

# 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 aunts 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<sup>7</sup>

Women are highly respected in First Nations cultures as matriarchs, Knowledge Keepers, caretakers of the water, and sacred givers of life.<sup>1,2</sup> 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.<sup>3,4</sup> Many Nations are traditionally matrilineal, meaning that peoples' identities – including clans and roles – are passed down through mothers.<sup>5</sup> 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.<sup>6</sup>

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, patriarchal 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.<sup>8</sup> 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.

## 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.<sup>9</sup> It has also been associated with decreased suicide ideation.<sup>10</sup>

**"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, Nle?kepmxcin<sup>13</sup>

Women and matriarchs often play a key role in leading, preserving and revitalizing cultural activities and ceremonies.<sup>11</sup> They have been central to the preservation of First Nations language and cultural practices<sup>14</sup> 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,<sup>12</sup> integrating traditional foods and healing practices into their lives; and reviving puberty rites, welcoming ceremonies and marriage ceremonies.<sup>11</sup>

## 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 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.<sup>15</sup> 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.<sup>15</sup> 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.<sup>30</sup>

**"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<sup>22</sup>



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.<sup>16,24</sup> 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<sup>17</sup> – impacts that include increased crime rates, violence, sex trafficking and economic insecurity.<sup>18,19</sup>

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.<sup>20,16</sup> 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.<sup>21</sup>



**“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<sup>23</sup>

## 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.<sup>24</sup> 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.<sup>26</sup>

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.<sup>27</sup>

**“The greatest gift I have been given by my Elders, is the gift of knowing who I am as Tseil-Wautt (one of the Tseil-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.”**

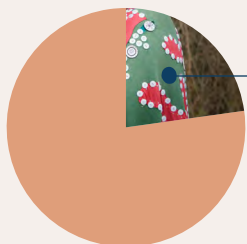
- Leah George-Wilson, Tseil-Waututh Nations<sup>28</sup>



## 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

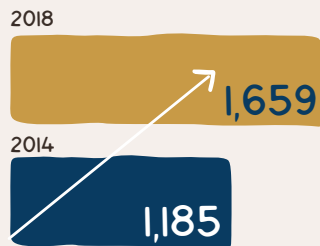
"Health and wellness amongst our people starts with healthy lands and the connections we maintain with place. Learning to develop healthy relationships with the land starts with practising cultural traditions from praying on the land to gathering traditional foods. Being on the land and speaking our 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."

- C̓əɬtups (Carmella Alexis), Syilx, Okanagan Indian Band<sup>29</sup>

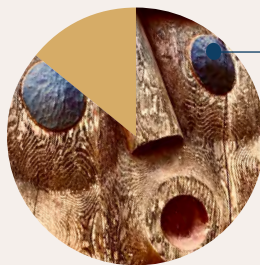
## FIRST NATIONS LANGUAGE

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.<sup>31</sup>

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.<sup>32</sup>

## IMPORTANCE OF SPIRITUALITY

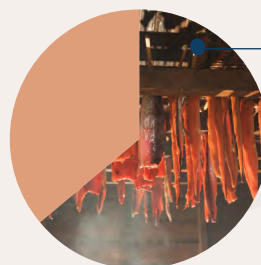
Spirituality is important to many First Nations women.

**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



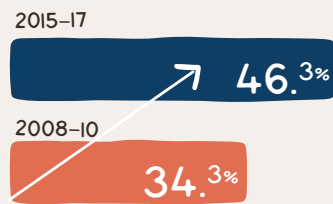
“A lot of times we were taught about praying. When you need guidance or you feel afraid – when you feel unsure when you have those feelings with the changes, coming of age, there is going to the water. Water is water. We were always taught it doesn’t matter if you were going into a shower. That’s still 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<sup>33</sup>

### TRADITIONAL MEDICINE

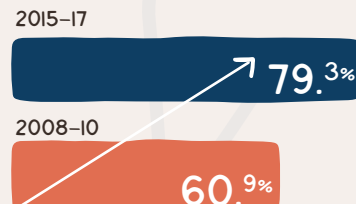
Percentage of First Nations women who used traditional medicines in the past year:



