

Acknowledgments

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This resource would not be possible without the contributions, knowledge, gifts, and strengths of the people who have worked at Teen Talk over the years.

Teen Talk is a provincial program serving all of Manitoba where we are invited.

Manitoba is Indigenous Land of the Anishinaabe (Ojibwe), Dakota (including Lakota, Nakota), Ininew (Cree), Oji-Cree (Island Lake) and Sayisi Dene First Nations. It is also Homeland of the Metis Nation. Indigenous Languages spoken in Manitoba are Anishinaabemowin, Cree, Dene, Dakota, Michif, Bungi and Oji-Cree. In order for Canada to exist, in Manitoba we are a part of Treaty 1, 2, 3, 4 and 5 Territories. Teen Talk is committed to honouring Indigenous Land, Languages, Knowledges and People.

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Chapter 1:

Introduction

This Teen Talk Service Provider Manual is a resource for people working with youth in northern Manitoba including rural and remote communities as well as First Nations. Developed to supplement the Teen Talk service provider training, it focuses on sexual and mental health (including substance use awareness) and dating relationships.

The manual contains background information on each topic, strategies for working with youth, resources and Indigenous voices including contributions from Jessica Danforth (Native Sexual Health Network) and Vanessa AnakwudwabisayQuay (Teen Talk) touching on cultural teachings and decolonizing strategies.

We recommend reviewing this manual before using the Activities Manual as the background information helps to create a bigger picture of the issues that face youth.

It is our hope that you find this resource useful. If you have questions or suggestions, please contact us.

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Teen Talk

Teen Talk is a Youth Health Education Program of the Sexuality Education Resource Centre (SERC). We provide services to youth from a strength-based, harm reduction, prevention education perspective. We focus on issues under the topics of sexual and mental health (including substance use) and dating relationships and link youth to resources in their community. We adhere to the belief that by providing youth with accurate, non-judgmental information, they can make healthier decisions and choices for themselves. For more information about SERC and Teen Talk please visit our websites, **serc.mb.ca** and **teentalk.ca**.

*“Peers are important and play a critical role in youth's lives but youth are also looking for at least **one** adult they can trust. One adult they can ask honest questions and get honest, educated, respectful responses. For example, what should a “first time” be like? Who can I talk to when something doesn't feel right or I think my friend is being harmed? For youth living in care, it can be challenging to find those adults. Currently, there are too many predators who are eager to fill that gap for their own self-fulfilling interests. Predators who see youth as profit and/or simply job security.*

As a service provider, remember, it is a privilege to walk with youth on their journey. Honour and respect that relationship. Try and be that healthy educated adult a youth can trust and keep on trying.”

Laverne Gervais, Anishinabe/Dakota/French Canadian, Sexual Health Educator, Treaty 1

Teen Talk's Operating Principles

The following principles are the foundation of how we do our work with youth. They are meant to be fundamental and relevant across our program. Recognizing that these principles are fluid and may overlap, we strive to keep up with promising practices as well as be relevant to the people and communities we work with.

Teen Talk's Mission & Vision

Teen Talk's mission is to promote the health and well-being of Manitoba youth by sharing accurate, non-judgmental information in an interactive, youth-friendly manner. Teen Talk envisions an equal and diverse society, where youth are empowered to make informed decisions about their health and well-being.

Youth Friendly: A youth friendly approach builds allyship with youth by respecting and building upon their existing knowledge and experiences while withholding judgement. We do this by offering information that is relevant and accessible to them. This includes being developmentally appropriate, not making assumptions, using accessible language including slang, humor, playing games and adapting to the unique needs of each group.

For more information, see A Youth Friendly Approach to Pregnancy Prevention in the Birth Control & Pregnancy Options chapter.

Harm Reduction: A harm reduction approach acknowledges that risk is a normal part of life and we strive to meet youth where they are at. We recognize there is a continuum of harm that spans from no risk of harm (abstinence) through to high risk. For Teen Talk, a harm reduction approach validates the experiences of all youth – those who are choosing abstinence as well as those who are engaging in behaviours that carry risk. We acknowledge that youth have the right to make decisions for themselves. We can best support youth by sharing accurate, relevant,

non-judgmental information as well as practical tools and strategies that youth can use to reduce harm to themselves and their communities. Harm reduction while living in a colonial society includes decolonization. (See decolonization principle.)

For more information, see A Harm Reduction Approach to Substance Use in the Substance Use Awareness chapter.

Feminist: Feminism recognizes that power imbalances and inequities exist for girls, women, and non-binary people in our society and strives to eliminate sexism together with all forms of oppression. We work from a basis of intersectionality which acknowledges that people's experiences of oppression can be multilayered. Patterns of oppression are connected and bound together through social systems such as race, class and gender. Through using a gender lens we acknowledge the fact that inequities and oppression are influenced by gender.

