of First Nations women took part in the cultural events happening in their community



23% "always" or "almost always" participated in these events

2015-17 | RHS

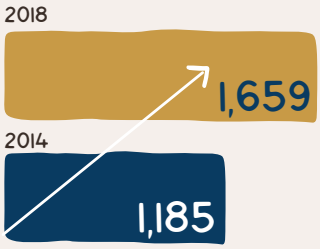
"Health and wellness amongst our people starts with healthy lands and the connections we maintain with place. Learning to develop healthy relationships with the land starts with practising cultural traditions from praying on the land to gathering traditional foods. Being on the land and speaking our language helps to maintain our traditional ways of life. For some this traditional way of life has never changed, and for others changing landscapes have also changed lifestyles. The transformation of traditional lifestyles may have changed communities, but it has not changed what we call ourselves. We say, "kʷu sqilxʷ, kʷu syilx. We are the people, we are Okanagan.' This collective identity as a people speaks to our responsibilities to our first mother, the land. To call ourselves Syilx, we have a responsibility to follow our culture and traditions in a way that respects the health and wellness of the land and everything living on it."

- Ćəŕtups (Carmella Alexis), Syilx, Okanagan Indian Band[29]

First Nations Language

While the 2018 language survey conducted by the First Peoples' Cultural Council has found that there are fewer fluent speakers in BC than in the past, a growing number of First Nations in BC are taking action to learn their traditional language.[31]

The number of First Nations adults between the ages of 25 and 44 years actively involved in learning a traditional language increased.



2014; 2018 | FPCC

86% the majority of First Nations women knew at least a few words of a traditional language

10% of those were fluent in reading and/or writing

5% of those were fluent in speaking and/or understanding their language

2015-17 | RHS

There are also many programs and initiatives emerging in communities across BC that aim to teach traditional languages. This is in part due to highly motivated parents who want to learn their languages to ensure that they can pass it on to their children.[32]

Importance of Spirituality

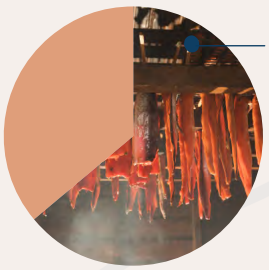
Spirituality is important to many First Nations women.

80% First Nations spirituality is important

33% Organized religion (e.g., Christianity, Buddhism, Islam) is important

2015-17 | RHS

First Nations Foods



64% of First Nations women ate at least one type of traditional food on a regular basis over the past year

up from **49%** in 2008–10

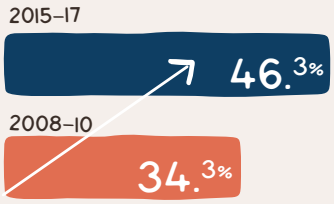
2015-17 | RHS

"A lot of times we were taught about praying. When you need guidance or you feel afraid – when you feel unsure when you have those feelings with the changes, coming of age, there is going to the water. Water is water. We were always taught it doesn't matter if you were going into a shower. That's still water. You go into that shower and you pray. You have no excuse not to. That's the strongest connection that you can have to the Creator is through water. So you can go to the beach, you can go to the river, step into the shower, go for a walk in the rain. Pray."

- Michelle Robinson, Klahoose First Nation[33]

Traditional Medicine

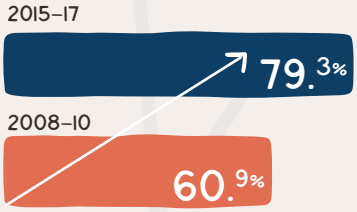
Percentage of First Nations women who used traditional medicines in the past year:



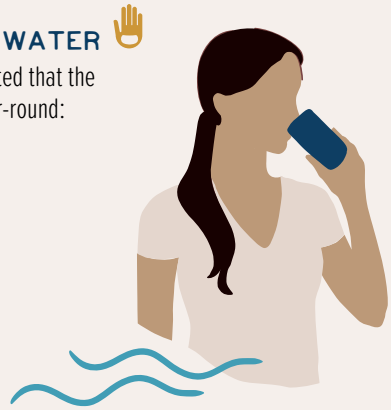
2008-10; 2015-17 | RHS

Access to safe drinking water

Percentage of First Nations women who reported that the main water supply in their home was safe year-round:



2008-10; 2015-17 | RHS



Sense of belonging

77.8%

of First Nations women felt a strong sense of belonging to their local community

2015-17 | RHS

Social supports

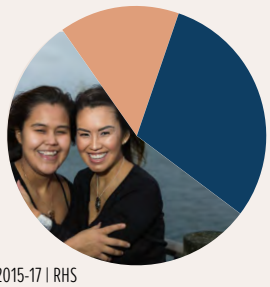
74.0%

of First Nations women reached out to speak to or see someone to talk about their mental and/or emotional health in the past year

2015-17 | RHS

Feeling Safe

Percentage of First Nations women who felt safe in their community:



- **55%** "reasonably safe"
- **30%** "very safe"
- **15%** "somewhat unsafe"

2015-17 | RHS

THE HAÍŁZAQV LAND-BASED WELLNESS CENTRE IN QÍŁCUTKV (KUNSOOT) – an inclusive, accessible, and safe space for land-based healing and learning, purpose-built by the members of Heiltsuk Nation to promote wellness. The Centre will provide a safe and comfortable space to run healing and wellness programs out in the land, accessible year-round for all mobility levels, and available to all the agencies in who run or aspire to run land-based programs.[34]

"The Kunsoot Wellness Centre here came to life as a result of our Nation saying, 'We need to take care of ourselves and we need to be well. We have a right to wellness.' There has been a common theme throughout many, many generations as what do we need to be well. And the answer has been quite simple. It's that we need to stay connected to our land and our resources and our culture and our community."

- Carrie Easterbrooke, Heiltsuk First Nation[35]

SUPPORTIVE SYSTEMS

The health and wellness of First Nations women is greatly impacted by the systems that – through policies, structures, underlying values and/or norms – determine the conditions of their environments, i.e., where they live, work, play, learn, heal and pray.

Since time immemorial, First Nations have had systems pertaining to these various social determinants of health – systems for education, food, housing, health, and justice. While these still exist, they were undermined and disrupted by colonialism, and the mainstream systems and structures in place today are rooted heavily in Canada's colonial history. As a result, the health and wellness of many First Nations women continues to be shaped by their social, economic, cultural and political marginalization.[25]

Many reports have stressed the need to decolonize various systems and institutions by removing systemic barriers that result in health inequities. These include the reports of the Addressing Racism Review (2020), National Inquiry into Missing and Murdered Indigenous Women and Girls (2019), Truth and Reconciliation Commission of Canada (2015), and the *UN Declaration on the Rights of Indigenous Peoples* (2007), among others. To create environments where First Nations women in BC can thrive, it will be necessary to work *with women* to recalibrate mainstream systems and institutions in a way that is culturally safe and grounded in respectful relationships.

This section looks at some of the systems that influence the social determinants of health of woman-identifying First Nations adults – including interconnected systems of education, food, economic well-being, health and justice. It highlights the importance of the work underway to transform institutional systems and reclaim First Nations approaches that supported First Nations women and their families for thousands of years. It also highlights the inherent resilience of First Nations women and the many ways that they are already leading this important work.

"It's all about relationship. Everything we do. How we relate to ourselves. How we relate to our family. How we relate to our environment. Our relationships have been badly damaged by history. A long time ago, we had very good relationships. Then, relationships within the family were pulled apart. Relationships were just pulled apart, our social support networks and everything damaged. We also know that our communities, where the people live, don't always have all the infrastructure that might be needed for people to be strong and healthy. So, sometimes that brings about tension and a sense of expectation. Sometimes, that brings about poor relationships. In fact, I think there is one thing that almost every First Nation has in common – and that's a lack of trust. A lack of trust in self, a lack of trust in what's going to happen around me, of the band council, of the federal and provincial governments. A lack of trust in this institution or that institution. Because historically [the systems] haven't necessarily met the needs of the people well or been respectful of the cultures of the people. They just haven't served the people well. So, relationships and rebuilding relationships is absolutely a central focus to our work."

- Gwen Philips, Ktunaxa First Nation[36]

Mainstream Systems and the Intergenerational Legacy of Colonialism

"Racism and prejudice come from a space of lack of knowledge and ignorance. At the end of the day, don't own people's BS because it is a reflection of their own healing work that needs to be done. Arm yourself with knowledge and history and refuse to let them take away your peace. If the experiences still sting, my love, then let yourself cry, write, organize a rally, write a statement, or do whatever you need to in order to drag that experience out of you – just don't let it set up a home in your bones because it has no place there. You were brought into this world with purpose, move about it with power."

- Helen Knott, Dene Zaa, Nehiyaw and mixed Euro-descent woman from northern British Columbia[37]

Racism and Discrimination

Racism and discrimination are embedded in the everyday lives of First Nations women. In mainstream society, the values are so deeply entrenched that those holding them do not see them as discriminatory. Racism and discrimination manifest at the individual level and the structural level, through systems, institutions, laws, and policies and structures as well as interpersonal relationships – result in stereotyping, marginalization, stigmatization and violence.[19] Racism compounds other forms of social exclusion based on intersections such as gender, sexual orientation, age, class and ability, causing further injustice and harm.[41] The pain and trauma resulting from racism and discrimination affects First Nations women and their children and communities in countless ways.[40]

"Growing up with two high-functioning alcoholic parents, I experienced trauma. I left home at the age of 18 after an alcohol-fueled fight with my father and dove head-first into a toxic relationship with a very unwell First Nations man. We stayed together for five years and had two children, but he had serious addiction issues and was extremely verbally and physically abusive. He had severe unresolved and unrealized trauma that was impacting the children. I finally found the courage to leave that relationship and was a single parent for a long time. It wasn't easy. Though we were separated, I could not shield our children from his pain. I didn't deal with my own trauma from our relationship until my kids were teenagers. The trauma began to surface until it became unmanageable and I could not push it down anymore. It was time to heal. I began talk therapy with an Indigenous counsellor and it was life-changing. She offered me tools to begin processing my trauma and with the full support of my partner and children, I began healing. It was extremely difficult and required me to face the many events I had pushed down, beginning in childhood and throughout different relationships in my life. I had to feel it all. I had to release it all. I had to be brave. Most of all, I had to have compassion for myself.

"Discovering the roots of my trauma has been the biggest realization in my healing – and the most difficult. Learning about residential school and the history of colonialism helped me to piece together why things were the way they were in my family. The intergenerational impacts of residential school are real. I lived them and I'm still healing from them. Unfortunately, the father of my children could not overcome his trauma – it was too much – and he passed away of an opioid overdose last year. Though my children did not have a positive or consistent relationship with him, his death was a tragic event in their lives.

"I am a grandmother now to the most beautiful little boy and another on the way. My biggest hope is that my grandchildren will never know the pain of their ancestors because of the resiliency of me and my children.

"As I continue on my wellness journey, I remain aware of my triggers and when they arise, I utilize the tools learned from my counsellor. I've noticed that as I heal, my children heal – my partner and my family heal. I am healing for myself, for past generations and for future generations."

- Jennifer Smith, Tlowitsis Nation[39]

Violence and Abuse

Prior to colonialism, the influence and respect women held in their societies gave them a voice and kept them safe from abuse, sexual assault and stalking.[42] The historical and ongoing effects of colonialism, compounded by the social attitudes of misogyny as well as racism, sexism, homophobia and transphobia, disrupt the roles that women play within their communities.[26] In diminishing their status, colonialism has made them and their children more vulnerable to violence, critically undermining their rights to safety and their sense of security.[26] As revealed through the COVID-19 pandemic, the risks of violence to First Nations women and girls are further heightened in times of crisis.[43]

Violence and abuse

HALF of First Nations women were verbally assaulted in the previous year

2015-17 | RHS

26% experienced one or more physically aggressive encounters. These proportions did not change between 2008–10 and 2015–17

2008-10; 2015-17 | RHS

> "Even when physical or sexual violence is not immediately present, because the violence perpetuated against Indigenous women, girls and 2SLGBTQQIA peoples in Canada is so pervasive, their daily lives are tainted by a constant fear and threat of violence."
>
> *- MMIWG Final Report*[38]

> "I've had really awful things said to me. Being called 'an apple, red on the outside and white inside'… these experiences make me think that we don't only have to look for instances of racism or discrimination outside of our Indigenous communities. Sometimes, harm also comes from within our communities. We can think about, talk about, or behave negatively toward each other and cause great harm."
>
> - Dr. Nel Wieman, Little Grand Rapids First Nation living and working in Vancouver, Sixties' Scoop Survivor[48]

Lateral Kindness vs. Lateral Violence

For some Indigenous people, the intergenerational trauma associated with colonialism and having children removed from their families as part of the *Indian Act*, residential schools, Sixties' Scoop, and child welfare systems has impacted their capacity to express emotions and form healthy relationships later in life.[45] The negativity and suffering caused by colonialism, racism, oppression and inter-generational trauma can also at times be misdirected towards one's family, friends and community in the form of child abuse, homophobia, transphobia, and lateral violence.[45]

Lateral kindness is an approach to addressing the various expressions of unkindness that arise when the hurt and oppression caused by colonialism manifests in anger towards other Indigenous people in the form of gossip, verbal and physical assaults, passive-aggressive behaviours, blaming, shaming, bullying, and threatening or intimidating behaviour. Drawing from First Nations teachings about respect, fairness, and the importance of relationships, lateral kindness aims to create an environment built on a foundation of kindness.[46]

Promising Practices

The Kindness Project is an initiative launched by the Southern Stl'atlimx Health Society in April 2019 to bring about a greater understanding of lateral violence in Stl'atlimx communities, and encourage ways of addressing the issue through lateral kindness and traditional ways.[49] The concept of lateral kindness has emerged in response to the harm and destruction caused through the internalization of colonial values within First Nations communities – drawing on the cultural values that promote social harmony and healthy relationships, and reclaiming the teachings around lifting one another up and celebrating the positive behaviours of others.[50]

The ReMatriate Collective is an Indigenous women's collective, co-founded by Kelly Edzerza-Bapty (Tahltan) and Jeneen Frei-Njootli (Vuntut Gwitchin), which aims to empower Indigenous women and provide women role models for young Indigenous girls, using social media. As a way of enabling Indigenous women to control the visual representation of their identities, ReMatriate's ongoing social media campaign invites Indigenous women to submit an image of themselves that they feel is empowering, a short biography, a history of their community, and a "WE ARE" statement that celebrates the diversity and connection amongst Indigenous peoples. Using art as a platform, the collective seeks to expose and respond to offensive and racist misrepresentations of Indigenous identities found in fashion, media and other sources.[51]

> "Kitimahitowin: making one another poorer through lateral violence. It is filled with scarcity, hierarchical authority, guilt, blame, criticism, right and wrong thinking, and polarizing positions."
>
> - Madeleine Dion Stout, Cree, Kehewin First Nation

Education System

For many First Nations, education is a lifelong process that includes diverse opportunities for teaching and learning.[52] During adulthood, for example, some BC First Nations women awaken knowledge of their languages, learn about the land, or explore cultural practices such as beading, weaving, dancing and singing. These connections to culture can promote wellness. Many also pursue education within the mainstream post-secondary system (university, college) that can facilitate access to employment opportunities and income security. Mainstream educational institutions often lack cultural safety, however, and as a result can reinforce colonial traumas.

The *TRC Report* contained several Calls to Actions directed specifically at post-secondary institutions.[53] Since its release in 2015, commitments have been made to address systemic barriers; integrate Indigenous perspectives, knowledge and teaching methods; and increase the receptivity and relevance of BC post-secondary institutions and programs for Indigenous learners.[54] However, for many First Nations women, the mainstream education systems they experienced as children, youth and even as adults have been grounded firmly in colonialist perspectives, values and assumptions.[55]

"I entered into post-secondary education as an adult 35 years of age. It was so difficult at first to navigate the different terminology of Western language and then of post-secondary language that I failed a few courses. I went back, determined to complete my nursing program. I had family support. I learned that the post-secondary nursing system did not take into account the two-eyed seeing of looking at health care wholistically and from a Western perspective. This provided a pathway where I could provide ways of wholistic nursing into practice wherever my nursing career took me. I'm grateful for my ancestors for such great teachings."