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

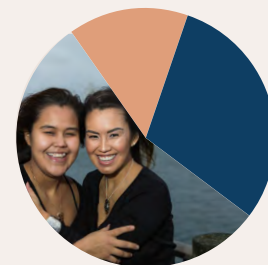
# 74.0%

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 HAÍLZAQV 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.<sup>34</sup>

“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<sup>35</sup>



# 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.<sup>25</sup>

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<sup>36</sup>





## 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<sup>37</sup>

### 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.<sup>19</sup> Racism compounds other forms of exclusion based on intersections such as gender, sexual orientation, age, class and ability, causing further injustice and harm.<sup>41</sup> The pain and trauma resulting from racism and discrimination affects First Nations women and their children and communities in countless ways.<sup>40</sup>

RACISM



1/3

OF FIRST NATIONS WOMEN REPORTED HAVING EXPERIENCED INSTANCES OF RACISM IN THE PAST YEAR

2015-17 | RHS

“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.”

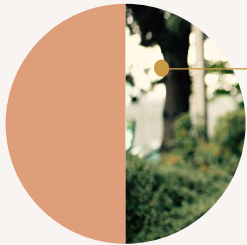
- Jennifer Smith, Tlowitsis Nation<sup>39</sup>



## 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.<sup>42</sup> 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.<sup>26</sup> 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.<sup>26</sup> As revealed through the COVID-19 pandemic, the risks of violence to First Nations women and girls are further heightened in times of crisis.<sup>43</sup>

### VIOLENCE AND ABUSE



**HALF**  
OF FIRST NATIONS  
WOMEN WERE  
VERBALLY  
ASSAULTED IN THE  
PREVIOUS YEAR

**26%**

EXPERIENCED ONE OR  
MORE PHYSICALLY  
AGGRESSIVE  
ENCOUNTERS. THESE  
PROPORTIONS DID NOT  
CHANGE BETWEEN  
2008-10 AND 2015-17

**“Even when physical or sexual violence is not immediately present, because the violence perpetuated against Indigenous women, girls and 2SLGBTQIA peoples in Canada is so pervasive, their daily lives are tainted by a constant fear and threat of violence.”**

- MMIWG Final Report<sup>68</sup>

2015-17 | RHS

2008-10; 2015-17 | RHS

**“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<sup>48</sup>

## 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.<sup>45</sup> 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.<sup>45</sup>

*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.<sup>46</sup>

## 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.<sup>49</sup> 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.<sup>50</sup>

**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.<sup>51</sup>

**“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.<sup>52</sup> 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.<sup>53</sup> 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.<sup>54</sup> 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.<sup>55</sup>

**“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*<sup>56</sup>

## POST-SECONDARY EDUCATION

**48.6%**  
FIRST NATIONS  
WOMEN  
HAD SOME  
LEVEL OF  
POST-SECONDARY  
TRAINING OR  
EDUCATION

2016 | Census

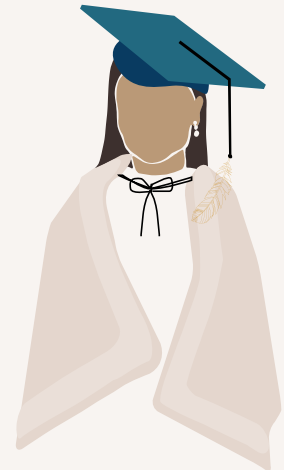
INDIGENOUS WOMEN  
WITH BACHELOR’S  
DEGREES WERE  
**MORE LIKELY** TO  
OBTAIN JOBS IN  
THEIR FIELD OF  
EDUCATION  
THAN THEIR  
NON-INDIGENOUS  
WOMEN PEERS

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<sup>57</sup>



## 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.<sup>59</sup> 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

2020 | BCCDC COVID-19 SPEAK Survey

**32%**  
OF THE BC  
POPULATION<sup>61</sup>

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

2020 | BCCDC COVID-19 SPEAK Survey

WHICH WAS  
**2x**  
THE RATE  
REPORTED FOR  
BC OVERALL<sup>61</sup>

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.<sup>60</sup> It can force them into situations where they are more vulnerable and/or unsafe – and compel their dependence on male partners and precarious work.<sup>62</sup>

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.<sup>63</sup>

Studies have also shown poverty to be a root cause leading to the removal of Indigenous children from their mothers and their families.<sup>65</sup> The most commonly reported cause for child apprehension on reserve is “neglect,” resulting from failure to supervise and meet basic needs.<sup>66</sup> 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<sup>64</sup>

### BASIC NEEDS

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

2015-17



2008-10



2008-10; 2015-17 | RHS



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.