For examples of a feminist approach, see Violence against Indigenous People and Gender-Based Violence & the Media, in the Teen Dating Relationships chapter and Body Image in the Youth Sexuality chapter.

Anti-Oppression: This is a commitment to recognize and challenge all forms of discrimination such as ableism, ageism, classism, fatphobia, homophobia, racism, sexism, transphobia, xenophobia and the ongoing effects of colonization. This includes working toward the goal of equity and justice for all of the youth and communities that we engage with.

Some examples of practicing anti-oppression are, being an ally, challenging negative stereotypes and being committed to making safer spaces where all youth can feel included and comfortable.

Decolonization: We aim to build healthy and respectful relationships with Indigenous peoples, communities and nations and aim to work from a place of humility towards allyship. We support Indigenous youth's resistance to colonial approaches, as well as celebrate their strength and resilience. We acknowledge that our shared history has created a legacy of mistrust between Indigenous and non-Indigenous peoples. Decolonizing is an ongoing and necessary process and, in the spirit of reconciliation, we are committed to recognizing Indigenous lands, knowledge, perspectives and experiences as we approach this work.

Some examples of decolonizing are, Being an Ally to Indigenous Peoples, Communities & Nations in the Youth Sexuality chapter, the highlights of Indigenous voices throughout the manual, and the Land Acknowledgment in the Introduction of the Teen Talk Activities Binder.

Strengths-Based: This approach focuses on youth's skills and resourcefulness when it comes to their health and wellbeing, as well as celebrates their resiliency. Rather than focusing only on risk (a deficit-based approach), we strive to provide youth with tools and information to build on their inherent strengths.

Some examples of a strengths-based approach are, the Pathways to Health brainstorm in the Mental Health chapter and Qualities of a Healthy Relationship activity in the Teen Dating Relationships chapter of the Teen Talk Activities Binder.

Trauma Informed: This approach acknowledges that youth may be impacted by trauma which is defined as the experience of an event/s or set of circumstances that have lasting adverse effects, e.g. accidents, loss, abuse, colonial processes.¹ It is providing services in a manner that is welcoming and appropriate to the special needs of those affected by trauma. We aim to meet youth in their realities by listening to them with positive regard and

understanding that their responses and behavior may be coming from something we cannot see. It is linking trauma to health outcomes, destigmatizing experiences and focusing on resiliency.

For more information, see A Trauma Informed Approach to Sex Education in the Youth Sexuality chapter. Strategies to implementing a trauma informed approach in the introduction of a session are, aiming to establish safety by highlighting ground rules/norms, giving youth the choice of how to engage (drawing, head down etc.) and providing disclaimers and resources.

Pro-Choice: This principle supports the legal right of women, girls, trans people, two-spirit people, non-binary people, and all those who can become pregnant to have access to information about and to choose between abortion, adoption and parenting. We do this by providing accurate, non-judgmental information and resources about all three options.

For more information, see A Pro-Choice Approach to Pregnancy Options in the Birth Control & Pregnancy Options chapter.

Sex Positive: This principle recognizes each person's basic human right to experience their sexuality however they choose to throughout their lives. Sex positivity is inclusive of a range of sexual experiences, expressions, activities (including non-activity) and identities including asexuality. A sex positive approach realizes the potential life enhancing aspects of our sexualities.

For more information, see A Sex Positive Approach to Sexual Decision Making & Abstinence in the Youth Sexuality chapter. For an example, see "Why do/don't teens have sex" activity in the Youth Sexuality chapter in the Teen Talk Activities Binder.

2STLGBQ+ (Two-Spirit, Transgender, Lesbian, Gay, Bisexual, Queer, Plus) Positive: This principle recognizes diversity of sexual orientation and gender identity in society. We support 2STLGBQ+people in their resistance to oppression such as homophobia and transphobia as well as celebrate their strength and resilience. We do this by providing information that is inclusive of and relevant to 2STLGBQ+ youth. We advocate for and promote safer spaces for 2STLGBQ+ youth.

For more information, see Being an Ally to 2STLGBQ+ People in the Youth Sexuality chapter. For an example of inclusivity, see Teen Talk's Anatomy session in the Birth Control chapter in the Teen Talk Activities Binder.

The Medicine Wheel³

Excerpted from *The Sacred Tree*

This is an ancient symbol used by almost all the Native people of North and South America. There are many different ways that this basic concept is expressed: the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four. Just like a mirror can be used to see things not normally visible (e.g. behind us or around a corner), it can be used to help us see or understand things we can't quite see or understand because they are ideas and not physical objects. The medicine wheel teaches us that we have four aspects to our nature: the physical, the mental, the emotional, and the spiritual. Each of these aspects must be equally developed in a healthy, well-balanced individual through the development and use of volition (i.e. will.).