- Lucy Barney, Titqet, Statimc Nation[56]

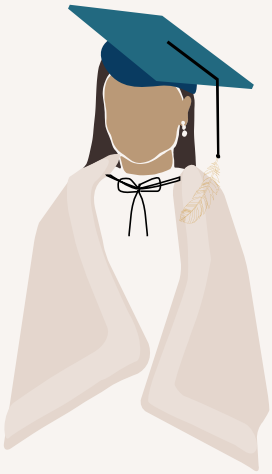
Post-Secondary Education

48.6%
First Nations Women had some level of post-secondary training or education
2016 | Census

Indigenous women with bachelor's degrees were *more likely* to obtain jobs in their field of education than their non-Indigenous women peers
2014-16 | BC Ministry of Advanced Education

6.7% of female students enrolled in BC post-secondary institutions were Indigenous
2017/18 | BC Ministry of Advanced Education

41.4% of these women were 30 years or older > vs **33.0%** of non-Indigenous women students



"The education that I've gotten has been experiential, cultural and academic. While I was raising my children, it took me 13 years to get my BA in English Literature with a minor in the Arts of Canada from the University of Victoria. I really understand the value of education, and that continues today because I went on to get my Master's in Education and have applied to do a PhD. Education is not the field that I actually thought I'd get into – I'm definitely not a typical teacher. But I like telling stories. It's what I do for a living. I'm a freelance writer in Haida Gwaii. I also write a lot of poetry with an interest in narrative medicine. I'm also responsible for a lot of my jingle dress regalia and do my own beading. And it's taken me a long time to get to this point in life and do these things too. I think that cultural and experiential education has a lot more value than a piece of paper like a BA, MEd or a PhD, which I really want to get but at the same time, I really want to continue on with making my regalia and continue my cultural learning in that way."

- Weweshkiinzhigook Rhonda Lee McIsaac, Ojibway Nation of Saugeen citizen living in Skidegate, Haida Gwaii[57]

Economic System

First Nations cultures share a focus on community and strong values related to respecting and caring for one another and the land. However, colonialist structures and processes based in individualist Western perspectives and systemic biases have shaped the socio-economic and political realities of First Nations women's lives in ways that limit their access to lands and resources, employment opportunities, and their level and security of income.[59] Due to this marginalization from mainstream economic systems, First Nations women and their communities face disproportionate barriers when it comes to meeting their basic needs, and the needs of their families.

Income

$25,957
MEDIAN INCOME OF FIRST NATIONS WOMEN

VS

$32,105
MEDIAN INCOME OF NON–INDIGENOUS FEMALES

2016 | Census

41%
OF FIRST NATIONS SAID THEY WERE HAVING INCREASED DIFFICULTY MEETING THEIR HOUSEHOLD FINANCIAL NEEDS

VS

32%
OF THE BC POPULATION[61]

2020 | BCCDC COVID-19 SPEAK Survey

31%
OF FIRST NATIONS WORRIED THAT, DUE TO THE PANDEMIC, FOOD WOULD RUN OUT BEFORE THEY HAD MONEY TO BUY MORE

>

WHICH WAS
2x
THE RATE REPORTED FOR BC OVERALL[61]

2020 | BCCDC COVID-19 SPEAK Survey

Poverty can force women to make difficult choices between things that many families take for granted such as putting food on the table, paying for medicine, enrolling their children in sports or dance classes, or buying gifts.[60] It can force them into situations where they are more vulnerable and/or unsafe – and compel their dependence on male partners and precarious work.[62]

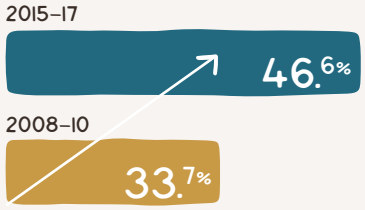
At times, the circumstances of living in poverty are perceived as neglect. Far too many First Nations women are placed in positions of having to make impossible decisions, such as whether to remain in an abusive relationship or face poverty and homelessness.[63]

Studies have also shown poverty to be a root cause leading to the removal of Indigenous children from their mothers and their families.[65] The most commonly reported cause for child apprehension on reserve is "neglect," resulting from failure to supervise and meet basic needs.[66] For this reason, combined with the long history of racist and prejudicial colonial policies that have sanctioned the separation of Indigenous children from their families and communities, many Indigenous women living in situations of poverty share a constant fear of the child welfare system.

> "Affordability is a big thing because I have had to choose between medication for the baby or food. I've had to go without medication to have food in the house."
>
> - In Her Words[64]

Basic needs

The percentage of First Nations women who reported *never* having difficulty covering basic living costs increased:



2008-10; 2015-17 | RHS

- **41.9%** struggled at least a few times per year to cover one or more basic needs (including food, shelter, utilities, clothing, and transportation).
- **11.5%** reported struggling to meet all of these items at least a few times.
- **46.6%** never had difficulty covering basic living costs.

2015-17 | RHS

Food System

First Nations women hold important knowledge, developed over thousands of years, about safe and sustainable food systems. Today, traditional food sources and preservation methods are at risk from climate change and resource development, and access to First Nations foods is also impeded in some cases by food-safety regulations, which prohibit hunted, gathered, and wild foods from being served.[64]

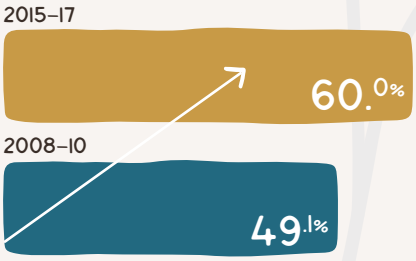
Finding affordable fresh food is a challenge in some lower-income, rural and remote areas, such that many First Nations women and their families have little choice beyond store-bought and processed foods. Those who are living on lower incomes can struggle to meet their basic needs around food.[67]

> "It is our connection to the earth and all of creation, which was given to all of us by the Creator to share. It is not just for our physical body, but for our mind and spirit. Through harvesting, social gatherings, and ceremony, food brings family and community/social cohesion and facilitates the passing down of cultural traditions."
>
> **- Elder Syexwáliya Ann Whonnock, Skwxwú7mesh Úxwumixw (Squamish Nation)[70]**

Indigenous food sovereignty is a movement in which First Nations women and their communities are regaining control of their own food and food practices through the revitalization of traditional foods and ecological knowledge systems.[68] A growing number of Nations have started community gardens and reinitiated traditional hunting, food production and harvesting practices as a way of restoring their cultural relationship with food, enhancing their diets by reintegrating more First Nations foods and enhancing food security.[69] This work is important in helping to address rates of chronic disease that have resulted from the land displacement and privileging of Western diets that occurred with colonialism.

Cost of Food

An increasing share of First Nations women never had trouble affording food:



2015-17 | RHS

35%

STRUGGLED AT LEAST A FEW TIMES A YEAR TO COVER THEIR BASIC NEEDS RELATED TO FOOD

2015-17 | RHS

> "Survival and surviving epidemics is in our genes (we're all descendants of the one per cent of Heiltsuk people who survived smallpox/influenza) and many people are adopting this work not because they want to grow carrots and peas, but because it makes them feel more connected to the ancestors and their plant knowledge — that's always helped us survive and thrive."
>
> **- 'Cúagilákv (Jess Housty), Haíłzaqv (Heiltsuk) First Nation[47]**

Promising Practices

Granny Gardens is a project started by the Haíłzaqv (Heiltsuk) Nation First Nation during the COVID-19 pandemic, to support families in learning about and growing their own food. The gardening provides a way for members to reconnect with the land, strengthen and care for themselves, while also increasing their control and access to First Nations foods. The interaction and opportunity to grow has also helped community members to stay connected and hopeful during the uncertainty of the pandemic.[73]

The FNHA Drinking Water Safety Program supports a growing number of Nations to increase capacity and regain control over the monitoring and management of community drinking water. There have been improvements in the number of First Nations households in BC who have safe drinking water in their homes year-round. Community-based water monitors are responsible for sampling, testing, recording and communicating the quality of water in communities from source to tap. They also develop and implement drinking water quality awareness programs, promoting the First Nations concept of "Water is Life."[74]

Side Note: While this data draws attention to the prevailing challenges related to the affordability of food, being food-secure entails having, at all times, physical and economic access to sufficient, safe and nutritious food to meet a person's dietary needs and food preferences for an active and healthy life.[71] Given the deep cultural significance of food systems and practices in many Indigenous cultures, definitions of food security may also include dimensions such as the food being culturally relevant and/or the accessibility and availability of traditional foods.[72]

Health System

BC First Nations have effective knowledge systems about being healthy and well.[75] In today's world, the mainstream health care system, which is grounded in Euro-centric beliefs and Western-based medicine,[76] plays a role in the wellness journeys of most First Nations women. However, many still also look often to ancestral knowledge, as well as traditional health practices and medicines, to support living healthier lives, particularly in rural and remote communities where access to appropriate and affordable primary health care is difficult and, at times, near impossible.[77]

> "In my experience with primary health, it is either gender-affirming or culturally humble. There is not a blending of the two. For example, when I was prepping for my surgery, there were so many conversations with the surgeon and with staff – so many questions about different aspects of my health, like my weight, blood pressure, whether or not I smoke – but nothing about other things that really impact my health like whether or not I had smudged that morning, or who my chosen family would be at the operation, which for many transgender people is more important than their blood family. Two-Spirit is who I am; whereas my transitioning is about who I am with my body. When it comes to my health care, I try to bring my whole self."
>
> ~ Jean Baptiste, Wet'suwet'en Nation[81]

The Review of Anti-Indigenous Racism in the BC Health Care System conducted in 2020 illuminated how pervasive racism and discrimination limits access to services and causes direct harms, including death for First Nations people and their families.[61] Indigenous women are disproportionately targeted and impacted by racism, discrimination and misogyny in the health system.[61] Those who are sexually and gender-diverse often face compounding expressions of bias and stereotypes.[78]

As a result, despite having a greater need for health services, high proportions of Indigenous women report feeling unsafe in accessing care.[61] They avoid medically necessary treatment for fear of receiving poor care.[79] They also express a fear and lack of trust in the health providers and the medical system, the need to hide their Indigeneity when seeking services, and the need to prove their worth as a patient.[61,80] Those who are trans, gender-diverse and Two-Spirit/Indigiqueer talk about having to choose between identifying as Indigenous or queer when seeking health services and supports.[78]

Lack of access to culturally safe care deprives First Nations women from primary care services that can be key in preventing health issues.[61] Good primary care can also promote early diagnosis and effective management of health issues and prevent over-utilization of emergency care.

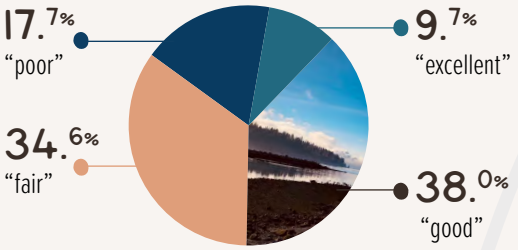
Emergency Department Utilization

While First Nations men and women had higher rates of emergency department utilization compared to Other Residents in 2017/18, the rate of First Nations women was higher and with a greater disparity to non–First Nations women, suggesting that First Nations women bear a disproportionate burden related to reduced access to primary care and the associated health consequences.

2017/18 | *In Plain Sight* (2020)

Quality of Available Health Services

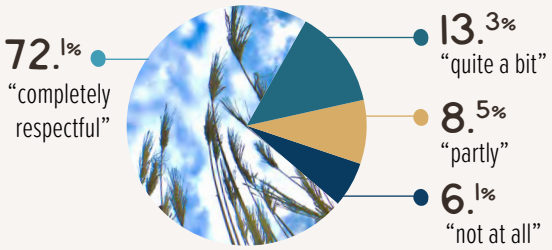
Rating of health care services by First Nations women in their community:



2015-17 | RHS

Receiving Culturally Safe Care

Indigenous women (20-49 years) on how respectful of their culture and traditions their health care providers were during their hospital stay:



2016/17 | Acute Inpatient Sector Survey

33% reported that health care workers were "never" open to hearing about traditional medicine

30% reported that their cultural traditions were "never" appreciated by health care workers[61]

2020 | Indigenous Peoples' Survey

Justice System

BC First Nations have well-developed systems of law and approaches to restore relationships and social harmony when laws of society are broken. While many communities are benefiting from the restoration of these traditional systems, the wellness journeys of many First Nations women and their families continue to be impacted directly or indirectly by the Canadian justice and correctional system, which remains rooted firmly in colonialism and Western values and stereotypes about First Nations people.[82] Justice-related human rights violations against First Nations women in community and in custody are widely documented and police, courts, correctional facilities and other representatives of the criminal justice system have been found to be either responsible or complicit in these violations.[26]

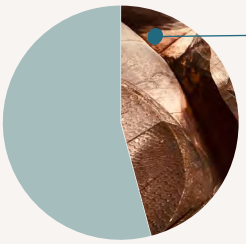
> "I want to be able to walk down the street with my grandkids without someone calling the social worker because they think, 'Oh, she yanked her kid there. She did something.' I want to be able to go to the police, and the police to look at me and say, 'Hey, Ms. M., how are you doing? What can we do to help you?' Not come in assuming, and, you know, right away, call social services."
>
> - Carol M., Nisga'a, Gitanyow[26]

Colonial policies and institutions have impoverished First Nations in BC and exposed First Nations women and their children to exploitation and violence, and have also resulted in First Nations women being more likely to come into conflict with the law. As affirmed by the MMIWG Inquiry, they are criminalized for resisting the violence, systemic oppression and marginalization of colonialism.[26]

First Nations women also encounter systemic racism within every facet of the Canadian justice system, from policing to sentencing. These systemic realities have fostered a deep mistrust in the criminal justice system among First Nations women.[26] They have also contributed to disproportionate numbers of First Nations women in custody.[82]

Following from the MMIWG Inquiry (2019), the TRC (2015), the RCAP (1996), and the Aboriginal Justice Inquiry of Manitoba (1991), among others, there is growing acknowledgement of and support for Indigenous-grounded, community-based justice approaches.

CUSTODY RATES

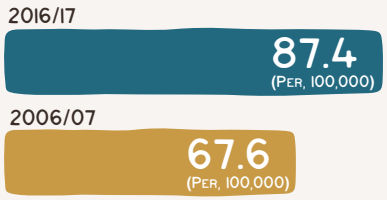


46.1% of adult females in provincial custody in BC are Indigenous

5.2% of the adult female population in BC are Indigenous Females

2016/17 | BC Ministry of Public Safety & Solicitor General; 2016 Census

Evincing the "deepening Indigenization of Canada's correctional system,"[83] in 10 years, the rate of Indigenous women in provincial custody rose*:



*Increase may be due partly to change in reporting of Indigenous identity.

2006/07; 2016/17 | BC Ministry of Public Safety & Solicitor General

> **"Indigenous women are criminalized for protecting themselves or their children against violence; that is, they are criminalized for the very thing the justice system is supposed to protect them against."[26]**

PROMISING PRACTICES

Your Rights on Reserve: A Legal Toolkit for Aboriginal Women in BC is a toolkit created by Indigenous women for Indigenous women to address some of the identified gaps in relevant legal information. The resource aims to help Indigenous women and their families in understanding some of their legal rights in BC, especially as they apply on reserve. The creation and writing of the Toolkit was led by **Atira Women's Resource Society** (under the direction of Amber Prince, Sucker Creek Nation, who grew up on the unceded territory of the Dakelh First Nations), which provides free legal advocacy services to low-income women (including trans women) in the Downtown Eastside in a safe and confidential, women's-only space.

Unlocking the Gates is a community-based peer-health mentoring program that works with community agencies inside the prison system to connect with individuals during pre-release planning, offer systematic peer support, and support the reintegration of individuals who are leaving correctional facilities in BC. The program works to build supportive relationships and employs restorative and social justice principles to enhance individuals' reintegration efforts.[86]

The First Nations Justice Strategy (FNJS) seeks to reform the mainstream justice system so that it is safe and responsive to First Nations peoples, and also seeks to restore First Nations justice systems. The FNJS was developed through collaboration of the First Nations Justice Council, BC First Nations communities, and the provincial government.[87]

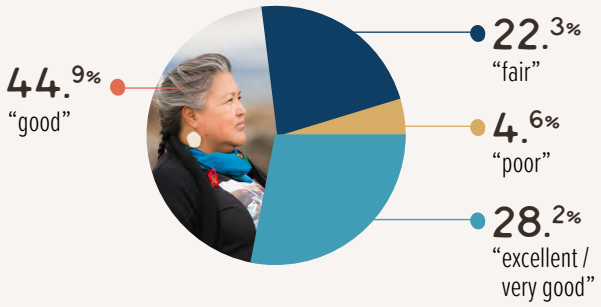
HEALTHY BODIES, MINDS AND SPIRITS

The vision of First Nations women as healthy, vibrant and self-determining is grounded in the roots of wellness – their connections to culture and their relationships with the land, family and community. This vision involves having systems in place that nurture supportive and safe environments for First Nations women – systems that respect cultural values and are free of systemic barriers. Connected and supported First Nations women throughout BC are thriving, living this vision every day. Still, there is work to be done to dismantle the barriers that continue to impede their rights and ability to flourish.