## 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.<sup>64</sup>

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.<sup>67</sup>

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.<sup>68</sup> 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.<sup>69</sup> 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.

**"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)<sup>70</sup>**

### COST OF FOOD

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

2015-17



2008-10



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."**

**- 'Cúagiláqv (Jess Housty), Haítzaqv (Heiltsuk) First Nation<sup>71</sup>**



## PROMISING PRACTICES

**GRANNY GARDENS** is a project started by the Haítzaqv (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.<sup>73</sup>

**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."<sup>74</sup>

**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.<sup>71</sup> 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.<sup>72</sup>



## HEALTH SYSTEM

BC First Nations have effective knowledge systems about being healthy and well.<sup>75</sup> In today’s world, the mainstream health care system, which is grounded in Euro-centric beliefs and Western-based medicine,<sup>76</sup> 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.<sup>77</sup>

**“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<sup>81</sup>

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.<sup>61</sup> Indigenous women are disproportionately targeted and impacted by racism, discrimination and misogyny in the health system.<sup>61</sup> Those who are sexually and gender-diverse often face compounding expressions of bias and stereotypes.<sup>78</sup>

As a result, despite having a greater need for health services, high proportions of Indigenous women report feeling unsafe in accessing care.<sup>61</sup> They avoid medically necessary treatment for fear of receiving poor care.<sup>79</sup> 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.<sup>61,80</sup> 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.<sup>78</sup>

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

### EMERGENCY DEPARTMENT UTILIZATION

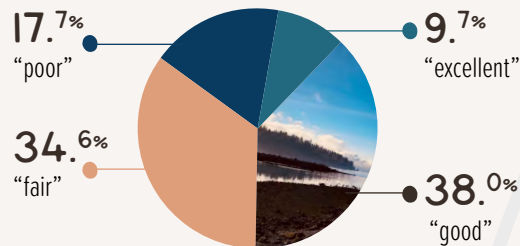
WHILE FIRST NATIONS MEN AND WOMEN HAD HIGHER RATES OF EMERGENCY DEPARTMENT UTILIZATION COMPARED TO OTHER RESIDENTS IN 2017/18, THE RATE OF FIRST NATIONS WOMEN WAS HIGHER AND WITH A GREATER DISPARITY TO NON-FIRST NATIONS WOMEN, SUGGESTING THAT FIRST NATIONS WOMEN BEAR A DISPROPORTIONATE BURDEN RELATED TO REDUCED ACCESS TO PRIMARY CARE AND THE ASSOCIATED HEALTH CONSEQUENCES.

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



### QUALITY OF AVAILABLE HEALTH SERVICES

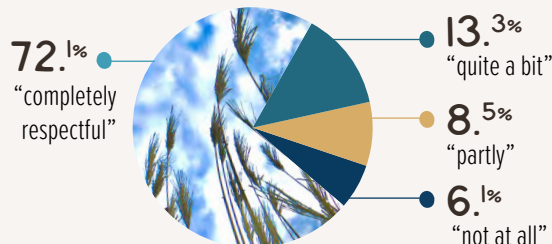
Rating of health care services by First Nations women in their community:



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

2020 | Indigenous Peoples’ Survey

30%

REPORTED THAT THEIR CULTURAL TRADITIONS WERE “NEVER” APPRECIATED BY HEALTH CARE WORKERS<sup>61</sup>



## 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.<sup>82</sup> 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.<sup>26</sup>

*“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<sup>26</sup>*

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.<sup>26</sup>

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.<sup>26</sup> They have also contributed to disproportionate numbers of First Nations women in custody.<sup>82</sup>

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

Evincing the “deepening Indigenization of Canada’s correctional system,”<sup>83</sup> in 10 years, the rate of Indigenous women in provincial custody rose\*:

2016/17

87.4

(PER, 100,000)

2006/07

67.6

(PER, 100,000)