Identity²

Excerpted from *The Sacred Tree*

A person's identity consists of:

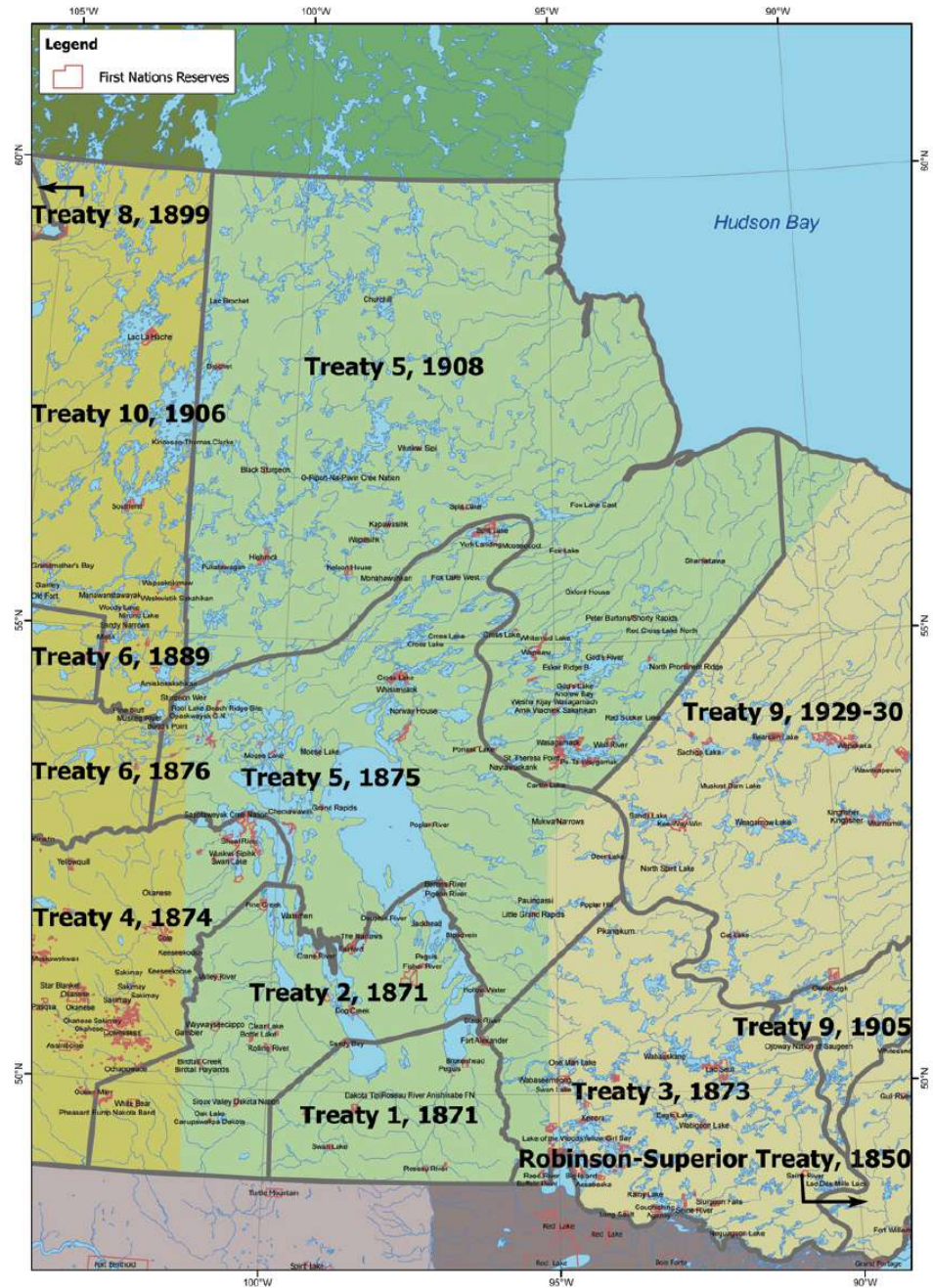
- Body awareness: how you experience your physical presence.
- Self-concept: what you think about yourself and your potential.
- Self-esteem: how you feel about yourself and your ability to grow and change.
- Self-determination: your ability to use your volition (will) to actualize your physical, mental, emotional and spiritual potentialities.

Traditional First Nation Community Names⁴

Contributed by Manitoba First Nations Education Resource Centre Inc.