This section offers a glimpse into the data and lived experiences of First Nations women living in BC as they relate to various physical, mental, emotional and spiritual health outcomes.

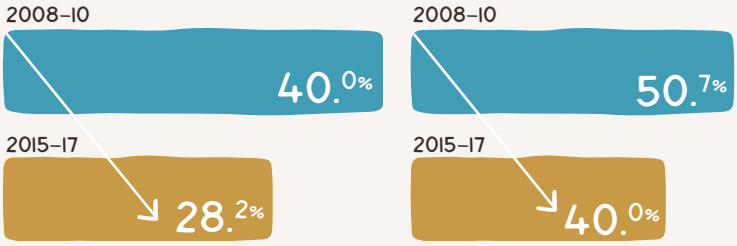
SELF-RATED HEALTH

Ratings of general health by First Nations women:



2015-17 | RHS

The share of First Nations adults who rated their health as being "excellent" or "very good" decreased:



2008-10; 2015-17 | RHS

2008-10; 2015-17 | RHS

"It's about reminding and supporting our communities that we have been healing ourselves since time immemorial, for thousands of years. All of the information we need as Indigenous peoples to heal and be resilient and live our full potential is within us already, and so it's really about uncovering that."

- Chastity Davis-Alphonse, Tla'amin First Nation[88]

Side Note: In June 2019, BC First Nations women came together on Coast Salish Territory with Indigenous women from across Canada and developed a Declaration as an acknowledgement of their individual and collective resilience and strength. This Declaration calls upon all levels of government and private sector organizations in Canada to work with them to measure the health and wellness of Indigenous women as an indicator of the health and wellness of society as a whole.[89]

"The hard part of maintaining balance is trying focus on all four aspects of wellness: mental, physical, spiritual and emotional. My Elder Mentor, the late Chief Leonard George, once reminded me, 'You can't drive a car with three wheels, you've got to take care of all four aspects of your being.' Spiritual wellness is the most difficult while living in the city. Any time I go back to my hometown Campbell River, I make a commitment to do a spirit bath, which is basically jumping into the ocean – the colder the better! It really shakes off any bad energy and is like pressing reset. Another easy thing I do is walk the trails near my house and pick a few branches of cedar along the way. Cedar is medicine. I give thanks and sometimes I offer tobacco. I do what I have to do, trusting that my spirit knows what it needs. It's my job to listen and be aware."

- Jennifer Smith, Tlowitsis Nation[39]

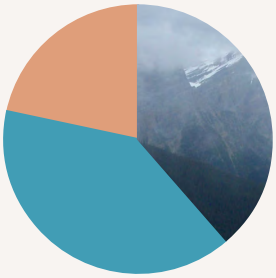
Mental Wellness and Nurturing the Spirit

Many First Nations believe that staying well involves being balanced and connected to family, friends, community and the land.[90] Nurturing the spirit and honouring oneself – through ceremony, drumming, dancing, connecting with ancestors, spending time on the land, or taking time for self-care all help in establishing and maintaining this sense of balance.

In the case of a First Nations woman, mental wellness requires having the skills necessary to cope with the stresses and worries of everyday life associated with work, home, family and community – as well as being open to learning new skills and ways of knowing, traditional and contemporary. It is also important for women to have avenues of support that they feel comfortable turning to in times of need – family, friends, a counsellor, or the traditional teachings of the Elders.[91]

Self-Rated Mental Health

Ratings of mental health by First Nations women:

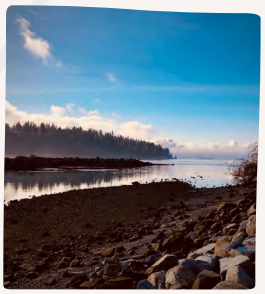


- 39.7% "good"
- 38.8% "very good / excellent"
- 21.4% "fair / poor"

2015-17 | RHS

Sense of Balance

Ratings of "sense of balance" by First Nations women:



- 44% "most / all of the time"
- 14% "some of the time"
- 39% in some spheres of wellness but less so in other areas

2015-17 | RHS

It is natural for adults to experience feelings and/or periods of sadness, anxiety, helplessness and depression. From time immemorial, First Nations have had ways of supporting members through these difficult times.[93] However, when a person experiences trauma and/or if supports to balance and maintain mental wellness are weak or impeded, they can be particularly vulnerable to these different types of mental challenges. Stigma surrounding mental health and substance use can also prevent individuals from accessing supports and services.[92] Particularly in small and remote communities, First Nations women may be understandably reluctant to discuss personal issues with someone they potentially know from the community.[94]

"The Elders talked about how if a person wasn't mentally well, there are many reasons for mental illness; most common in our history is when the spirit leaves the body, usually because of a great fear, or a scare. In traditional times, the person was taken to the woods and placed under a spruce tree, where they would stay. During that time they were told to pray for understanding to their confusion. The person was required to stay there till they received answers. Each day the Elders would go and see them, bring them food and water, talk to them about their ways. If this did not work, the medicine person would make a two-person sweat lodge, and the medicine person would take the confused person in and they would pray, take medicines and purify the mind. They would also do ceremonies using smudging through the purifying smoke with spruce boughs, calling back ceremony and another while sleeping, using feather down or burning of belongings."[93]

Due to the wide-reaching and ongoing effects of colonialism and forced assimilation, First Nations have been disproportionately impacted by traumatic experiences, including individual, historical and collective trauma, which has in turn impacted their mental wellness. Research has consistently found a higher prevalence of anxiety and stress disorders among women as compared to men;[95] and even higher rates among those who are non-binary in gender and who identify as Two-Spirit/Indigiqueer.[96,97] Experiences of racism have also been found to impact how First Nations adults feel with respect to being balanced in the different spheres of their life.[98]

Life Stress

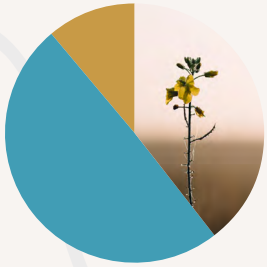
Reported stress levels for First Nations women in daily life:

- **33.6%** "not very" or "not at all" stressful
- **48.5%** report experiencing "a bit of stress"
- **17.9%** indicated that most days, their lives were either "quite a bit" or "extremely" stressful

2015-17 | RHS

Depression

Reported feelings of depression in First Nations women:



- **39.7%** never felt depressed
- **49.4%** felt depressed "a little"
- **10.9%** were depressed either "most" or "all of the time"

2015-17 | RHS

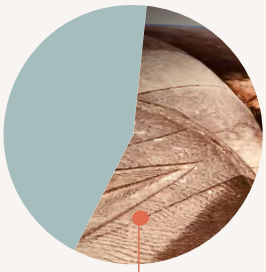
2x The prevalence of depression and mood and anxiety disorders among First Nations women were more than double the rates seen among First Nations men

2017/18 | *In Plain Sight* (2020)

Respecting Tobacco

Tobacco holds important cultural, spiritual and medicinal value for many Indigenous women living in BC, who utilize the plant in its natural form in ceremonies, rituals, healing practices and prayers.[99,100] However, post-settlement, commercial tobacco products such as cigarettes have also been widely used with detrimental effects on women's physical, mental and spiritual wellness. Today, there is broad awareness about the health risks of smoking and exposure to second-hand smoke – the physical effects it can have in precipitating various diseases and conditions as well as the toll it can take on a person's mental well-being. At the same time, the nicotine contained in commercial cigarettes – and the liquid nicotine used for vaping and in e-cigarettes – is highly addictive. For those who have been smoking for years, quitting the habit can be challenging, though not impossible.[101]

Non-Smoking Rates



55.9% of adult First Nations women were non-smokers

2015-17 | RHS

Alcohol and Substance Use

It is common for people who are hurting, feeling powerless, alone, and lost, to medicate with substances – alcohol and drugs – to help them cope with their lives and/or mask their pain. For over a hundred years, First Nations living in BC have been experiencing individual and collective trauma on myriad different fronts as a result of colonization, residential schools and the forced removal of children, the loss of language and lands, racism and discrimination. It has added up to a tremendous amount of pain – and, while people use substances for many reasons, it is often to help cope with that pain and hurt.

First Nations adults who had experienced racism had a higher likelihood of using cannabis and illicit substances as compared to those who had not experienced racism:

2020 | *In Plain Sight*

	Experienced racism		Did not experience racism
For cannabis	35%	vs	30%
For illicit substances	10%	vs	6%

"I think that's a huge shame piece around disclosing to loved ones: family members, brothers, sisters, whoever we're close to because we don't want to let people down. There's such a diversity in people that use drugs recreationally or to cope. That's the core of the issue is that people will experience judgement and then from there, could be shamed or could trigger shame within them."

- Inez Louis, Skowkale First Nation[107]

What is therefore commonly referred to as addiction, is really sometimes more of a reflection – "a manifestation of where one is within their own healing journey."[103]

Some First Nations women use alcohol and drugs for years to help deal with trauma and grief. Many are able to manage their use so that it does not impact their goals, relationships and responsibilities. However, in some cases, the use can overwhelm a person's capacity to cope and can impact their lives and their relationships.[104]

There are situations when this method of coping poses greater potential risks. Alcohol and substance use during pregnancy, for example, can have lifelong impacts on the health of the baby. Similarly, given the extreme toxicity of the illegal drugs in recent years, even a one-time use of these substances, whether it be in experimentation or as a slip in the healing process, could result in an overdose.

"Emotions are there as a guide for us. But if you're in a constant state of suffering, it's hard to pay attention to that guide because the suffering is too raw. That's why many people who use drugs do what they do. Taking the drug relieves you from an intolerable reality and provides a sense of comfort and feeling that everything is going to be okay."

- Dr. Patricia Vickers, Ts'msyen and Heiltsuk First Nations[102]

A harm-reduction approach is about taking a compassionate, non-judgemental approach to alcohol and substance use: meeting people where they are at, accepting them, and understanding the complexities of substance use and addiction.[105] This approach focuses on building relationships based in trust to support individuals in reducing the harms associated with their substance use and finding safer ways of coping.[106] These connections can be life-saving – and in response to the toxic drug crisis, many Nations have developed innovative and culturally relevant harm-reduction and housing programs – often involving Elders – to strengthen supports and reduce the risks of overdoses.

Alcohol use

33%

First Nations women did not drink at all in the past year, and this has remained relatively consistent since 2002-03. This is a slightly higher proportion than found in the total BC women population as of 2012 (25.6%).[108]

46.8%

of those who did drink alcohol in the past year did so rarely – once a month or less.

2002-03; 2015-17 | RHS

Cannabis Use

31.3%

First Nations women used cannabis in the past year.

51%

of those First Nations women who used cannabis did so for medical purposes.

2015-17 | RHS

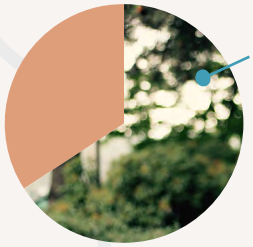
Illicit substances

8.6%

Of First Nations women used illicit substances in the past year – which was unchanged from in 2008–10

2008-10; 2015-17 | RHS

Gambling



66.0%

Of First Nations women gambled in the past year

87.8%

of those who gambled, did so responsibly, never betting more than they could afford

2015-17 | RHS

Recovery from addiction – whether it be from drugs and/or alcohol – can be seen as a return to a state of health (mental, spiritual, emotional and physical) and strength.[109] The ultimate goal is to achieve an optimal quality of life or low-risk lifestyle; however the process, like the journey of addiction itself, is highly complex and differs for everybody who lives it.[109] Understanding the underlying reason women turn to drugs, alcohol, and/or gambling will also help to find solutions to decreasing these levels further.

> "We lean to culture and traditions for healing while wading through the pain we carry – culture is the cornerstone for healing."
>
> - Corrina Chase, Métis First Nations Addictions Care Partnership Manager (FNHA, and the BC Centre on Substance Use)

Promising practices

Esk'etemc Recovery House, Letwilc Ren Semec Centre – This program, delivered by the Esk'etemc First Nation, uses cultural values to provide wholistic and spiritual guidance and support those with substance-use challenges on the path toward recovery. It also provides safe and secure housing for its clients and promotes reintegration into the community by helping clients secure housing upon discharge. **Information on treatment centres in other regions of the province is available on the FNHA's website:** fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres

Difficult Conversations on Substance Use webinars – Working together with communities from Surrey, Chilliwack, Quesnel, Kamloops and Bella Coola, the FNHA has held a series of webinars to deconstruct labels and stereotypes to reduce the risk of being exposed to the stigma and lateral violence associated with drug use. These barriers hinder people from accessing harm-reduction remedies and critical health services. While the formats of the webinars vary based on the needs of the community, the webinars seek to engage people with lived experience and family members who have lost a loved one to an opioid overdose. They provide a safe space for the participants to share and strive to support each person on their individual journey, reframing the challenges people face as experiences of strength and resiliency and promoting culture as a pathway for wellness.

The Toxic Drug Crisis

Due to the increased barriers they face as a result of racism, their gender, and colonialist systems, First Nations women have been disproportionately represented among those who have lost their lives in connection with the opioid overdose public health emergency. On top of the collective trauma that First Nations women have experienced, colonialism continues to expose First Nations women to a variety of social factors such as poverty, fetal alcohol effects, homelessness, food insecurity, and prison, which further exacerbate their overdose risk.[110]

There is significant stigma and a lack of understanding surrounding the use of substances and addiction. Unfortunately, there are also widely held racist stereotypes about First Nations peoples' use of alcohol and substances and, as a result, First Nations women often face judgement from others about their use of alcohol and substances to cope with their pain. This shaming and stigma can prevent a person from discussing their challenges and reaching out for help. Fear of incarceration and loss of child custody are strong barriers to First Nations women disclosing substance use, using safely, and accessing help. The grief and devastation resulting from having a child apprehended has also been shown to increase the risks of overdose. Pursuant to the ongoing legacy of forced separation of families and child removal in Indigenous communities, having a child apprehended from their care has been shown to double a mother's odds of experiencing an overdose.[106]

> "My family is my life and light. They are often the only thing keeping me going. My husband has always been so great and my daughter is so gentle and sensitive. I know that not a lot of people have this level of support, and it is hard to imagine going through this without them."
>
> - Trish, speaking of her experience with opioid replacement therapy[102]

INDIGENOUS MOTHERS IN CANADA WERE FOUND TO BE

2.5x

MORE LIKELY

TO HAVE EXPERIENCED AN OVERDOSE IF CHILDREN WERE REMOVED, COMPARED TO INDIGENOUS MOTHERS WHO RETAINED CUSTODY OF THEIR CHILDREN[110]

32.3%

OF FIRST NATIONS PEOPLE WHO DIED IN 2020 WERE WOMEN

16.6%

OF OTHER BC RESIDENTS WHO DIED WERE WOMEN

2020 | BC Coroner's Service

82

FIRST NATIONS WOMEN DIED OF TOXIC DRUGS IN 2020

FIRST NATIONS WOMEN DIED AT

9.9x

THE RATE OF OTHER FEMALE BC RESIDENTS

2020 | BC Coroner's Service

PROMISING PRACTICES

"NOT JUST NALOXONE: TALKING ABOUT SUBSTANCE USE IN INDIGENOUS COMMUNITIES" is a train-the-trainer workshop that uncovers and addresses the roots of addiction, acknowledges the roots of community connection, and empowers First Nations communities to design their own response to the issue — all while celebrating community and individual resilience. Driven by First Nations communities, the workshop was created to foster community champions to advocate for harm-reduction approaches, services, supplies, and resources, as well as to train the champions to provide harm-reduction education within their communities. It provides a framework to help communities have mindful and honest conversations about substance use and overdose through a First Nations lens.[111,112]

MOMS STOP THE HARMS (MSTH) is a national network that advocates to change failed drug policies and provide peer support to grieving families and those with loved ones who use or have used substances. As the Indigenous populations have been disproportionately impacted by the crisis, an MSTH Indigenous group has formed in BC. Those facing the loss of a loved one from an opioid overdose or drug harm have experienced Indigenous-specific racism. These barriers impede one's ability to access support for grief and loss. The MSTH Indigenous group is revising the MSTH *Healing Hearts* facilitator manual, infusing Indigenous teachings and practices to support families' healing processes and help them connect with others in the community who have experienced the same pain from losing a loved one. Culture will be embedded into the work as the foundation for healing.