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

*“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.”<sup>26</sup>*

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

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

## 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.<sup>86</sup>

### 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.<sup>87</sup>

# HEALTHY BODIES, MINDS AND SPIRITS

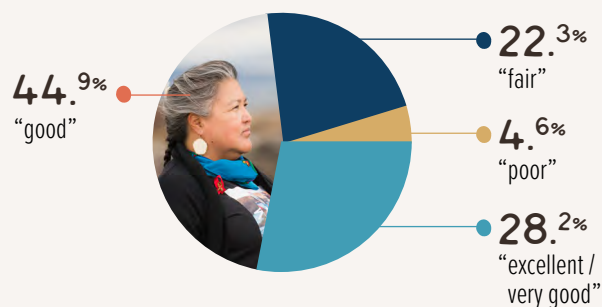
The vision of First Nations women as healthy, vibrant and self-determining is grounded in the roots of wellness – their connections to culture and their relationships with the land, family and community. This vision involves having systems in place that nurture supportive and safe environments for First 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:

### FIRST NATIONS FEMALES

2008-10



2015-17



2008-10; 2015-17 | RHS

### FIRST NATIONS MALES

2008-10



2015-17



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<sup>88</sup>

**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.<sup>89</sup>

**“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<sup>39</sup>

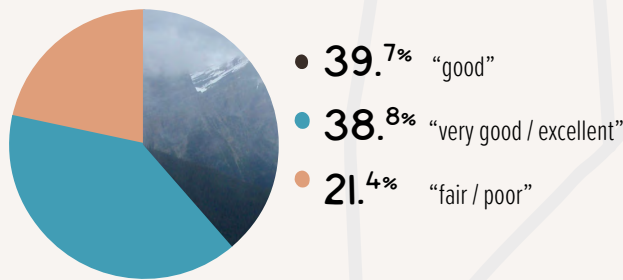
## MENTAL WELLNESS AND NURTURING THE SPIRIT

Many First Nations believe that staying well involves being balanced and connected to family, friends, community and the land.<sup>90</sup> 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.<sup>91</sup>

### SELF-RATED MENTAL HEALTH

Ratings of mental health by First Nations women:



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.<sup>93</sup> 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.<sup>92</sup> 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.<sup>94</sup>

**“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.”<sup>93</sup>**

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,<sup>95</sup> and even higher rates among those who are non-binary in gender and who identify as Two-Spirit/Indigiqueer.<sup>96,97</sup> 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.<sup>98</sup>

**LIFE STRESS** 🖐️

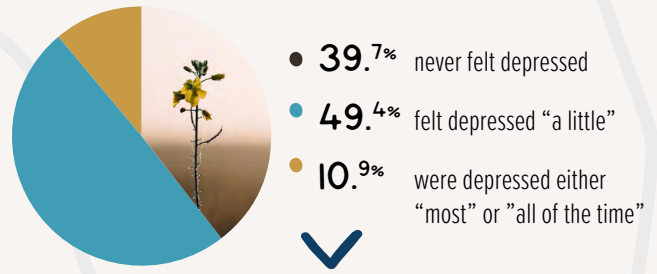
Reported stress levels for First Nations women in daily life:



2015-17 | RHS

**DEPRESSION** 🖐️

Reported feelings of depression in First Nations women:



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.<sup>99,100</sup> 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.<sup>101</sup>

**NON-SMOKING RATES** 🖐️



**55.9%**

OF ADULT FIRST NATIONS WOMEN WERE NON-SMOKERS

2015-17 | RHS





## ALCOHOL AND SUBSTANCE USE

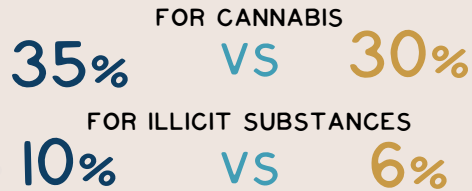
It is common for people who are hurting, feeling powerless, alone, and lost, to medicate with substances – alcohol and drugs – to help them cope with their lives and/or mask their pain. For over a hundred years, First Nations living in BC have been experiencing individual and collective trauma on myriad 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



**“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<sup>107</sup>

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.

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.<sup>105</sup>

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.<sup>106</sup> 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.

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.”<sup>103</sup> 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.<sup>104</sup>

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

**“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<sup>102</sup>

### ALCOHOL USE



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%).<sup>108</sup>

2002-03; 2015-17 | RHS



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

### CANNABIS USE



First Nations women used cannabis in the past year.