First Nations & Treaty Areas in Manitoba



**MANITOBA
WILDLANDS**

Map for Illustrative Purposes Only
Not to be used for defining boundaries

Counselling Services & Help Lines

- **First Nations & Inuit Hope for Wellness Help Line (24/7)**
Toll free: 1.855.242.3310 or online chat
Hopeforwellness.ca
- **Human Trafficking Hotline (24/7)**
Toll free: 1.844.333.2211
- **Kids Help Phone (24/7)**
Toll free: 1.888.668.6868
Crisis Text Line: Text **connect** to 686868
- **Klinic Crisis Line (24/7)**
Toll free: 1.888.322.3019 or 204.768.8686
- **Manitoba Farm, Rural & Northern Support Services (Mon to Fri: 10am – 9pm)**
Toll free: 1.866.367.3276 or online chat
supportline.ca
- **Manitoba Suicide Prevention & Support Line (24/7)**
Toll free: 1.877.435.7170
TTY: 204.784.4097
reasontolive.ca
- **Klinic Sexual Assault Crisis Line (24/7)**
Toll free: 1.888.292.7565 or 204.786.8631
- **Trans Life Line**
Toll free: 1.877.330.6366
Daily 9 am – 3 pm (may be available off hours)

Chapter 2:

Youth Sexuality

Adolescence is a time of major life changes. As service providers it is important to understand that youth may be exploring their sexuality while figuring out their identities, examining their choices and decision making, and going through significant physical and emotional changes. Part of our role as service providers is to support youth in navigating this stage of life by providing accurate, relevant information so they can make informed decisions.

First Nations Holistic Model of Sexuality⁵

From a First Nation's perspective, a holistic model of health goes further than our personal experiences because we know that we are intimately connected to everything that exists on Mother Earth and the universe. Sexual health is woven into holistic health in the same way. We each experience our sexual feelings in unique ways and human sexual development normally happens in stages from birth through our lifetime as we age. Traditionally we are taught that human sexuality is a sacred gift from the Creator. Sexuality begins as soon as we are born and we continue to be sexual beings until the day we draw our last breath.

Thunderbird View

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

It is said that a Thunderbird is such a sacred being it is too large and powerful for any human to see in full view. If we are lucky, we may catch a glimpse of a wing or an eye, or hear its mighty clatter.

If one were to take a Thunderbird's view of the history of Indigenous Peoples of Turtle Island we may see a long timeline beginning with the origins of our creations from this Land. That line would be long and strong and go on for thousands upon thousands of years. Then there would be a short spot in the line indicating about 500 years where it's "messed up." A blip that is clearly out of place but it straightens out smooth again and goes on forever. That blip or "messed up" piece represents the time we are living in now; the time of colonization where the devastating effects of it are felt and can seem insurmountable.

However, in the Thunderbird's view, the grand scheme of things, this is only a blink of an eye for such a strong line of resilient People. People with a long and gifted history and future that takes us in full circle to the Original Teachings where everything we need lives and continues to be strong in us, getting us through.

It's the Thunderbird's job to be heard, to shake things up and it has incredible powers of transformation. The Youth have similar qualities to this sacred being as it's the Youth's job to question the rules, to shake up the household, to use their voice and be heard. Youth have the power to transform the world.

Canada's Shared Colonial History

Given the colonial history of Canada, service providers need to understand the negative effects on Indigenous (First Nations, Métis, and Inuit) peoples and communities via damaging policies and protocols such as the Indian Act, the Indian Residential School System,⁶ the 60's Scoop and the White Paper just to name a few. The experiences and stories Indigenous peoples share and live with, tell us how detrimental these policies have been and still are. The National Centre for Truth and Reconciliation⁷ and the Canadian Archives has documented some of the harmful

policies that have been imposed upon the Original Peoples of this Land.⁸

“Children were the means by which the Canadian government historically gained control over Aboriginal peoples. This was done primarily through Christianity, the imposition of residential schools and later through the abduction of Aboriginal children by various child welfare systems across this country. The church, residential schools and the child welfare systems each carried out policies designed to assimilate and colonize First Nations peoples. These three institutions, with the force of legislation behind them, have contributed significantly to the current affairs experienced by Aboriginal peoples and generally, are recognized as contributing to the destruction of the familial fabric of Aboriginal Nations.”

Cindy Blackstock, Gitxan, Executive Director of the First Nations Child & Family Caring Society, Ottawa

As service providers working with youth, it is difficult for us to understand issues youth face if we do not know our shared history and how things came to be. It is especially important that the youth we are working with understand the impacts colonialism has on them, their families, their grandparents, and communities. As service providers we have a responsibility to share the truth and connect high rates of addictions, suicide, STI/HIV, violence and intergenerational trauma directly to the ongoing effects of colonization.⁹ See *Truth and Reconciliation in Canadian Schools*, a resource for educators, that supports this work.¹⁰

“It is frustrating to be an Indigenous person whose life has been impacted by racism, intergenerational trauma and abuse and not know why. It is frustrating that those whose lives and families have been most affected by the attempted genocide on this land are often the least likely to really learn about the impacts of historical and ongoing colonization, less likely to hear words like, “You are resilient and strong and it’s not your fault.” This knowledge is important and powerful. It’s powerful because if we know who we are, where we come from and what created the conditions in which we are currently living, it is impossible to not recognize how strong, creative and resilient our people truly are and have been for thousands of years. Learning about and processing these things can restore displaced power, begin healing processes, as well as foster strength and hope. Simply put, the better we understand where our experiences come from, the more power we have.”