SUICIDES

Many First Nations communities have low rates of suicide and have not experienced suicide in many years. However, when such a tragedy occurs, whether it be in one's own community or in another Nation, the events can have significant and reverberating effects. This impact can be amplified in smaller, tight-knit First Nations communities.[90,113]

Due to the ongoing intergenerational impacts of colonization, residential schools, the Sixties' Scoop, child apprehension, land dispossession, racism, and attempted cultural genocide, First Nations have been disproportionately impacted by suicides.[90]

A growing number of communities are mitigating these traumatic events by reclaiming their self-determination, rebuilding cultural continuity, and regaining access and control of lands, education, health services. Still, the roots of suicide are complex and the effects can be passed on from generation to generation.

32.8%

OF THOSE FIRST NATIONS ADULTS WHO HAD EVER SERIOUSLY CONSIDERED SUICIDE, HAD EXPERIENCED RACISM IN THE LAST 12 MONTHS

SIGNIFICANTLY HIGHER THAN THE 17.6% RATE OF FIRST NATIONS WHO HAD NOT EXPERIENCED RACISM

2015-17 | *In Plain Sight* (2020)

20.6%

FIRST NATIONS WOMEN LOST A FAMILY MEMBER OR FRIEND TO SUICIDE IN THE PAST YEAR

2015-17 | RHS

PROMISING PRACTICES

First Nations Virtual Substance Use and Psychiatry Service provides individuals with access to specialists in addictions medicine and psychiatry. This is a referral-based service and is available at no cost to all BC First Nations people and their family members, even if those family members are not Indigenous. Specialists are dedicated to the principles and practices of cultural safety and humility, and to delivering trauma-informed care. The service welcomes referrals from trusted health and wellness providers, Knowledge Keepers and Elders. The client and the health and wellness provider call a toll-free number together to set up the appointment. Appointments can happen on the same day of the call, or within a few days, depending on demand for the service.

KUU–US Crisis Response Services provides culturally safe supports for First Nations in BC before, during and after a crisis. Originally established in 1993 by the Nuu-chah-nulth First Nation, the Society now provides services to First Nations living throughout the province. Their approach includes tracking and monitoring "at-risk" individuals and establishing support (wrap-around) services: making daily calls until the person is no longer in crisis and seeking out individuals who are identified by others in need of support (family, friends, counsellors, teachers, first responders).[114]

Sexual Well–Being and Reproductive Justice

It is the right of each woman to have the ability to live through the cycle of life – from childhood through adolescence into adulthood and the Elder years in a balanced, healthy way.[57] Sexuality is a key component of a woman's wholistic health and wellness – understood in many First Nations cultures as an expression of the life-creating force.[115] Women's control over their bodies and their fertility also lies at the heart of their basic human rights. This includes decisions around whether to have children, when and how many, as well as decisions around contraception.

Traditional teachings and rituals provide guidance to First Nations women, helping them to plan, care for themselves and navigate the physical and emotional changes – and the decisions – that often come as one ages through the adult years and that can impact their sexual wellness and identity. These changes can include those related to fertility, perhaps giving birth, being in a mature relationship, and the age-related decline in hormone production. The natural evolution of a woman's sexuality is all part of maintaining balance through the life cycle, and in many First Nations cultures these phases of a woman's sexual maturation are celebrated.

"Women are the life givers, but women are not going to be life givers without men. So, that's a balance in life. Our Two-Spirited people bring that balance again, of masculine and feminine. Our lives are not about our sexuality or even our gender identity, it's about us being a human being. It's about us following those teachings that our ancestors put in place for us, those teachings of kindness and respect, truth, honesty, humility, love, wisdom, about living those ways of life. Trying to look at each other as a valuable portion of a community, what gifts does that person have to bring to the table, so that we can become a very rich table, right?"

- Grandmother Blu[26]

Colonization and the suppression of traditional language, cultural practices and ceremonies disrupted the passage of teachings and values around sexuality and healthy relationships. The racist, patriarchal, heterosexual and misogynistic views of European settlers were heavily enforced upon First Nations in BC with the effect of sexualizing, dishonouring and degrading First Nations women.[116] Residential schools did not teach young girls how to be in a healthy relationship or what their roles were in community; instead they subjected young girls to emotional mental, physical and sexual abuse.[57]

> When I started to speak out and say, 'No, this is my story. This is what happened to me,' it took the power away from that secret and it actually gave me back my power."
>
> - Freda Ens, Haida[120]

The trauma induced by this cultural oppression and colonial violence is complex and has had far-reaching implications for the lives and well-being of First Nations women. Racist stereotypes of First Nations women continue to undermine their rights to reproductive and sexual health. Coerced and forced sterilization, for example (whereby First Nations women have hysterectomies or their fallopian tubes tied without their consent, under pressure, false pretenses or as a condition, for example, of seeing their baby or keeping custody of their child/children), continues to impact women and influence their relationships with the health care system.[61] As a result, First Nations women in BC continue to face disproportionate risks with respect to their sexual wellness. The risks to those who are trans, gender-diverse, and identify as Two-Spirit/Indigiqueer are particularly pronounced.[78]

Some First Nations in BC have been able to quietly protect gender-diverse members of their community as well as their sacred traditions and beliefs regarding Two-Spirit individuals.[117] Many communities are also working to reclaim the traditional teachings, language and ceremonies that for centuries have educated, empowered and protected women and girls in relation to their sexual health.[118] Matriarchs in several Nations are leading their communities on collective healing journeys, addressing prevailing issues of unhealthy relationships, addressing the stigma associated with coming forward about sexual abuse, and holding abusers accountable.[119] Important expansions in trauma- and culturally informed training of health care professionals are taking place, to reduce harm and provide positive supports for all people, including those who have experienced traumas.

Hysterectomies

The age-standardized hysterectomy rate between 2011-2015 per 100,000:

First Nations

Other residents

2011-2015 | Hospital Discharge Records

A component of sexual wellness is learning about sexually transmitted and blood-borne infections such as chlamydia, gonorrhea, Hepatitis C, Human Immunodeficiency Virus (HIV), syphilis, and the Human Papilloma Virus (HPV) – being able to seek out this information and access the services needed to protect oneself, one's partners, and one's communities.[123] Having access to culturally safe, gender-affirming, respectful and trauma-informed health services is important to ensuring that First Nations women can do this.

> "It's hard to be the first to come forward, but until you do, there will be no change. I came forward in my community and was willing to make that sacrifice. 'Cause that's what we're doing – we're taking those first steps to make that change that we want to see. And it's for ourselves, but it's also to protect further people. It's the people who are being abused who are afraid, but it should be the other way around. There should be consequences."
>
> - Rachelle George, Squamish and Tsleil-Waututh First Nations[121]

First Nations women in BC are honoured for their capacities as sacred life givers and matriarchs. At the same time, women retain the inherent right to own and control decisions about if they want to have children, when and how many. They have the right to choose which, if any, birth control method they want to use. They also have a right to accessible, culturally safe information and services to support their sexual and reproductive health, including the different options for planning and conception, as well as the different options for birth control or the morning-after pill, and abortion. While work is underway to enable universal access to contraception in BC, First Nations women, particularly those in rural and remote areas, commonly encounter various barriers to services and supplies for informed family planning and sexual well-being.[124]

STIs

Rates of sexually transmitted infections among First Nations women rose steadily between 2007 and 2015 as they did for all women, but as of 2015, the rate of 3,022.6 per 100,000 was more than four times that for Other Residents (679.8 per 100,000)

2015/17 | BCCDC

Contraception

66.8% of sexually active First Nations women were using some form of birth control/protection

Condoms, which also help protect women from sexually transmitted infections, were used

39.1% "all" or "most" of the time

15.5% "occasionally"

2015/17 | RHS

Abortions

Rates of abortion were higher among First Nations than among Other Residents for age groups 20–34

2015 | BC Vital Statistics Agency

> "This option of having my tubes tied was available, and I immediately asked about the side effects and risks and they assured me that it could be reversed and that there were minimal side effects and I believed them. I trusted them at face value, as they were officials, they were doctors, nurses, so I assumed that they had my best interests at heart. When I learnt that there was zero change of me having children, when I learnt that I was sterile, that this was done to me, I felt violated as a woman because a woman's ability to have children is a huge part of their identity."
>
> - Indigenous woman who is part of a class action suit being filed by 80 Indigenous women from across Canada who were sterilized against their will.[122]

Healthy Bodies

Staying active and eating well on a regular basis benefits a woman's physical, mental, spiritual and emotional wellness at all stages of life. Pre-contact, daily livelihood tasks, food practices, and ceremonies, as well as other land-based and recreational activities, kept First Nations women physically active and well-nourished.[125] The preparation and consumption of traditional foods in connection with feasts, potlatches, cultural events and rituals continue to be one way that First Nations women connect with their communities, the land and their culture[126] – nourishing their minds and spirits while also keeping their bodies healthy.[131]

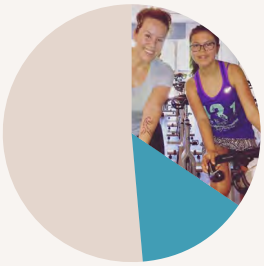
> "I was always told to take care of myself, so I do my best to promote self-worth. It is easier said than done. I was never taught how to grow my own self-esteem or self-worth, which went underdeveloped for years … Enable your mind to see yourself healthy, vital and strong, and instruct your body to follow. Once you do so you feel a heightened appreciation for self and those around you. Reject whatever is unhealthy to you."
>
> - Cindy Robinson, Kitasoo-Xaixais Nation[130]

The transition of diets and lifestyles that has occurred in conjunction with the loss of land, environmental degradation, socioeconomic marginalization, disruption of language, and cultural practices of colonialism, has increased the risks of various chronic diseases and conditions for First Nations.[127] Lifestyles are more sedentary with many jobs and recreational pastimes centered around computers. While research specific to First Nations women is limited in this area, women balancing work and family responsibilities commonly report how difficult it is to find the time to exercise.[128] Not feeling safe can also prevent a woman from going for walks or jogs and doing other types of physical activity in the community.[129]

Recognizing the benefits of First Nations foods for both physical and spiritual wellness, many First Nations women and their families are reintegrating the foods and food practices of their ancestors.[70] However, some First Nations have limited access to their lands on which to harvest these traditional foods. Particularly in northern communities, man-made processed foods are also cheaper and more easily accessible than fresh food from the land.[70]

Physical activity

Reported levels of physical activity for First Nations women over the previous three months:



- **34.5%** "active"
- **14.2%** "moderately active"

2015-17 | RHS

Eating Nutritious Meals

The percentage of First Nations women who reported they were able to eat nutritious meals:

- **50%** "sometimes"
- **40%** "always / almost always"

2015-17 | RHS

Managing Diseases and Chronic Conditions:

Rates of chronic conditions are *higher* for First Nations women than First Nations men for most conditions except cardiovascular disorders

2017/18 | *In Plain Sight* (2020)

2x higher for mental health conditions

1.8x higher for cancer (first encounter)

1.4x higher for osteoarthritis

1.3x higher for asthma

First Nations women are more likely than First Nations men and Other Residents to experience multiple health conditions

2020 | *In Plain Sight*

50% of First Nations women experience five or more health conditions, by 19 years old[61]

2x over twice the rate seen among First Nations men and non-Indigenous women

Preventative Screening

Screening tests help detect irregularities and disease early when more treatment options are available. Pap tests, for example, can find abnormal cells in the cervix before they become cancer.

Evidence has shown that some cancers, such as cervical cancer, are often detected later in First Nations peoples later than in non-Indigenous populations. This discrepancy is due in part to lower rates of First Nations women being screened as well as the existence of barriers such as lack of culturally safe care.[132]

The BC Cancer Agency recommends:

- Women and people with a cervix between the ages of 25-69 get a Pap test every three years.
- Women under the age of 49 speak to their health care provider about the benefits and limitations of a mammogram to screen for breast cancer.
- Women aged 50-59 years be screened for breast cancer (mammogram) and colon cancer (FIT test) every two years.

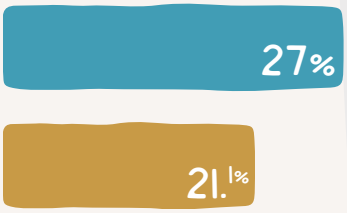
I have a lot of responsibilities – for my son, for my community, my schooling, my education. I wouldn't be able to participate as well if I wasn't healthy – and getting regular Paps is important. I started getting screenings because I was told they were necessary. It was just something that seemed that you do when you're a woman. You take care of your body, you take care of spirituality, you take care of emotions. Growing up, I was also told stories by my sisters and my family members about forced sterilizations. I initially felt very scared. It took me a long time to go back to the doctor. After the procedure, I thought it was important to write my doctor a letter about my experiences with intergenerational trauma and the procedure."

- Marion, Nak'azdli, Whut'en Nation (Lhts'umusyo/ Beaver Clan)[133]

Mammogram

Percentage of First Nations women having mammograms:

Aged 18–54



2015-17 | RHS

In 2015–17, 27% of adults (aged 18–54) reported having had a mammogram in the past three years, up from 20% in 2008–10

21.1% reported having had a mammogram in the past two years

FIT testing for colorectal cancer

The rate of FIT testing for colorectal cancer among First Nations men and women was:

lower than Other Residents among those aged 50–64 years

higher than Other Residents among those aged 30–49 years

2020 | *In Plain Sight*

Cervical Cancer

First Nations women have a much lower rate for cervical cancer screening compared to Other Resident women, despite having a 1.6 times higher prevalence rate of this cancer

2017/18 | *In Plain Sight* (2020)

Pap Testing

First Nations women in all age groups had lower rates of accessing Pap testing compared to Other Residents:

The rate of pap testing among First Nations was

68%

that of Other Residents

2017/18 | *In Plain Sight* (2020)

Promising Practices

Westbank First Nation, together with the FNHA, the Women's Health Research Institute, and BC Centre for Disease Control, is conducting a pilot project to evaluate the use of self-screening for cervical cancer. Self-screening allows people to conduct their own Pap test in a comfortable setting with control / autonomy over the exam.

It can a provide a useful option for rural and remote communities and also help to address issues related to privacy, confidentiality, accessibility of health care providers, and lack of comfort with the Pap test, which may be associated with trauma. While the project is still ongoing, preliminary results indicate that trauma survivors especially prefer self-screening Pap over a pelvic exam.

Conclusion

First Nations women are the hearts of their communities and Nations. In teaching the young and passing along the knowledge, language and traditions of families, clans and communities, matriarchs keep culture alive and communities strong.

These connections to culture and the support of community, whoever that community may be, can have an important effect on the health and wellness of First Nations women during their adult years. Their well-being is influenced by their environments and by the systems they interact with. This phase in a woman's wellness journey is also shaped by the circumstances, learnings, relationships and experiences of their childhood and youth. What happens during these years will similarly set the path for well-being into their old age or Elder years.

ELDERHOOD

"We value and treasure them as the ones who provide the link to the past, to the traditions, to wisdom that guides us in how to deal with contemporary issues of living, including now."

- Marianne Ignace, Skeetchestn First Nation[1]

Elders are the keepers of First Nations wisdom, history, and knowledge.[2] As grandmothers, mothers and aunties, older First Nations women and Elders are the trusted supports for younger generations of First Nations women, and are essential sources of wisdom and advice about healthy ways of living.[3] In many Nations, and particularly those that are historically matrilineal, older women hold leadership roles in their communities and hold important responsibilities around the intergenerational passage of cultural teachings. Elders also often take on broader guidance roles, making them pivotal to the health and wellness of First Nations communities more broadly.[4]

Elders are the foundation of First Nations families and communities – and having healthy Elders is crucial to the health and healing of First Nations communities. Fortunately, many older First Nations women and Elders living in BC are thriving and healthy. However, this generation has also been most directly affected by some of the most egregious experiences of colonialism such as residential schools, the Sixties' Scoop, the reservation system, and Indian hospitals.[5] Many older women have found themselves, as a result, on healing journeys associated with traumatic and difficult pasts.

Achieving the vision of healthy and thriving, self-determining Nations and communities entails supporting older First Nations women and Elders in their journeys to live long, happy and healthy lives as outlined in the teachings.[6] It also involves honouring the final years and days of their journeys as they prepare to cross over to the Spirit World.[7]

This chapter provides a glimpse into the many ways that older First Nations women and Elders are living in wellness with connections to culture and community. It will also look at the systems in place to support women in their old age and Elder years and through the sacred end-of-life passage.

The majority of quantitative data in this chapter is from women who are 55 years and older, however, some data is from those who are 65+.

"Elder" is a sacred title that one earns from their community for their depth of knowledge and understanding of First Nations teachings, practices and ceremonies and through the harmony and balance of their actions. Elders possess wisdom gained through time and life experience, but the honour is not defined by age. All older adults have important roles within First Nations communities and hold vital knowledge and experiences of resilience. However, not all older adults are Elders.