2015-17 | RHS

**51%**  
of those First Nations women who used cannabis did so for medical purposes.

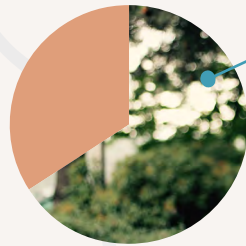
ILLICIT SUBSTANCES 🖐️



**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

2015-17 | RHS

**87.8%**  
OF THOSE WHO GAMBLED, DID SO RESPONSIBLY, NEVER BETTING MORE THAN THEY COULD AFFORD

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.<sup>109</sup> 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.<sup>109</sup> 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](http://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.<sup>110</sup>

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.<sup>106</sup>

**“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<sup>102</sup>

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<sup>10</sup>

**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.<sup>111,112</sup>

**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.<sup>90,113</sup>

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.<sup>90</sup>

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).<sup>114</sup>

## 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.<sup>57</sup> Sexuality is a key component of a woman’s holistic health and wellness – understood in many First Nations cultures as an expression of the life-creating force.<sup>115</sup> 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<sup>26</sup>

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.<sup>116</sup> 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.<sup>57</sup>

**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<sup>120</sup>

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.<sup>61</sup> 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.<sup>78</sup>

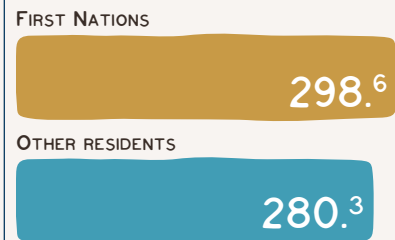
Some First Nations in BC have been able to quietly protect gender-diverse members of their community as well as their sacred traditions and beliefs regarding Two-Spirit individuals.<sup>117</sup> Many communities are also working to reclaim the traditional teachings, language and ceremonies that for centuries have educated, empowered and protected women and girls in relation to their sexual health.<sup>118</sup> 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.<sup>119</sup> 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.

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.<sup>123</sup> Having access to culturally safe, gender-affirming, respectful and trauma-informed health services is important to ensuring that First Nations women can do this.

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.<sup>124</sup>

## HYSTERECTOMIES

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



2011-2015 | Hospital Discharge Records

**“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.”**

- Rachele George, Squamish and Tsleil-Waututh First Nations<sup>121</sup>

## 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

2015/17 | RHS



CONDOMS, WHICH ALSO HELP PROTECT WOMEN FROM SEXUALLY TRANSMITTED INFECTIONS, WERE USED

**39.1%**  
“all” or “most” of the time  
**15.5%**  
“occasionally”

## 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.<sup>122</sup>

## 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.<sup>125</sup> 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<sup>126</sup> – nourishing their minds and spirits while also keeping their bodies healthy.<sup>131</sup>

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.<sup>127</sup>

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.<sup>128</sup> Not feeling safe can also prevent a woman from going for walks or jogs and doing other types of physical activity in the community.<sup>129</sup>

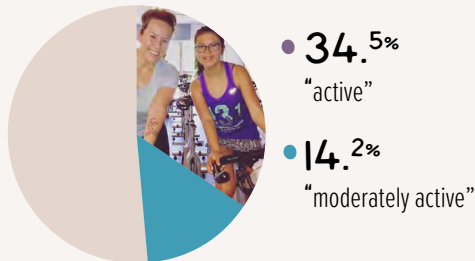
Recognizing the benefits of First Nations foods for both physical and spiritual wellness, many First Nations women and their families are reintegrating the foods and food practices of their ancestors.<sup>70</sup> However, some First Nations have limited access to their lands on which to harvest these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

**“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, Kitsoo-Xaixais Nation<sup>130</sup>

### PHYSICAL ACTIVITY

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



2015-17 | RHS

### EATING NUTRITIOUS MEALS

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



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<sup>61</sup>

**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.<sup>132</sup>

*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."*

### 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.

## MAMMOGRAM

Percentage of First Nations women having mammograms:

AGED 18-54



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% REPORTED HAVING HAD A MAMMOGRAM IN THE PAST TWO YEARS

2015-17 | RHS

## FIT TESTING FOR COLORECTAL CANCER

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



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 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.



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