Sarah Martens, Wapisiw Iskwew/Nēhinaw Ininiw/Ukrainian, Health Educator, Manito-wapâw (Manitoba)

This colonial relationship continues today whereby government, industry and non-Indigenous people (settlers) continue to benefit from the Land while Indigenous communities consistently lack government resources. For non-Indigenous service providers, it is essential to understand the colonial context of our work (recognize how we work within systems and with policies that continue colonizing the very people we are aiming to serve, e.g. youth in corrections and youth in care). In understanding this, we are better able to serve Indigenous communities and appreciate the many struggles, strengths and gifts within the communities we work.

In spite of colonial processes, Indigenous peoples have always found ways to resist threats to sovereignty and have fought to protect Indigenous Nations and the Land. There are many examples of Indigenous resistance today:

reclaiming cultures and languages, protests, petitions, asserting Indigenous rights in the court system, community action like Bear Clan Patrol, Aboriginal Youth and Opportunities (a youth movement in Winnipeg's North End), Shannen's dream (for safe and comfy schools and equitable education) and movements like #NODAPL for the protests of the Dakota Access Pipeline and beyond.

The effects of historic and ongoing colonization (trying to separate Indigenous societies from the Land and interrupting Indigenous culture and identity) are still happening today. Everyone has a role to play in ending and repairing the damage caused by our shared colonial history by working towards creating a more equitable future. Non-Indigenous people can begin to do this by understanding our shared history and working towards allyship.

Decolonization: Restoring our First Ways

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

The heart of decolonization is Indigenous peoples continuing to live within our Original Instructions as given to us by Creator. They are handed down through the strength of the Ancestors to continually reach us and generations yet to come. Each Nation with their own unique instructions has their own values and practices which have ensured our family lineage since the beginning of time and serve us well today in "Living this Good Life." These First Ways manifest themselves in our languages, dreams, ceremonies, art, stories, rituals, circular structures, natural remedies, traditional games, intergenerational systems of education, celebrations of the rhythms of the Earth, our blood/bone memories and Our Worldview.

At one time, Indigenous peoples of this Land known to us as Turtle Island, had everything we needed: a sustainable people in a sustainable world with our technologies being the knowledge we shared surrounding life and the Land. Our traditional ways and the Truth of that worldview worked so well, that even when it was stolen, coerced from us, made illegitimate and replaced by another, it still remains. This worldview carries the strength of Indigenous Peoples, ensuring our survival through the deepest hurts of our shared colonial history of Canada/Turtle Island.

Now our worldview is once again taking its rightful place in the forefront of the hearts, minds, spirits and bodies of The People. Even better our ancient Truth is being shared with new friends and allies. Allies see the value in an Indigenous Worldview and support any attempt we as individuals, families, communities and Nations make to seek out, reclaim or continue practicing and living Our Truth.

“Language is important. Language is power and powerful. Acknowledging territory is one thing but acknowledging the language of the territory while supporting youth to exchange knowledge and words using language is healthy growth.”

Laverne Gervais, Anishinabe/Dakota/French Canadian, Sexual Health Educator, Treaty 1

Being an Ally to Indigenous Peoples, Communities & Nations

Allyship is an ongoing attitude that may include helpful actions that support people. The following are suggestions on how to be an ally to Indigenous peoples and communities that Teen Talk aims to follow.

- Learn the actual history of Turtle Island. Recognize and acknowledge which Indigenous traditional territory you live, work and play on.
- Learn the shared colonial history of Canada.
- Read Indigenous authors.
- Seek out and get involved in Indigenous efforts for justice.
- Spend time in the community with The People beyond the scope of your job.
- Know you are not the only expert. You have an expertise in your field as do others in their respective roles. Believe a person's lived experience over textbooks written by professionals or "experts."
- Expect and allow yourself to feel awkward sometimes. You may not always be "in on or get the joke" and this can be a humbling experience. Pay attention to how humour is used as a way of connection and imparting social norms.
- Ask when unsure or don't know about something. Don't assume you know what others need.
- Recognize food is a way to connect with people.
- Ask what you can do to be helpful and follow through.
- At events, try to take part in the "little things" or do the "jobs without glory" such as setting or cleaning up and giving rides.
- Invite and create space for Indigenous voices, cultural practices and ways of running things. Look for, value and trust Indigenous worldviews and perspectives especially when it's challenging us to understand.
- When a difference in world views arises, recognize the importance and right of Indigenous ideas and beliefs to guide over western ways of thinking.
- Recognize our privilege and try to identify where power imbalances stem from. Think about how this can be transformed to create more equitable relationships.
- Be willing to acknowledge and step back if we become uncomfortable in our role as allies. Try to

name where this discomfort comes from and be honest about it.

- Do not declare yourself an ally. It is up to those you aim to support to bestow that honor upon you should your actions and behaviours actually be helpful.