HEALTHY, SELF-DETERMINING ELDERS & COMMUNITIES – ROOTS OF WELLNESS

First Nations have always understood health and wellness as being grounded in a person's connections – their connections to language, the land, the culture, ceremony and the ancestors – and supported through their caring relationships with family, community and the environment. These roots of wellness are foundational to a woman's health and identity at all phases of life. When strong, these connections provide a core of support and strength to Elders as they age through the final years of life – and prepare to transition from this world. This grounding is also vital to an Elder's role in teaching, guiding and nurturing the roots of the children and grandchildren and community more broadly.

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations living in BC who identify as and/or express themselves as women, including cisgender females, trans women, non-binary people and those who identify as Two-Spirit/Indigiqueer.

The term "woman" is used in this chapter in recognition of the fact that this is a binary term that may not accurately reflect the gender and sexual identities of all those who are reflected in the experiences, data and stories discussed. Although there is currently very limited data available on the health and wellness of First Nations non-binary and transgender populations, these distinctions are important as a person's gender identity can shape their experiences,their social determinants of health, and their access to services.

Connections to Ancestors, Culture, Language and Ceremony

Many older First Nations women and Elders talk about the healing benefits of participating in ceremony, speaking their language, and taking part in cultural activites.[9] For many, this connection also involves the passing on of their ancestral knowledge and teachings about healthy living, the land and cultural practices to younger generations,[9] and reviving vital traditions – the potlatch, rites-of-passage ceremonies, parenting methods, traditional food and healing practices – within their communities.[10]

"My well-being and my grandchildren's well-being – my future's well-being – is dependent on the well-being of my roots, my land. Not just my memories of the roots, but my literal and continual connection to them; familial and territorial."

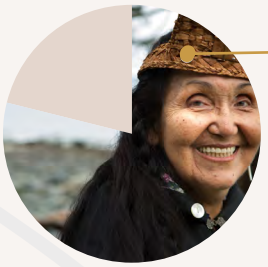
- Gwen Philips, Ktunaxa First Nation[8]

As a consequence of the residential school system and the Sixties' Scoop, many older First Nations women were cut off from their culture and language. With urbanization, some also left their home territories and were removed from opportunities for cultural learning. Many are therefore in the process of rekindling that connection as part of healing from their experiences.

"We have been able to sustain the culture, the ceremony, the stories, the songs. It was the women who carried a lot of the knowledge and the song and the dances – sort of underground. And when the ban was removed, it was the women who carried forward to reteach it."

- Pamela Wilson, Heiltsuk, Kitasoo Xai Xai and Haisla[10]

Participation in Cultural Events



79% of older First Nations women at least sometimes took part in the cultural events happening in their community

2015-17 | RHS

First Nations Language Fluency

Elders are the primary fluent speakers of First Nations languages in BC. In 2018, over half (51.9%) of the 4,132 fluent speakers were 65 years and older.[11] In some cases, as the last surviving fluent speakers, Elders are also vital to the teaching and preservation of First Nations languages.

86.9% of older First Nations knew at least a few words of their Nation's language

> **40%** of these were fluent in either/both speaking and/or understanding

2015-17 | RHS

"Without our canoes, without our dances, without our songs, without our sweat lodges, without our longhouses, we'd be just common people like everyone else. We wouldn't be Aboriginal, we wouldn't be Stó:lō, we wouldn't be Haida, we wouldn't be Cree. Whatever that means to you. So, take what's in your blood, take what's in your heart, take the walk and the path that the ancestors led for you 'cause they led it for you for a reason. They lead the way for you to follow."

- Wendy Ritchie, Skowkale First Nation[12]

"Coming from a matriarchal background, I always introduce my grandmothers when I am making a speech. My brother taught me how to say a proper introduction in our language. By saying who my grandmothers are, I am letting everyone know who my family is, and who I am. More often than not, when I say this traditional opening people will speak to me afterwards saying they know my grandmothers. I let my grandmother know that I was practising my traditional opening, she phoned me and for a few hours she helped to teach me the proper pronunciations of our language. Our Elders are our Knowledge Keepers, our connection to our ancestors and traditions."

- Anonymous

PROMISING PRACTICES

As I Remember It Teachings (ʔəms taʔaw) **from the Life of a Tla'amin Elder** utilizes a mix of audio, videos, interactive maps, photography and animations to share and situate the stories, family history and teachings of Elder and Knowledge Keeper Elsie Paul from Tla'amin First Nation. Produced in collaboration with Davis McKenzie, Paige Raibmon and Harmony Johnson, the multimedia book offers a glimpse into the life of a Coast Salish woman and the history and lifeways of her people. Readers are invited to engage in an immersive experience, to learn about the Tla'amin language, listen to Elsie tell her stories, and watch short animations of legends and events.[13]

Shhwulmuhwqun–Language House, located in Cowichan Territory and established in 2018, is a thriving home for the Hul'q'umi'num' Language and Culture Society, which provides programs and opportunities for Hul'q'umi'num' learners of all ages. Students work alongside Elders such as stitum'at (Ruby Peters) at the Language House to create games, songs, poems, stories and plays. Elder stitum'at, who managed to retain her language despite being prevented from and punished for speaking it in residential school, is one of the founders of the program.[14]

Connections to Land, Water and Territory

The land, water and territories are integral sources of health and wellness for older First Nations women and Elders, as they are for many BC First Nations – and a foundation of First Nations identity, language, culture and knowledge. The teachings bring focus to the interrelationships between the health of land and waters and the health of individuals and communities. The stories also bring reminders of the sacred responsibility that First Nations peoples share as stewards and protectors of the land.

"I know that without my land and my people, I am not alive. I am simply flesh waiting to die."

- Jeannette Armstrong, Okanagan[16]

Many older women and Elders speak about how the dispossession, displacement and disconnection from the land has impacted their lives and well-being. In some cases, this disconnect has also impeded the intergenerational transmission of knowledge, language and culture. However, there is hunger among younger generations for the knowledge and stories that Elders hold – wisdom about the land, traditional foods and medicines, and ecological interrelationships – and there are a growing array of opportunities for Elders to engage with youth and share their knowledge.[15]

Women Elders play a vital role in passing on First Nations food knowledge and practices as well as an understanding of the relationship of food to health and well-being. They pass on the cultural perspectives that understand food as medicine, food as a teacher, and food as a relative.[17] As communities see significant changes in the availability of food that has sustained them since time immemorial, women Elders have also been consistently part of a growing Indigenous food sovereignty movement aimed at reclaiming First Nations' inherent rights and abilities to respond to the need for safe, healthy, culturally relevant Indigenous foods and make decisions over the amount and quality of food to hunt, fish, gather, grow and eat.[18]

"For me, [being out here for the cedar harvest] – it's the most fulfilling thing and I feel connected to my grandmother who taught us so much. We were with her every day. It always makes me emotional when I talk about her and everything that she taught us. It's the weirdest thing – it's like I can feel her and it fills me up and I feel rich and I am thankful. I'm thankful that in this world, we still get to do what our people did for thousands of years. And the bark, sometimes when you touch it, it's like you can feel that sap running and that energy. It's the most amazing feeling. And I don't like to share that with a lot of people and sometimes people think you're crazy how you're so connected to something but it's a living being and it just saddens me sometimes about the amount of logging. And we understand that also, but on the other hand when we are teaching the children in our Nation and those little eight-year-old girls who are weaving and they just have that knack for it in them – it's just in them – and I think, are there going to be trees left for them? Are we going to keep, people say practising our culture, but no, are we going to be able to keep doing our way of life that we've done forever? Will it all just be concrete? And are our resources going to be gone? What's going to be left of our world for our children and for our grandchildren?"

- Jessica Silvey, Coast Salish and Portugese descent[19]

First Nations Foods

72.6% of older First Nations women ate traditional foods (not including bannock) "often" in the past year

2015-17 | RHS

Use of Traditional Medicine

Traditional medicines and healing practices, which utilize the medicinal quality of natural elements into various medicines, healing ceremonies and practices, are another important way women Elders connect with the land.

48.1% of older First Nations women reported having used traditional medicine in the past year

>

46.9% of older First Nations women reported having no difficulties accessing traditional medicine

2015-17 | RHS

Importance of Spirituality

- **85%** of older First Nations women agreed that traditional spirituality was important to them, including:
- **55.5%** "strongly agreed" with that statement.

2015-17 | RHS

"More and more people are quite interested in their traditional medicines. It's really part of my life. It's also an inner healer for me, to be able to share what I've learned – and I'm teaching my granddaughter. I feel one with nature. It's right in my element, because our people look after the land, the water, the trees, the animals – they're all part of our culture. All I want to do is bring it back to our people."

- Elder June Johnson, Um'agalis, We wai kai Nation, Cape Mudge Band[20]

PROMISING PRACTICES

Indigenous Plant Healing
Elder Barb Whyte (K'ómoks First Nation) and Elder June Johnson (Um'agalis, We wai kai Nation) share their knowledge on the gathering and use of First Nations medicines in this short video.

The Medicine Collective is a group of Indigenous Elders and Knowledge Keepers sharing traditional teachings to reconnect and restore relationships to lands and peoples. Since 2009, as part of this collaboration, the Medicine Collective members have guided the activities and direction of the Indigenous Health Garden, xwc̓i̓c̓əsəm, at the University of BC Farm. They also provide workshops that introduce some Indigenous land-based ways of reconciling and decolonizing education. The focus of the Collective is on reclaiming plants and food as medicines and on providing opportunities for intergenerational reconnecting to the land.

Connections to Community and Family

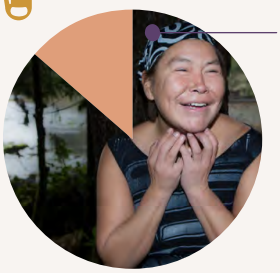
Many First Nations value balance and harmony in relationships with family, community, land, and the Spirit World.[21] Being engaged in community life nurtures the spirit and contributes to the wellness of older women.[22] The health of older First Nations women, including Elders, is also vital to the health and strength of their community and family.[3]

Older women, like women of all ages, are sustained through the relationships with their family and community. For those who are healing, the involvement of community is vital in their healing process. Family and community also provide crucial support to older adults as they come full circle in life and encounter the various physical and emotional challenges that come with age,[24] as they cope with the grief of losing friends and partners, and as they prepare for their own passage to the Spirit World.

"I've found that my family has been the most important to me. And that's my immediate family, but also my extended family, the family that I've built up in the urban community. Because when you move to the urban community from the reserve, you don't usually have family who lived there, you don't have the support of the family, the extended family of the community that you have on the reserve. So, you've got to find that and make it for yourself."

- Mary, Sharing Circle participant[27]

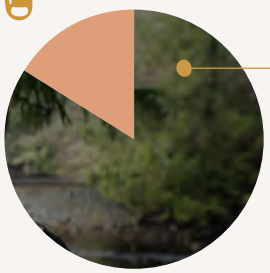
Sense of belonging



86.4% of older First Nations women reported having a strong sense of belonging to their local community

2015/17 | RHS

Feeling Safe



83.8% of older First Nations women indicated that they generally felt "very" or "reasonably" safe in their community

2015/17 | RHS

The connections that some older adults have to family and community have been impacted by colonial policies that saw them, their parents and /or grandparents apprehended by child welfare or removed from their families through the Sixties' Scoop, sent to residential schools and/or Indian hospitals. These experiences can affect a person's capacity to express emotions as well as form and maintain healthy relationships. Such traumas have also inevitably been passed on and continue to impede the growth and development of the collective self of First Nations in many communities.[26]

"Knowing my cultural teachings gives me a true sense of my identity and gives me the confidence to be a strong person. In my culture, the women are the backbone of the society. Our family structures are matrilineal since time immemorial. Prior to European influences when a woman married, her husband joined her family and left his own. Raiders from other Nations would come to steal the women folk so that they could build strength within their Nation. Women of my culture have always had to be very strong in order to assist their families."

- Sulisulwut Bibiana Norris, Matsqui First Nation[25]

"It's our older people who guide and nurture us and where we're going in life. The biggest lesson that I've learned with this [cedar weaving] work is to recognize my own emotional competence. Whether I'm having a good day or a bad day, it's showed me how to move forward from those places with the goodness and with the struggles. It shows you your struggles when you're working with your hands. It helps you have a better relationship with who you are so that you can move on – you carry on and things are possible. My great-grandmothers, I spent a lot of time with them as a baby and as a little girl – and a lot of the teachings that came from them are probably what guided me on the path that I'm on today – the teachings and the way that I was raised in my family have kind of guided me to follow that cultural part of who we are."

- Maria Sampson, Coast Salish, raised in Tsartlip First Nation[28]

SUPPORTIVE SYSTEMS

First Nations Elders offer regular reminders of the importance of being in balance and in connection with culture, the land, the ancestors and community. As it is at every age, women's health is shaped by having self-determination in relation to these roots of wellness. It is also impacted in important ways by the social systems that determine their everyday living conditions, safety and security.

The systems and protocols that BC First Nations have developed over generations to support their communities – systems for learning, housing, food, healing and justice – all suffered erosion from colonialism and continue to be impacted through structural racism. Important progress has been made in recent years to revive and reassert First Nations control of these various social determinants of health, but many older adults have complex, difficult and traumatic relationships with these systems stemming from generations of mistreatment, marginalization and abuse.

Systemic racism has created inequities in the health outcomes and life expectancies of older First Nations women. While many are thriving, for some, these barriers continue to undermine opportunities to live the final phases of their life journey in wellness.

This chapter offers a high-level look at wellness outcomes for older First Nations women in relationship to some of the systems that – through their policies and structures and through their underlying values and norms – determine the conditions of where older women live, work, play, learn, heal and pray.[30] It also highlights how cultural safety must be embedded in systems to overcome persistent barriers to the wellness of older First Nations women and Elders.

Mainstream Systems and the Ongoing Intergenerational Legacy of Colonialism

"We consider ourselves to be very rich, being protected by all of the natural resources: the mountains, the trees, and the water – and from what the Creator provides to us: the fish, the ones that fly, the four-legged and the ones that crawl. Our ancestors thrived on these riches. They had strong survival skills and lived a lifestyle that was strong spiritually and culturally. They had a sound value system and their systems were to pass that on to the next generations. This is who we are. This is something we need to carry on in order for us to stay living in a really good way. Like many other Indigenous communities, Sts'ailes suffered severely when colonization came upon us … Our lives became meaningless, our confidence and our self-esteem were destroyed. Then fortunately, we were very resilient. The Great Creator … did not allow our culture and our spirituality to be completely lost. In 1969, the Spirit began making its way back to Sts'ailes. And it began with the winter spiritual dancing. Now, we have four longhouses in our community and we have a mini longhouse that we use for teaching. We gather thousands of people during the winter dancing season and a lot of young people volunteer to be a spiritual dancer because it is a way for them to start anew. So it gives us a second chance in life: that strength and the foundation to carry on life in a whole better way. They are tired of the way they have been living and want to do something about it so that's one of our ways that we have for them to get their spirit back and to have the strength be able to walk in a really good way."

- Elder Virginia Peters (Siyamex), Sts'ailes First Nation[32]

"Right now, as Indigenous people and as people of colour, we need our allies. It is those of you who are allies who are our backbone. And can use your influence and where you are in your life to make a a meaningful difference in the world – to say that racism and discrimination and violence against people of colour is not acceptable anymore – and that you aren't going to accept it – and to speak up and be able to help wherever you can and support those people who are speaking out because we need to live in harmony as our ancestors and Elders told us. We need each other and that's what's going to help us in this world to make that meaningful change."

- Elder Syexwáliya Ann Whonnock, Skwxwú7mesh Úxwumixw (Squamish Nation)[31]

Racism and Discrimination

Since contact, older First Nations women and Elders have shown resilience in living with and resisting racial discrimination.[33] Manifesting in multiple ways – as land appropriation, cultural genocide, marginalization, violence and oppression – racism and discrimination has impacted and continues to impact the everyday lives, health and wellness of older First Nations women. Processes such as the Truth and Reconciliation Commission (2015), the National Inquiry into MMIWG (2019), and the Addressing Racism Review (2020), have all brought attention to the fact that racism and discrimination, embedded within the systems, institutions, laws, policies and structures as well as interpersonal relationships[34] – are at the root of the persistent health inequities faced by First Nations women, their families and their communities. This work has also highlighted that First Nations women are impacted in distinct ways – and disproportionately – by various forms of racism, discrimination and misogyny.[29] Although the healing and transformation of these realities may be a slow process, the actions and recommendations of these various reports provide a path towards the types of systemic change, shifting in attitudes and rebuilding of trust that is necessary.