Recognize that allyship is hard work because we have to look at things within ourselves and our society that are uncomfortable. We also have to make mistakes, admit when we're wrong and learn from them. Often the most growth and rewarding experiences come from doing this hard work to create change.¹¹ For non-Indigenous organizations, see *Application + Action TRC Reading Guide for non-Indigenous Organizations*¹² for more information.

Talking About Sexuality Outside an Urban Center

Contributed by Jessica Danforth & the Native Youth Sexual Health Network

Sometimes when living on a reserve or in a rural or remote community, talking about sexuality can be difficult. The reality is that things that work for larger, urban centers in the south may not work for what's going on in the north. Think about what it is like talking about sexuality in your area – and this means more than just “sex” – the full spectrum of sexuality as outlined in this manual. It's important to think through the causes and repercussions of talking about sexuality not because we should avoid this or not talk about sexuality, but because how we approach information may need to be different.

For example, will people come out to something with “sex” on the poster? If this is too taboo or sensitive, consider putting “health” or “wellness” and make sure that sexuality discussions are tied into overall health and

wellness (which of course sexual health is!). This is not to be secretive but to be strategic and to make sure we are connecting to as many people as possible in different ways, and not just the “usual suspects” (i.e. only those who work at a health center).

The influence of religion and Christianity specifically has had a lasting impact on many Indigenous communities. While we need to respect the right of everyone to practice and believe what they like, we cannot ignore what this historical and present impact of religion has done to make sexuality at times shameful and silenced. However, it is not to say that we should remove religion or not incorporate it at all – that is not for us to decide for someone else. But this is again about being strategic and meeting people where they are at. If a church or religion has a big influence in a community, is it possible to incorporate and talk to church officials about supporting these discussions about sexuality? We also cannot assume that just because a community is Indigenous that it is currently practicing what is seen as “traditional” Indigenous spirituality, or wants to. Reflecting on all these issues will help ensure that sexuality is discussed in a context and manner that makes the most sense for a community itself.

A Trauma Informed Approach in Sex Education

We all have a sexuality from the time we are born until we die. Young children need positive experiences that shape their childhood sexual development. Opportunities to feel good about their body, having choices about physical touch (such as a hug, kiss or cuddle), learning accurate names for all their body parts, being taught appropriate boundaries and self-acceptance, can positively impact a young person’s sexual development.

Experiences of sexual abuse or interference as a child can powerfully affect sexual development. A youth's sense of safety, their rights, boundaries, sexuality and body can be deeply impacted by negative childhood experiences. This is important for service providers to keep in mind when talking to youth about sexuality and sexual health and also why using a trauma informed approach can be helpful.

A trauma informed approach can promote equity and a greater sense of safety. Examples of strategies that aim to establish safety are creating group agreements, giving youth the choice of how to engage (drawing, head down etc.), asking open ended questions, giving nonjudgmental responses and providing resources and referrals. For more information on using a trauma informed approach to sex education, see *Guide to Trauma-Informed Sex Education*.¹³

If youth disclose sexual abuse, service providers should respond with care and provide appropriate support. Let youth know the abuse was/is not their fault. Talking about abuse can be very hard and it may be the first time they are reaching out for help. Review your organization's policies to know what to do and where you can refer youth in the event of disclosures. (For information specifically on sexual assault disclosures, see the Teen Dating Relationships chapter of this manual.) For reporting protocols in Manitoba, see *Reporting of Child Protection and Child Abuse: Handbook and Protocols for Manitoba Service Providers*.¹⁴

Youth Sexuality Web

Sexuality can be thought of as who we are, rather than what we do. A "Sexuality Web" as a visual tool to highlight different factors that affect our sexuality. The Teen Talk "web" includes youth's rights (sexual and reproductive), values, media, puberty, gender, orientation, body image, decolonization and mind (see the example web at the end of this chapter). However, sexuality is also influenced by history and culture and other versions of the web could add spirituality, teachings and worldview.

Values

Values are our belief systems and help us make sense of the world around us. They give us a way to define ourselves and figure out what is important to us. They can help provide a framework for our actions. For youth the process of figuring out who they are might include questioning the values and beliefs they grew up with and/or coming to terms with their own ideas and whether or not they are in sync with the people around them.

At Teen Talk we encourage youth to explore their values about sex and sexuality. We get our values from many different places. Community, caregivers, family, friends, teachers, religion or spirituality and the media can all influence what we think of as right and wrong and often send conflicting messages. As service providers, we encourage youth to decide for themselves whether the values they hear from other influences make sense for them. We all have a right to live our values as long as we don't harm others in the process. See the Youth Sexuality chapter of the Teen Talk Activities Binder for the Values Activity.

Youth Rights

"Rights" are legal, social, and ethical rules of freedom that every person is entitled to in Canada. Some of the rights that youth have in Canada are: the right to accurate information about their sexual and reproductive health, the right to decide for themselves if and when they have sex and the right to have their boundaries respected. Youth have the right to access safer sex supplies and birth control and youth who are pregnant have the right to decide for themselves which pregnancy option (abortion, adoption or parenting) they will choose. Youth have the right to have be attracted to or date anyone they want without harassment and to live as the gender they know themselves to be.

Consent

Sexual consent and sexual communication are much more complex than a simple yes or no. It is more of a process than a one-time event.¹⁵ People often rely on nonverbal communication (pulling out a condom) or indirect communication (“wanna see my room?”).¹⁶ Gender also plays a role in communicating consent as social norms teach women and girls that it is socially unacceptable for them to initiate sexual activity, seek pleasure and that it is rude to “just say no” without an explanation.

As service providers, we have an important role to play in teaching and normalizing verbal consent in sexual situations. Teen Talk examines consent, addresses sexual coercion/sexual assault, provides sexual assault resources and gives examples of what consent can look like in real life. See the Youth Sexuality chapter in the Teen Talk Activities Binder for the Teen Talk consent debrief in the “Things to Talk about Before Sex” Brainstorm.

Age of Consent

The age of consent in Canada is 16 years. This is the age that criminal law recognizes the legal capacity of a young person to consent to sexual activity.

It is important to know that in some situations a person must be 18 years old to consent to sexual activity. A person under 18 years of age cannot consent to sexual activity if:

- The other person has a relationship of trust or authority over them, or they are dependent on that person. People in positions of trust or authority include a teacher, coach, babysitter, family member, doctor or boss.
- It involves exploitative activity, such as sex work or pornography.

- They are paid or offered payment for sex including, a place to sleep, car rides, food etc.

There are two close-in-age exceptions for youth under 16 who have consensual sexual activity. These exceptions make sure the law does not label consensual activities between young people as criminal offences. The close-in-age exceptions are for when:

- A 14 or 15 year old agrees to sexual activity with someone less than 5 years older.
- A 12 or 13 year old agrees to sexual activity with someone less than 2 years older.

These exceptions only apply if the older person is not in a position of authority or trust and when there is no exploitation i.e., a 14 year old cannot legally give consent to sexual activity with their 19 year old soccer coach because the coach has authority over them. Any sexual contact with children under 12 years of age is sexual abuse.¹⁷

Gender Identity

Sex, Gender, & Gender Expression¹⁸

People are often confused about the words “sex” and “gender.” Simply put, “sex” refers to differences in biology and physiology, e.g. whether someone has a penis and testicles, a vagina and vulva. Gender can be understood as the social expectations and stereotypes of how boy/men and girls/women are supposed to act and behave. Gender expression is how we show our gender regardless of our physical anatomy. For example, a person can have a penis and identify as female and a person can have a vulva but does not identify with being female. Some youth may be gender non-conforming or identify as transgender (see definitions following). Many people believe that gender and sex are part of a spectrum and there are many options for a person’s gender identity. See the Gender Galaxy at the end of this chapter.

Youth may disclose their gender or orientation to service providers. When this happens, **listening** while suspending judgement is helpful. This maybe the first time they are reaching out. Below are some appropriate responses:

- Thanks for telling me. It can be hard to let people know.
- It's okay to explore your gender/sexuality outside of what other people expect of you. It's okay to be two-spirit, transgender, lesbian, gay, bisexual, etc.
- I'm here if you need me. I can try to answer questions or listen to whatever is on your mind.
- How can I support you? What can I do to help?
- If you want more information and resources, I will look to find some. (Make sure to follow through.)¹⁹

If necessary, refer youth to another service provider who could be their ally. You could say "I don't feel like I'm the best person to help you but I am glad you came to me and I want to make sure you get the support you deserve."

Two-Spirit²⁰

Two-spirit acknowledges the gender inclusiveness of many Indigenous cultures and the balance between the male and female spirit, "those who walk between genders,"²¹ or "transcend gender." "This term aligns with many traditional cultures and allows individuals who identify with this term to represent their traditional culture."²² Before colonization, two-spirit individuals were recognized as having the special responsibility of carrying two spirits and this was considered a gift. Two-spirit people were respected and often became medicine people, healers, and visionaries and held important roles in many ceremonies.²³ The roles of two-spirit individuals would be different depending on the community and Nation.

"I truly believe two spirit people were part of the circle, were never questioned or taunted for who they are.....I love myself as a transgender person. I always have. I wish that people, my family especially, can see that there is nothing wrong with me. I cry, hurt, feel happy, joyous, and sad. I feel it all the same, we are all the same, regardless of who I like or what I am attracted to. I am a person like anyone else and hope that they can one day see the beautiful person I have become instead of what they've been taught."