Racism

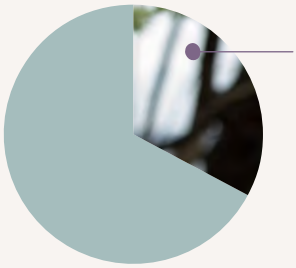
Approximately

1/3

of older First Nations women experienced instances of racism in the past year

2015/17 | RHS

Experiences of Verbal/Physical Aggression



32.9%

of older First Nations women reported experiencing some form of physical and/or verbal assault in the past year

2015/17 | RHS

Elder Abuse

In some instances, where, as a result of colonization and family disruptions, women have been removed from their culture and are therefore unable to mentor younger generations as is their role, the values and principles around honour, respect for others and respect for Elders may not be passed along.[35] In the absence of this vital guidance, older adults, who are often more vulnerable due to illness, disability or medical conditions, can become victims of abuse and neglect.[36]

Identifying when an older person is being physically, emotionally, and/or financially abused or neglected can be challenging. As it is often the people older adults rely on or trust who are harming them, the abuse can also be extremely difficult for older adults to expose and address.[3] Many communities have, as a result, worked in recent years to bring attention to the issue of Elder abuse.[37]

> "Going back to the early teachings. Remember the words, respect, who am I, where do I come from? If we know all that, I don't believe anybody could be violent when they know who they are, where they came from. Upholding our children from the time they're born. All the ceremonies. I truly believe that those ceremonies that we put our children through, help them to be balanced and well in life and just guiding them in through that good path. The 10-month ceremony setting the path that the child will walk. I truly believe that if we start those again, there'll be less violence in the world."
>
> - Dr. Evelyn, Voyager, Dzawada'enuxw First Nation[39]

This recognition of the issue is a first step in the healing process of Elder abuse and other types of lateral violence and impacts of colonialism. Healing is also taking place through the revitalization of the teachings about acting in kindness, being honest and open and without judgement and through the revival of ceremony and ritual. As explained by Dr. Patricia Vickers (Ts'msyen and Heiltsuk First Nations), First Nations values of respect – respect for self, respect for those who have caused the harm, and respect for Elders – are the medicine and antidote for the harms of colonialism.[38]

> "We can't change history. All we can do is pull back and pull together all the things that were taken away. And it takes each and every person who is culturally, traditionally minded to do that, because there are generations to come. They are going to want to know: 'What did you do to bring back the stuff?' And I never want any of my descendants to say, 'Great-granny, what did you do?' I never want that to happen."
>
> - Mary Everson (Uma'galis), Kwakwaka'wakw, K'omoks and Tlingit, from the K'omoks First Nation[40]

PROMISING PRACTICES

RE:ACT is a guide to prevent and respond to support First Nations community members and health and social service providers in their work to prevent and respond to situations of Elder abuse and neglect in a way that is culturally safe.

THE NATIONAL WAC'S GRANDMOTHER SPIRIT PROJECT was undertaken to raise awareness about issues of senior abuse, safety and well-being for senior Aboriginal women in Canada. The Project gathered Indigenous grandmothers from Nations across Canada to share what they knew or were taught about the care of seniors and grandmothers, what they felt impacted safety and well-being (including issues of senior abuse), what was happening or already existing in their communities that helped to address issues of safety and well-being, and what they felt was needed – their visions for moving forward. The project also partnered with the Native Youth Sexual Health Network to gather youth responses to the issue of keeping their Elders safe. The project has resulted in a video, series of posters and a resource booklet.[41]

EDUCATION SYSTEM

Women Elders and matriarchs hold a sacred role in the learning process of First Nations communities as teachers and Knowledge Keepers. Many women share how being engaged as teachers in the lives of their grandchildren and youth is a source of pride and honour.[42] Participating in learning themselves also contributes to mental, emotional and spiritual and physical wellness.

Many older women hold painful memories in connection with the Western education system. For some, education and employment have meant being detached from family, community and cultural systems.[43] Elders and older adults commonly recount experiencing racist discrimination at school and remain understandably distrustful of the system. Survivors and intergenerational survivors of Indian residential school share how the back-to-school season in September and elements such as yellow school busses are emotionally triggering.[44]

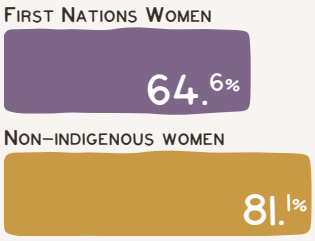
Notwithstanding these barriers, many Elders espouse the importance of learning in both traditional and Western ways of knowing[45] and the proportion of older First Nations women (55 to 64 years) with post-secondary degrees and certificates is now very close to that for non-Indigenous women. A growing proportion of First Nations women are pursuing post-secondary degrees and certificates in their later years. Many post-secondary institutions in BC have also developed Elder Programs in recent years that engage First Nations Elders to provide support, guidance and mentorship to students, staff and faculty.

"I never saw an Aboriginal teacher when I was growing up. I had no idea it was possible, and, in fact, I was told it was not possible. I began the program, and during my first extended practicum I realized I was a teacher. Now I'm living and teaching on my own territory, and I'm a role model for Aboriginal youth I'm grateful that things happened the way they did. Teaching is definitely a calling that I wasn't even aware of. It was just a title … I guess the residential school did its number. I'm a second-generation survivor. Because I am Aboriginal, because I have different conditions – I am trans, so, my cards were very limited. I had no clue how I was going to become who I am now. And I had no clue that I had the right to dream. All I wanted to do was live and survive, but this whole journey has made things accessible to me. I have come to terms with myself, my identity. I have stood up as a citizen who has a right to belong and owned my own destiny."

- Saylesh Wesley (Stó:lō/Ts'msyan) is completing her PhD in Simon Fraser University's Gender, Sexuality and Women's Studies Department and teaches Indigenous education and learning support in a middle school in Chilliwack.[46, 47]

EDUCATIONAL ATTAINMENT – STUDENT OUTCOMES

Proportion of women (55+) with an education certificate or post-secondary degree:



2016 | Census

9.6%

OF FEMALE INDIGENOUS STUDENTS WHO WERE ENROLLED IN BC POST–SECONDARY INSTITUTIONS WERE 50+ YEARS OF AGE

2017/18 | BC Ministry of Advanced Education

Economic System

BC First Nations have well-developed systems and protocols developed over thousands of years to ensure that community members all contributed to the health and wellness of the collective. Pre-settlement, these included sophisticated processes for allocating and distributing resources that in many Nations were the responsibility of the matriarchs. While the economic systems vary by Nation, there is a shared focus on the well-being of the community as a whole and on the essential connection to land.

The values and sense of responsibility around caring for each other remains strong in BC First Nations. However, colonialism and the privileging of individualist Western perspectives and systemic biases have impacted First Nations' access to lands and resources, employment opportunities, and their level and security of income. As a result, First Nations women Elders and their communities face disproportionate barriers when it comes to meeting their material needs, and the needs of their families.

Employment

Many Elders are engaged in unpaid work, providing vital care and mentoring in their families and communities. Across Canada, there is also a growing trend of adults, particularly those living in rural areas, who are working at jobs into their old age.[48] This increase is linked to several factors. Some seniors remain employed by choice, others do so out of necessity.[48]

Employment

1/3 of older First Nations women were employed in 2016

Percentage of women (55+ years) who were actively working or seeking employment:

Indigenous women: 36.8%

vs

Non-Indigenous women: 33.0%

2016 | Census

Income

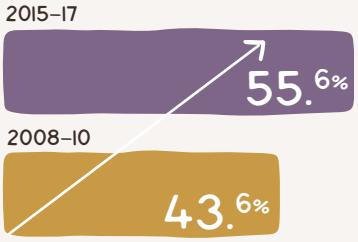
>1/4

27.6% of older First Nations women were living on incomes that fell below the specified low-income line

2016 | Census

Meeting basic needs

The percentage of older First Nations women who *never* had difficulty meeting their basic needs increased:



2008-10; 2015-17 | RHS

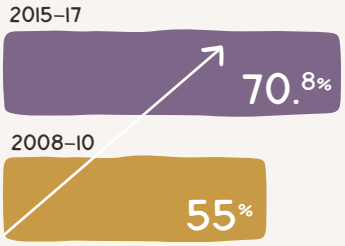
Food System

For many BC First Nations older women and Elders, food is symbolic of their culture – central to their identity and how they connect with others and with the land. Women Elders also often hold vital knowledge about food and the food practices of the ancestors that supported safe and sustainable food systems for thousands of years. Prior to the introduction of Western food systems, this knowledge and understanding of the lands, waters, forests and rivers, protected BC First Nations from issues of food security.

People's relationships with food changed as a result of colonialism, the dislocation from territories, and residential school era, resulting in less healthy diets and a greater reliance on store-bought and processed foods. BC First Nations also face disproportionate barriers when it comes to accessing food that is affordable and nutritious. A growing number of BC First Nations are now looking to women Elders for their teachings and knowledge as they work to revive First Nations diets and food practices, revitalize the cultural rituals and perspectives around food, as well as re-establish control over their food security.

Affording Food

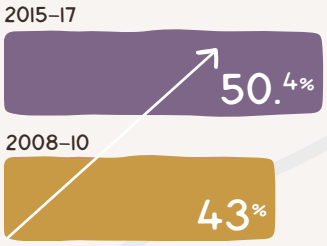
The proportion of older First Nations women who never had difficulty covering the costs of food in the past year increased:



2015-17 | RHS

Food Security

The percentage of older First Nations women who reported being food-secure (i.e., able to access and afford safe, nutritious and culturally appropriate food) also increased:



2015-17 | RHS

Access to Internet

With the rise of online-based communications, services and supports, Internet connectivity has had increasing influence over various determinants of health, including a person's access to health care, education and employment.[49] Particularly with the social distancing restrictions and service closures of the COVID-19 pandemic, the Internet has become an important avenue for accessing services and maintaining employment, social and cultural connections. During the pandemic, access to the Internet was also required for accessing many health services and this is likely to continue into the future.

While progress has been made in extending Internet connectivity more broadly since this data was collected in 2015-17, affordable, secure access to Internet remains a challenge in some rural and remote communities.[50] It is included here to acknowledge the growing importance of this topic and the potential of Internet connectivity to exacerbate inequities.

Internet

67.6% of older First Nations women had an Internet connection at home in 2015–17

While an improvement from in 2008–10 (40.2%)

1/3 remained without affordable, secure access to the Internet in 2015–17

2008-10; 2015-17 | RHS

Health System

Due to the increased vulnerability to illness and declining health that often comes with age, access to timely and appropriate health services is an especially essential component of maintaining wellness for many older First Nations women. Particularly important is access to primary care, which is the first level of health care in the health system – whether that be in a doctor's office, or within a band-operated nursing station, community health centre, or hospital. Primary care services, which are provided by a wide range of health care workers, have been shown to be key in the management of chronic conditions.[51] When provided effectively and equitably, they can help mitigate medical emergencies and the need for hospitalization.[52] These services are also central in the planning and delivery of palliative care, when a woman is nearing the end of life.

> **"I don't know why, I didn't want anybody to look at my body. Because we were told not to show our bodies. Maybe it has to do with our upbringing and by the way we were taken out of our homes and told to be ashamed of our bodies. Like in [residential school] they used to tell us we're just Indians, they called us worse names but I don't want to repeat what they call us. That we're forbidden to look at anybody, even the opposite sex, so you had a dislike for your body and your person, as a Native person. And I was scared. I was embarrassed."**
>
> **- First Nations woman, Carrier First Nation[55]**

BC First Nations communities face unique barriers in accessing primary care due to a variety of factors, including high turnover among health care professionals, poor integration between community prevention and clinical programs, and limited integration of First Nations medicines and healing practices.[53] They also commonly encounter systemic racism when accessing health care services, either at the institutional level through the uneven, race-based distribution of health funding, resources and services and/or at an interpersonal level through the treatment of health care providers.[33,29] Some older women recall experiences in connection with Indian hospitals, which existed in BC from the 1920s to the 1980s.[54] Survivors of residential schools also commonly share a reluctance to admit pain or suffering – as well as an extreme sense of vulnerability when having to expose their bodies for physical examinations.[55]

SUPPORTIVE SYSTEMS

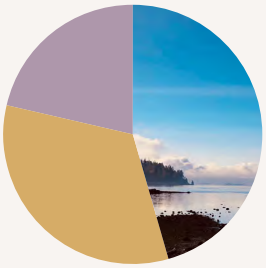
As individuals and within their families and communities, older First Nations women have responded to the mistreatment, marginalization, and exclusion with resilience and resourcefulness. Still, for many, these traumatic experiences have understandably undermined their trust in the system. These fears and traumas run through the children and grandchildren of survivors so as to be intergenerational. In some cases, experiences keep them from accessing health care altogether to avoid discriminatory treatment.

Embedding trauma-informed care and cultural safety and humility into all health care services, education and planning helps to create a safe and equitable health care environment where First Nations women and their families feel respected.

> "You go to a clinic, and they don't treat you as a human being. You're somebody who's wasting their valuable time that they could be spending on someone else more deserving of the health care system."
>
> - Woman of the Oneida Nation, living in Victoria[56]

Quality of Available Health Services

Older First Nations women's ratings of health services in their community:



- 46.7% "good" or "excellent"
- 32.4% "fair"
- 20.8% "poor"

2015-17 | RHS

> "You would think that everyone would want their child to have a beautiful smile. It's not that we don't want that. It's that our learned fear stands in the way of us even understanding ourselves. I'm grateful to have a dentist who took the time and recognized that my fear was more than just a fear of needles. He took the time and asked why. And like my dad, I had to measure the same dentist and ask, 'Do I tell him? Do I trust him? Will he laugh at me? Will he make me feel small?' It is in that singular moment that the client is either going to seek out your help and trust you or they won't come back."
>
> - Connie Paul, Tsartlip First Nation[57]

Emergency Department Utilization

Use of emergency services can provide insight into how effective the primary care system is in meeting the health needs of First Nations people.[29] Frequent visits to emergency departments and urgent care clinics can be an indication that people do not have access to services and the support they need in their community. Having access to the continuous care from a family physician or nurse practitioner and lab diagnostic services can help in preventing and detecting health issues before they become acute. They can also support someone in recovery.

> Reflective of the barriers they face in accessing primary care, older First Nations women (65+) were more likely to require emergency health services than First Nations men and Other Residents
>
> 2017/18 | *In Plain Sight* (2020)

Accessing Dental Care

Percentage of older First Nations women receiving dental care:

At least once in the past two years

In the past year

Up from 35% in 2008/10

2008-10; 2015-17 | RHS

Receiving Culturally Safe Care

Indigenous women were *less likely* than Indigenous men and non-Indigenous respondents to feel safe in health care settings

Indigenous women were *more likely* than Indigenous men and non-Indigenous respondents to have been discriminated against by health care workers on the basis of their ancestry or origins, their age, their skin colour, and their appearance

2020 | *In Plain Sight*

HEALTHY BODIES, MINDS AND SPIRITS

Healthy and supported older First Nations women and Elders are central to achieving the vision of healthy, vibrant and self-determining First Nations women and communities both today and into the future. First Nations women Elders and matriarchs play a vital role in connecting First Nations people to one another, connecting them to the culture, the land and the ancestors. They are pivotal in solidifying the roots of wellness; however, in order to fulfill this sacred role, Elders need to be well themselves and communities need to support them in their wellness.

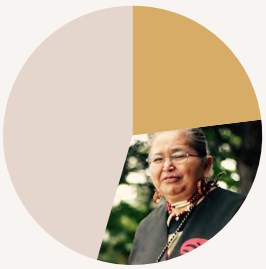
Some older First Nations women and Elders, particularly those who were removed from their families and communities, may have been disconnected from their culture or are struggling with traumas from their past. These traumas can manifest in various ways to impact a woman's physical, emotional, mental and spiritual wellness – and many older adults may find themselves on healing journeys. This healing is not only vital to their wellness but also necessary to mitigate the intergenerational perpetuation of their traumas.[58]

In some cases, the trauma and multi-generational trauma of colonialism continues to impede the self-determination and wellness of older First Nations women and Elders. However, many are thriving and living long and happy lives.

This chapter provides a glimpse into the data and lived experiences of older First Nations women as they relate to various and interrelated aspects of physical and sexual health, mental and emotional wellness. The aim is to facilitate a better understanding of those areas of wellness where older First Nations women are flourishing while also drawing attention to those areas where more support is necessary.

SELF-RATED HEALTH

Self-rated health by older First Nations Women:



- 23.2% "excellent / very good"
- 31.4% "good"

2015-17 | RHS

"I connected with a grandmother – at a conference of all places. She saw me and she came up to me and we just stood there and hugged. Her grandchild, that she had raised, had just recently moved away. They had left the reserve and moved in to town to go to university – and she said that up until that point, she didn't know whether or not her grandchild would live that long. So in seeing me – seeing that I existed as a trans person and a leader in the community – meant that her grandchild too could exist. Connecting with the two of them also helped me to know that I was supported by Elders – to feel loved and supported by them."

- Jean Baptiste, Wet'suwet'en Nation[59]

"It isn't that one is healed from intergenerational shame or that we are forever flawed. One day, good teachers come along and help our understanding to awaken to the need for acceptance, forgiveness and love – first for the self and then for others. They also help us to understand the need to be accountable and responsible for the perpetuation of intergenerational trauma. Learning to live outside of the box is an adventure, a quest, a freedom."

- Dr. Patricia Vickers, Ts'msyen and Heiltsuk First Nations[58]

Healthy Bodies

First Nations traditional lifestyles include daily activities associated with food gathering and preparation, dancing, storytelling and singing that keep women physically active and nourished by healthy diets well into their old age. These activities, many of which are done in the company of others, can also help to keep older women connected and engaged in their community.[3]

Physical activity contributes to women's mental health as they age, helping to reduce stress while boosting confidence and self-esteem.[3] Particularly when combined with a diet comprising nutrient-dense foods – many of which are traditional foods – physical activity can also reduce the risk of chronic diseases such as cardiovascular disease, cancer, obesity and diabetes,[60] as well as health issues such as dementia.[61,62]

Many older First Nations women continue to stay active and well by engaging in cultural activities such as berry picking, hunting, tanning hides, canoeing, drumming and dancing. Low-intensity, low-cost activities such as moderate, regular walking and gardening are also simple and common ways to get out on the land and be physically active. However, some older women, especially those who live with physical disabilities and/or with mobility challenges, face barriers to getting the exercise they need.

> "My secret to aging well is in lifestyle choices. Eating well and staying active – abstaining from alcohol and cigarettes. I grew up eating locally grown vegetables and fruit, lots of salmon and seafood. We rarely ate beef. I juice regularly (mostly vegetables). Keeping mobile is very important. I enjoy swimming, gardening, and being with kids – it keeps you young."
>
> - ?apat Jane Jones, Tseshaht First Nation[5]

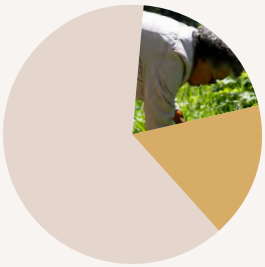
> "My secret to aging well is keeping active, and always keep learning new things, even at my age. I enjoy family time and cultural gatherings. It's important to teach our children traditional practices. Watching what I eat – lots of fish, dried, canned, smoked, salted – and helping other Elders and our youth. I have always been involved in groups, women's groups. Learning to make crafts, knitting, youth groups, committees and even politics. I was on Council too and am still involved today."
>
> - Woman Elder, Soowahlie First Nation[5]

A large number of older First Nations women also continue to eat First Nations foods and practise the harvesting, preparation and preservation methods that for centuries provided BC First Nations with highly nutritious, complete and balanced diets. Some are returning to First Nations foods, many of which have medicinal properties, as a way of healing, regaining or maintaining a healthy weight, and/or preventing chronic conditions such as diabetes and heart disease. Women Elders also play a key role in passing along this vital knowledge to younger generations, many of whom are seeking to reintegrate First Nations foods into their diets.

Despite the physical and spiritual benefits of healthy eating, some older First Nations women face challenges in this area due to emotional and spiritual baggage associated with food. For residential school survivors, in particular, many of whom experienced hunger and were deprived of access to nutritious and traditional foods, eating habits can be impacted by trauma and intergenerational trauma. In some cases, women still have limited access to the territories on which to harvest these traditional foods. In northern communities, man-made processed foods are also often cheaper and more easily accessible than fresh food from the land.

Physical activity

Self-reported levels of physical activity for First Nations women in the previous three months:



- 20% "active"
- 17% "moderately active"

2015-17 | RHS

Eating Nutritious Meals

Percentage of older First Nations women who ate balanced and nutritious meals:

- 55% "always" or "almost always"
- 40% "some of the time"

2015-17 | RHS

Respecting Tobacco

Tobacco has been an integral element of many BC First Nations cultures for thousands of years, and many older First Nations women and Elders continue to use tobacco in its natural form for rituals, ceremony and healing practices.[63] Since settlement, commercial tobacco also became widely used for recreational purposes, with harmful impacts to women's physical, mental and spiritual wellness.

> "I must've quit about 15 years ago now, at that time I was smoking about a pack a day. It got too expensive to keep up, and my kids were bugging me to quit. Also my grandchildren kept me busy chasing them, and I didn't have the breath to keep up. I was able to quit cold turkey just on will power, I don't miss it at all, don't miss having stinky clothes."
>
> - Yvonne Galligos, Tla'Amin Nation[3]

With increased awareness of the dangers of smoking and its links to various lung diseases, lung cancer, mouth cancer, heart disease, and cancers of the upper respiratory tract, rates of smoking have dropped significantly. When someone quits smoking, much of the damage caused by smoking can be reversed. However, due to the highly addictive properties of the nicotine contained in commercial cigarettes, it can be a very difficult habit to break, particularly for those who have been smoking for many years.

Non-smoking rates

68.8%

of older First Nations women were non-smokers in 2015–17, which remained relatively constant between 2008–10 and 2015–17

2008-10; 2015-17 IRHS

Prevention and Management of Chronic Conditions and Disease

BC First Nations have always known the benefits of healthy eating and staying active. However, the displacement from traditional territories and disruption of cultural practices caused a shift towards higher-fat, energy-dense diets, increased exposure to environmental toxins, and less physically active lifestyles. This in turn increased the risks of developing diseases such as cancer and chronic conditions such as heart disease, diabetes and osteoporosis.[64,65] While populations worldwide are seeing an increased prevalence of chronic conditions, due to the historical and ongoing influence of colonialism on the structural determinants of health, rates of 17 chronic conditions are higher for BC First Nations compared to other BC residents.[66] There are gender inequities in how some chronic conditions, such as heart disease and diabetes, manifest in and affect women, as compared to men. First Nations women are also more likely than men to report having two or more chronic conditions, which means more complex health needs and more complicated clinical management.[29]

Heart Health

Heart health is shaped by a complexity of factors, including a woman's living situation and relationships to family, community, the ancestors and the land. Just as First Nations teachings bring focus to the importance of maintaining a physical way of life that fosters a spiritual connection to the land, self and Creator, Western medicine has affirmed the linkages between heart disease and diet, levels of physical activity, elevated blood pressure (hypertension), excessive body weight and diabetes.[67]

As a result, heart health is one area in which the transition to Western diets and lifestyles has been particularly detrimental to the health and longevity of First Nations women. While cardiovascular disease (CVD, heart disease and stroke) is a leading cause of death among all Canadians – Indigenous and non-Indigenous,[68,69] due to inequities in a range of structural determinants of health, rates are higher for First Nations peoples than for Other Residents – and First Nations women in particular.

Research has shown several different risk factors, including the hormonal changes that occur during menopause or other sudden changes in estrogen levels.[70] Women are less likely than men to be diagnosed and more likely to pass away following a heart attack.[9]

> The death rate from coronary heart disease disease (a type of CVD) for First Nations women is 53% higher than for non-First Nations women[71]

First Nations women are affected by unique risk factors that contribute to the risks associated with heart disease – including risks derived from the stress of past traumas, smoking commercial tobacco, caregiver roles, and the disruption of cultural practices, ceremonies and knowledge as it relates to self-care and preventative approaches to heart health.[9]

Women Elders have highlighted the importance of reviving culture and ceremony in healing and in reversing the trend of heart diseases. With up to 80% of heart diseases preventable through diet and lifestyle,[72] the reintegration of First Nations foods and food practices is vital. Avoiding commercial tobacco products is also important.

HYPERTENSION

RATES OF HYPERTENSION (I.E., HIGH BLOOD PRESSURE) WERE HIGHER AMONG FIRST NATIONS WOMEN (50+ YEARS) THAN AMONG FIRST NATIONS MEN AND OTHER RESIDENT WOMEN

2015/16 | Chronic Disease Registries

DIABETES

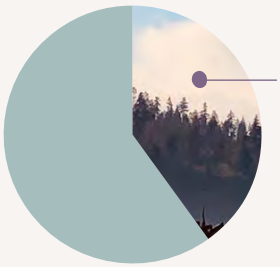
The revitalization of First Nations foods and cultural practices is also central to how many older First Nations women in BC are preventing and managing type 2 diabetes, a chronic condition that involves the regulation of sugar in the body. Unlike type 1 diabetes, which occurs when the body becomes unable to produce sufficient quantities of insulin and for which there is no known prevention, the more common type 2 diabetes (when the body is unable to use insulin effectively to regulate blood sugar levels) can be largely prevented and managed through diet and exercise. Due to the impacts of colonialism on the socio-economic determinants of BC First Nations, cultural systems and access to care, First Nations communities – and women in particular – bear a disproportionate burden of diabetes and its complications, which can include heart disease, eye problems and blindness, and kidney disease.[74,75]

"There is heart sickness from losing children and parents."

"Diabetes is the grieving of the blood from losing our children."

- Quotes from *Lessons from Gatherings with Elders and Knowledge Holders*[9]

BETWEEN 2004/05 AND 2015/16, THE PREVALENCE RATE OF DIABETES AMONG OLDER FIRST NATIONS WOMEN ROSE MORE SLOWLY THAN AMONG OTHER RESIDENTS (BOTH MALE AND FEMALE).



40.2%

the prevalence rate of Diabetes among First Nations women (80-84 years)

2015/16 | Chronic Disease Registries

The first known case of diabetes in Heiltsuk Nation was in 1970. It is not a coincidence that this was when a new diet was introduced into the Nation. This introduction of an unhealthy Western diet that was imposed on us took us away from eating our traditional foods, and our people went through a significant nutritional transition that has negatively impacted the overall health and well-being of our community. The Nation knows the health benefits associated with our traditional diet and has made efforts to address it. Our people were healthy before contact because of our traditional diets and we will continue to be healthy through our efforts to increase our consumption of traditional foods."

- Carrie Easterbrook, Heiltsuk First Nation[73]

"I remember my mom near the end had many effects from diabetes, and when the specialist told my mom and told me that my mom couldn't eat the salmon anymore and had to really restrict her diet, I remember my mom really breaking down and crying – and she rarely cried. I said, 'Maybe we could just not eat salmon all the time. Maybe we could just have a little bit of salmon.' And I think that really helped her a lot. Because our traditional foods are just like medicine for us. And when we eat it, it is the whole comfort, it's the whole spiritual connection that we have. So that's what we did. We didn't eat salmon all the time, but we ate a little bit of it."

- Elder Roberta Price, Coast Salish – Snuneymuxw/Cowichan Tribes[76]

Cancer

Many older First Nations women have had their lives touched by cancer in some way and have stories to share from their own experiences – past or present – managing the disease, and navigating treatment and recovery. Research has shown that the prevalence of most forms of cancer is lower among BC First Nations as compared to Other Residents, with important exceptions for women when it comes to colorectal cancer and cervical cancer where incident rates have been respectively 22% and 92% higher for First Nations women than for other women.[77] First Nations people have also been shown to be less likely to survive a cancer diagnosis.[78]

Increasing awareness about important preventative measures, such as screening, as well as improving access to culturally safe and trauma-informed spaces for screening, are key components to addressing the disproportionate rates of cancer among First Nations women relative to Other Residents.

"I've combined my recovery after cancer with my own sobriety and spirituality. It's all interconnected. In 2012, I was diagnosed with breast cancer, I was already sober two or more years. I was discovering my spirituality, connection to my Creator and connection to the land. I was working my AA program and I was also eating properly. The dietary piece was huge. I was eating more healthily, more fruits, vegetables, drinking a lot more water, and I was exercising.

"Looking back, alcohol, smoking, drugs plus lack of sleeping, probably did contribute to my cancer diagnosis. The emotional stress and the mental health pieces also. When I was in addiction, I was in constant chaos. And it comes out in the rest of your body at the same time.

"For my well-being, I started practising my Secwepemc culture more, like attending sweats, smudging, and praying. It was a really stressful time when I had cancer. Today I am healthy and I do not have cancer any longer. It's been nine years now, and I'm still cancer-free."

- Dawn Francois, Skwlax te Secwepemc, Secwepemc Nation (Breast Cancer Survivor)[79]

PROMISING PRACTICES

The Indigenous Cancer Strategy, developed in collaboration between BC Cancer, First Nations Health Authority, Métis Nation British Columbia, and BC Association of Aboriginal Friendship Centres, provides a road map to improve the cancer journeys of Indigenous peoples in BC, touching on the key components of knowledge development and partnerships, screening, end-of-life, prevention, cultural safety and survivorship.[78]

PAP Tests

The rate of Pap tests for cervical cancer detection among adults aged 65+:

The rate of pap testing among First Nations (65+) was

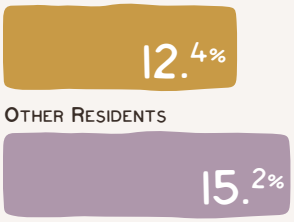
~2/3

that of Other Residents (65+)

2017/18 | *In Plain Sight* (2020)

FIT Tests

The rate of FIT tests, which screen for colorectal cancer among men and women aged 65+:



2017/18 | *In Plain Sight* (2020)

Other Chronic Conditions

Alzheimer's Disease and Other Forms of Dementia

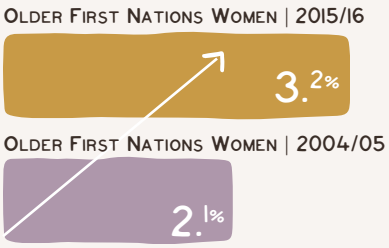
A woman's mental wellness can be affected by memory loss and confusion during the senior years. At times, this change is part of the natural aging process, understood in some First Nations cultures as a "second childhood" and a time when one is "closer to the Creator."[80] In other instances, the confusion occurs in connection with a dementia condition such as Alzheimer's disease. As the risk factors for dementias such as diabetes, low socio-economic status and/or poverty, obesity and cardiovascular disease are disproportionately experienced by First Nations populations as a legacy of colonialism, the rate of dementia among First Nations Elders is an emerging issue of concern in some communities.[82] This is compounded by the reality that BC First Nations face challenges and barriers to accessing services related to dementia assessment, diagnosis and care.[83]

"In our First Nations culture, because dementia was never mentioned 50 years ago, this is all something new. It's here now. Back then, when our Elders were getting old, people would just say, 'They're getting old, they're tired … they've just had their days.' They never thought about dementia."

- Marlene Tait, Haida/Gitxsan[85]

Alzheimer's Disease

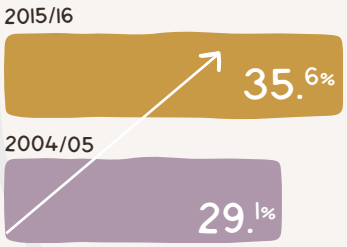
Prevalence rates of Alzheimer's disease and other forms of dementia among older adults (50+ years) – both First Nations and Other Residents – have risen over time:



2004/05; 2015/16 | Chronic Disease Registries

Osteoarthritis

Following a similar trend among all older adults, the rates of osteoarthritis among First Nations women (50+ years) increased steadily:



2004/05; 2015/16 | Chronic Disease Registries

Rheumatoid arthritis

>2x

Rates of rheumatoid arthritis among First Nations women (50+ years) were *more than twice* those of First Nations men and Other Residents

2015/16 | Chronic Disease Registries

Asthma

↑

Rates of asthma among First Nations women (50+ years) increased steadily between 2004/05 and 2015/16 as they did among First Nations men and Other Residents

>

2x

As of 2015/16, the rate of asthma among First Nations women (50+ years) was higher than for First Nations males and close to double that among Other Resident females

2004/05; 2015/16 | Chronic Disease Registries

Sexual Well-Being and Reproductive Justice

First Nations teachings provide information and guidance as women transition through the different phases of the reproductive journey. Ceremonies and cultural practices also help to facilitate connections – and ensure that individuals are supported by their mothers, aunties, sisters and grandmothers as they navigate the mental, emotional, spiritual and physical changes that occur with each stage.

Menopause most commonly takes place in a woman's older years and marks a significant transition. This period is considered to be a "window of opportunity" when changes in lifestyle, the eating of First Nations foods, and supportive treatments can be particularly impactful. The decreases in estrogen that occur with age can also at times cause mood shifts, heightened anxiety and depression.[84] However, just as with birth and menstruation, each person's menopausal transition and their capacity to maintain balance during this time is unique, shaped by their perceptions as well as the socio-political, historical, cultural and medical contexts in which they live. For many older First Nations women, their experiences of menopause have been impacted by the repression of sexual health teachings and/or sexual abuse that occurred in residential school and other colonial institutions.[85]

As a result of this oppression, First Nations women describe a collective silence around issues related to female sexuality generally and menopause in particular.[86] Many indicate that they do not feel comfortable talking about their sexual and reproductive health, including experiences such as menopause.[87] This creates a barrier to First Nations women when it comes to accessing sexual health services. It is also an obstacle to accessing the information they need to protect themselves against sexually transmitted and blood-borne infections such as chlamydia, gonorrhea, Hepatitis C, Human Immunodeficiency Virus (HIV), syphilis, and the Human Papilloma Virus (HPV).

Sexually Transmitted Infections (STIs)

57.2

The rate of STIs among First Nations females (age 50+ years)

which was substantially lower than among First Nations males, but higher than among Other Resident females of the same age

2012-14 | BCCDC

"I have been going through perimenopause for the last … what feels like a really long time. The night sweats have been really awful. And the brain fog and the moodiness and some depression. I had a multitude of questions. Why is menopause so taboo? Why is nobody talking about this? Why don't we matter? Why are we pushed off to the side? Why is aging so difficult for women and not for men? Because my mom was a residential school survivor, her first language is Cree, we've never really talked about sexuality. We never really spoke about bodies and changes and periods and these things – we never had these discussions … so experiencing the symptoms of menopause, I was feeling frustrated cause I had no one to talk to. Like my mom had gone through a hysterectomy, like a lot of Indigenous women – they basically cut everything out if they go to the doctors if they have an issue – and that impacts the changes [experienced with menopause]. So I went to the walk-in clinic. Can someone help me? I actually need to support. I don't know what's going on with my body."

- Jules Koostachin, Attawapiskat First Nation, currently residing in Vancouver, who ended up bringing together some of her Indigenous sisters to share their experiences with menopause. Captured in this documentary of the gathering, KaYaMenTa, delves into Indigenous ideas of sexuality, aging, spirituality and healing around menopause.[88]

"I know that everything happened to me for a reason. I love who I am now. I love the mother that I am, I love the grandmother that I am. I need to get my kids ready though. It just hit me the other day that I'm going to be 50 soon – I'm going to be an Elder. So, I'm focused now just working in my community and working with my kids to get them ready. When I first started doing this work, I focused mostly on women – empowering women and helping women to have a voice and to heal. Then I realized, 'Hey, I have two sons – and two grandsons, another on the way!' We need to work with our men too – and figure out how to help our men to heal."

- Nicole LaRock, Yakweakwioose First Nations, Stó:lō Nation[98]

Mental Wellness and Nurturing the Spirit

Mental wellness is about being balanced and connected to family, friends, community and the land.[89] As at all stages of life, older First Nations women's ability to maintain physical and emotional balance is shaped by the cultural (both First Nations and Western) socio-economic, historical, political and medical contexts of their lives. It is enhanced by nurturing the spirit, which may include going to ceremony, going to church, or taking time for oneself – and by engaging with those aspects of life that make them smile, such as spending time in nature, taking part in cultural activities, and connecting with friends and family. Mental health relates to one's ability to draw enjoyment from life – and is therefore closely impacted by a woman's physical well-being – enhanced by eating well and being active, and impeded by the presence of chronic pain or some other physical health problem.

Although Elders have developed long-standing coping skills to manage their day-to-day stresses, they are just as prone as at other stages of life to suffering from the effects of intergenerational trauma, depression, anxiety, and problematic substance use.[3] The physical, mental and spiritual changes that women experience as they approach and experience menopause can make them more vulnerable to emotional stresses such as depression and anxiety.[91] Those who are more socially isolated because they live alone and/or have minimal contact with family and community, have health issues, low incomes, and/or are without access to transportation – are particularly susceptible to mental and emotional distress.[92]

> "You know, myself, even though I remember all those teachings, sometimes I start to backslide and I start to feel sorry for myself and think, 'I'm getting old, I'm getting so old. I just can't do this anymore. I can't do that anymore.' And that kind of gets you down. Kinda eats away at you. And if I allow that, I'm gonna sit here on my pity pot and think, 'Nobody ever comes to visit me and nobody ever does this for me and nobody ever –' and I tell myself, 'Smarten up!' And I have this book, it's a daily meditation book. I will pick it up most every day, especially if I feel I need a boost, and I turn it to that page – 'Oh, today is July the 15th, or July the 16th,' turn to that page, and lo and behold! There's always a message there that reminds me it's okay. I'm not going to worry about tomorrow – it's not here yet. I'm not going to worry about yesterday – that's gone. I'm here for today. And that's what's really important. I'm here and my children, my grandchildren might just drop in, and that's a gift. And a friend may phone me, and that's a gift. So I have to take each gift for that day as it comes. And if it doesn't come, I know it will be okay."
>
> - Elder Elsie Paul, Tla'amin Nation[90]

Self-Rated Mental Health

Self-rating of older First Nations women state of mental health:

- 45.9% "very good / excellent"
- 35.9% "good"
- 17.5% "fair / poor"

2015-17 | RHS

Sense of Balance

Percentage of older First Nations women who felt they were in balance in all aspects of wellness:

- 57.9% "most / all of the time"
- 10% "some of the time"

2015-17 | RHS

Life Stress

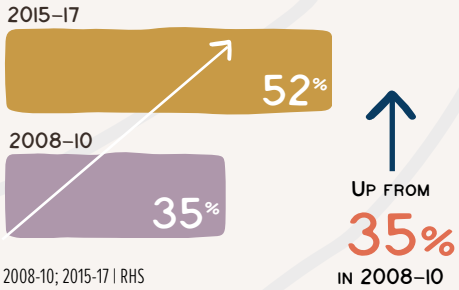
82.1%

The majority of older First Nations women reported that their daily lives were, at worst, "a bit stressful"

2015-17 | RHS

Depression

Approximately half of older First Nations women reported *never feeling depressed* in the past month:



2008-10; 2015-17 | RHS

Suicides

Many BC First Nations, and particularly those who have a strong sense of the past and connection to culture, go decades without the tragic experience of losing a member to suicide. However, when such an event occurs – whether it is one's own community or in another Nation – the loss is felt widely and deeply. The pain can be amplified in smaller, tight-knit First Nations communities.[89]

Unfortunately, due to the ongoing intergenerational impacts of colonization, residential schools, the Sixties' Scoop, child apprehension, land dispossession, racism, and attempted physical/cultural genocide, First Nations communities have been disproportionately impacted by suicides.[89] First Nations culture, teachings and practices are important for suicide prevention, intervention and healing,[93] and Elders are therefore playing a key role in many Nations' efforts to prevent and respond to suicides. They are also central to the reclamation of self-determination, rebuilding the cultural continuity, and regaining access and control of ancestral lands, education, health services – all of which have been shown to be instrumental in reducing risk of suicide.[94]

13.4%

of older First Nations women lost a family member or friend to suicide in the past year

2015-17 | RHS

Getting Help with Mental and Emotional Health

The Elders remind us that "in traditional households, there is no shame in asking for help – only pride in the fact that a person has had the strength to ask."[95] However, there is a perception in Western society that needing help is sign of weakness, and as a result, it is often very difficult for individuals to reach out when they need to.

Reaching out for Support

69.6%

of older First Nations women reached out to speak with someone about their emotional or mental health in the past year

> First Nations women were more likely than First Nations men to reach out for support

2015-17 | RHS

Depression

Rates of older First Nations adults (50+ years) receiving medical services for depression remained relatively consistent between 2004/05 and 2015/16

> 2015/16

2x

the rate of care for depression among older First Nations women was more than double that of older First Nations men

2004/05; 2015/16 | Chronic Disease Registries

Use of Alcohol, Substances and Gambling

It is common for people who are hurting, experiencing trauma, or feeling like they don't belong, to use alcohol and/or drugs to numb or cope with the pain. The majority of older First Nations women in BC do not drink and the proportion using drugs in 2015-17 was too small to be reportable by the RHS. Still, many are impacted by the use and intergenerational effects of substance use in their families and communities.

This relationship with alcohol, in particular, is a historical and largely negative one, as shaped by the prohibition of alcohol under the *Indian Act*, the trauma and disempowerment of residential schools and the Sixties' Scoop, and the racist labelling of First Nations and other Indigenous peoples as helpless abusers of alcohol.[96] Seeing and experiencing how alcohol use can impact social, emotional, mental and spiritual wellness, many older First Nations people have evolved their relationship with alcohol over the course of their life. Some have opted not to drink or choose to use in moderation. Others use alcohol to help cope with longstanding pains and traumas, which unfortunately for some, can lead to addiction and/or physical health problems.

> **"Where there's a lack of identity – who they are, where they come from – that's one of the biggest concerns. Feeling like they don't belong, or a disconnection. Rebuilding those connections, bringing back culture and traditions, helps guide people back and builds self-esteem. Culture is the biggest component of health and wellness. We need to empower our people and not break them down. They are someone's child, sister, brother, aunt, uncle, niece or nephew. Connection is the correction for our people."**
>
> - Kemaxa'las Milly Price, Da'naxda'xw/We Wai Kai/Wei Wai Kum First Nation[96]

"I think the trauma that happened to our people many years ago is the basis of what happened in our own people not having that spark to carry on with our culture and traditions and the involvement of things that were so foreign to us: alcohol, drugs. Alcohol is a medication for trauma. It's one of the many things that happened with the separation from culture and traditions. When you lose family members through results of using those things, you start to think about it not as just a tragedy, but a series of tragedies."

- Mary Everson (Uma'galis), Kwakwaka'wakw, K'omoks and Tlingit, from the K'omoks First Nation[40]

>2/3

OF OLDER FIRST NATIONS WOMEN DID NOT DRINK ALCOHOL IN THE PAST YEAR

2002-03; 2008-10 and 2015-17 | RHS

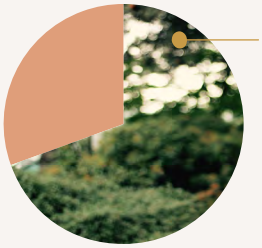
48.4%

OF THOSE WHO DID, DID SO ONCE A MONTH OR LESS

2015-17 | RHS

GAMBLING

While most who engage in gambling do so responsibly and "socially," i.e., for recreation, gambling can also be used as an avenue for coping with trauma.[97] For some, the stimulation associated with betting can be addictive and impact negatively on their goals and responsibilities and relationships.



2015-17 | RHS

69.7%

OF OLDER FIRST NATIONS WOMEN GAMBLED IN THE PAST YEAR

>

84.4%

OF THOSE WHO DID GAMBLE NEVER BET MORE THAN THEY COULD AFFORD

92.8%

OF THOSE WHO DID GAMBLE DID NOT CAUSE THEMSELVES OR THEIR FAMILIES ANY FINANCIAL DIFFICULTIES

CONCLUSION

First Nations women Elders, matriarchs and grandmothers are precious in their families, communities and Nations. They have journeyed through all of the stages of the life cycle and are in the final phase of their physical journey on earth. They hold wisdom from their experiences, and in many cases, sacred knowledge about First Nations customs, language, ceremony, rites of passage, foods, and ways of life. The Elders and matriarchs provide a vital link to these traditions and bring forward the wisdom and teachings to guide First Nations families and communities with contemporary issues of today. As teachers and caregivers, they also play a vital role in ensuring this knowledge is kept alive and passed on to future generations.

The health and wellness of women Elders has been shaped by the paths of their lives, their connections and relationships, their environments, and the systems they must interact with to access their basic needs. The resilience of First Nations women has been integral to the continuance and strength of First Nations culture and community – and the well-being of First Nations matriarchs and grandmothers will always be essential to the vision of healthy, vibrant and self-determining First Nations families and communities.

MOVING FORWARD

This report is being brought forward in the wake of several important reports and publications, including the *Truth and Reconciliation Commission Report* (TRC) in 2015, the *Reclaiming Power and Place Report* from the National Inquiry into MMIWG in 2019, and the *In Plain Sight Report* from the Addressing Racism Review (ARR) in 2020. The path forward for eliminating the barriers to wellness and supporting First Nations women and girls to thrive has been clearly laid out in the 94 TRC Calls to Action, the MMIWG's 231 Calls for Justice, and the 24 Recommendations of the ARR. This report has no further recommendations to add. However, it does underscore the urgency and significance of these actions to the health and wellness of First Nations women and girls and the well-being of First Nations communities more broadly.

There has been increasing awareness about the structural inequities, systemic racism, and misogyny that First Nations women encounter within mainstream systems for education, employment and economic security, housing, health, and justice. There is now greater public knowledge about the disproportionate risks that First Nations women, girls and gender-diverse people face. Recent achievements such as BC's legislation implementing the *United Nations Declaration of Indigenous Peoples (UNDRIP)* and the *Act Respecting First Nations, Inuit and Métis Children and Families (Bill C-92)*, have also enhanced understanding about the prevailing inequities as a fundamental issue of human rights for Indigenous peoples.

However, as highlighted by the stories and data in this report, significant work is still necessary to eliminate and transform the colonial and racist foundations of systems at the root of these injustices. These colonial attitudes, policies, and structures are the reasons that First Nations women and girls continue to face challenges to their wellness and go missing from their communities. There could be no greater impetus for action than that.

- This report is intended as a benchmark of actions and collective progress in addressing the TRC's 94 Calls to Action, the MMIWG's 231 Calls for Justice, the ARR's 24 Recommendations, and the *UNDRIP* – all of which are necessary to eliminate barriers to First Nations women's and girls' health and wellness.
- This report is dedicated to the First Nations women and girls who have gone missing or been murdered, as well as their families and communities. These devastating losses are a constant reminder of the acute importance of this work.
- This report is intended as a reference point against which to measure improvements in data collection and First Nations data governance. It has revealed critical gaps in the data available to measure the wholistic health and wellness of First Nations women and girls and those who are gender-diverse. There are also many aspects that are central to First Nations perspectives of wellness for which no suitable indicators exist. The partners are committed to advancing First Nations decision-making and control over their own data.

Work is also underway to account for gender, sexual orientation, Two-Spirit and non-binary status when collecting data, and to develop measures of elements such as self-determination and land connection, which are key determinants of First Nations health. This report will therefore provide a touchstone for measuring progress on these important pieces of work.

- This report and accompanying website constitute an action on the part of the partners to restore women and girls to the centre of efforts to enhance First Nations health and wellness. They are also steps towards a new approach to reporting on First Nations women's wellness: one that focuses on the aspects that they themselves see as important to their health, and one that holds up the health and wellness of First Nations women and girls as an indicator of the health and wellness of society as a whole. To this end, the website will be a continuing space dedicated to the sharing of information and stories pertaining to First Nations women's health and wellness. Updated data will be provided on this site as it becomes available. It will also be a space to lift up and celebrate new and emerging practices helping to enhance women's wellness.
- Finally, this report is meant to highlight the strength of First Nations women and girls – and to celebrate the fact that many are flourishing in spite of the ongoing legacies of colonialism.

As a growing number of Nations reclaim their traditions, language, laws, and protocols, there are increasing opportunities for women to reconnect with their cultures and for girls to grow up proud and rooted in their First Nations identity. This report highlights the importance of this cultural revitalization and the power of First Nations culture as a source of guidance, strength, and support at every stage of a women's wellness journey, from before conception through to old age. This report also highlights the vital role of matriarchs in this process of reclamation: the role that First Nations mothers, aunties, Knowledge Keepers, grandmothers, and great-grandmothers play in keeping the languages, songs, dances, teachings, and practices of their ancestors alive in the context of today's world.

These matriarchs – current and future – are fundamental to the vision of healthy, vibrant, and self-determining First Nations communities and Nations. The goal is that future reports by the partners will see *all* First Nations matriarchs, women, girls and gender-diverse peoples thriving and self-determining.

The partners are committed to working to track our individual and collective progress towards helping achieve this goal – and we encourage First Nations women and girls to hold us accountable in this pursuit. The partners also invite others in government, industry, the health system, and the public to join in the work necessary to realize this vision.

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LIST OF ABBREVIATIONS

1. ARR	Addressing Racism Review
2. AHS	Adolescent Health Survey*
3. BCCDC	BC Centre for Disease Control
4. EDI	Early Development Instrument*
5. FNHA	First Nations Health Authority
6. FPCC	First Peoples Cultural Council*
7. HSIYS	Homeless and Street-Involved Youth Survey*
8. MDI	Middle Development Instrument*
9. MMIWG	Missing and Murdered Indigenous Women and Girls
10. MSP	Medical Services Plan*
11. MSTH	Moms Stop the Harms
12. NHS	National Household Survey*
13. OPHO	Office of the Provincial Health Officer
14. RHS	Regional Health Survey*
15. STI	Sexually transmitted infection
16. TRC	Truth and Reconciliation Commission of Canada

*Please refer to the website for more detailed descriptions of these data sources.

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