Shaneequa, Trans Activist, Cree Nation

"I grew up gay on a reserve, a little Ojibwe reserve called Grassy Narrows, and it wasn't easy. I was bullied. I was made fun of. I even got beat up so bad once that I had to go to the hospital and get major surgery done to my face. It was an awful time for me. I fought back. And my way of fighting back was to live my life to the fullest. I was given life and I was grateful for it. So, I wanted to celebrate it as much as I can. Growing up, especially teenage years has to be one of the toughest times. It's a transition period of turning into an adult. And now? I am a young adult. I work really hard to have a sustaining and rewarding career in the theatre arts, which has taken me all over Canada, USA, and Europe. I am now confident in myself as a young two-spirit, gay, Ojibwe boy from the bush."²⁴

*Waawaate Fobister, Anishinaabe, Play Wright,
Asubpeeschoseewagong (Grassy Narrows First Nation)*

Sexual Orientation

At Teen Talk we describe attraction as the combination of physical and personality traits that happen to be appealing to someone. Some people are drawn to people who are funny and tall, or outgoing and fat, or brainy and sporty, or thin and soft-spoken etc. Everyone has their own personal tastes and preferences and these can change over a lifetime. When working with youth it's important to normalize that the person who they might be interested in could be quite different from the person their best friend happens to be into. See the Sexuality Galaxy at the end of this chapter.

Behavior is how you act on your attraction to someone. Because of things like peer or family pressure, a youth may date someone that they are not attracted to in order to please those around them. On the other hand, a youth may also not date the person that they are actually attracted to for the same reasons. This can be especially the case when someone is not attracted to the “opposite” gender. For some youth, dating someone of the same gender can be a positive and empowering experience. For others, especially if family, teachers, and/or friends are homophobic or not supportive, it can be a painful/negative experience. “Coming out” (telling people about your sexual orientation) is a very brave thing to do and as service providers we encourage youth to assess their safety and supports in their community first. Questions for youth to ask themselves could be, “Will I have people I can count on and will I be safe?”

Gender Identity & Sexual Orientation Definitions²⁵

These basic definitions are intended to help people who are newer to these terms. Identity labels can change over time. It is important to trust the person who is identifying as the expert on their identity. See *Beyond the Basics, A Resource of Educators on Sexuality and Sexual Health* for more information.

Agender: people who identify as not having a gender or being genderless. They can exist outside of the gender binary, be gender non-conforming, and/or identify as trans.

Asexual: commonly referred to as ace, a person who generally does not feel sexual attraction or desire to any group of people, either within or outside of a relationship.

Bisexual: commonly referred to as bi, a person who is attracted to more than one gender.

Cisgender: a person whose gender identity and assigned sex are the same (e.g., someone who was assigned male at birth and identifies as a man).

Gay: a person who is primarily attracted to people of the same gender. Although it can be used for any gender, it is most often used for men who are attracted to men.

Gender: the ways that masculinity and femininity have been socially constructed and reinforced by the dominant culture through norms, scripts and stereotypes. Gender is socially constructed as a binary (usually through classifications of woman or man), even though this is not the reality of how gender is experienced internally (gender identity) and expressed externally (gender expression).

Gender binary: the system in which a society classifies all people into one of two categories (men and women), each with associated stereotypes and norms.

Gender non-binary and gender queer: umbrella terms used to describe a person whose gender identity and/or expression does not conform to the socially constructed gender binary.

Heterosexual: a clinical term for people who are attracted to people of a different gender, often referred to as “straight.”

Homosexual: a clinical term for people who are attracted to the same gender. Some people find this term offensive because it was historically used to describe queerness as a disease that could be cured.

Intersex: an umbrella term used to describe people who have chromosomes, hormonal profiles, or genitals that do not typically fit into binary medical and social constructions of male and female.

Lesbian: a person who is primarily attracted to people of the same gender. It is most often used for women who are attracted to other women.

Queer: an umbrella term to describe many different kinds of sexual orientations. Queer was historically used as a derogatory term for people who either were or were perceived to be 2STLGBQ+. In recent years, it has been reclaimed by some people within the 2STLGBQ+ community as a way of self-identifying and as a political statement against the oppression to which they have been subjected.

Questioning: for some, the process of exploring and discovering their sexual orientation.

Trans: an umbrella term to describe people whose gender identity and assigned sex are different. It can be used for a range of identities and experiences; every community and individual may define trans differently. Trans is a term that someone chooses to describe their own identity. It is not something you can tell or determine in others.

Transgender: a person whose gender identity and assigned sex are different. Transgender (like all gender identities) is internal and not something you can determine in others.

Being an Ally to 2STLGBQ+ People

There is still much discrimination in our mainstream society towards people who are Two-Spirit, Transgender, Lesbian, Gay, Bisexual, Queer, Plus (2STLGBQ+). As a result, allyship is key to improving health outcomes for youth. Allies are people who may or may not identify as a 2STLGBQ+ person, but support 2STLGBQ+ people and their communities by standing up against homophobia, biphobia, transphobia and heterosexism.

Rainbow Resource Centre in Winnipeg provides counselling (by phone or Skype, 204.474.0212 or toll-free long distance, 1.855.437.8523), in-house service provider training, a lending library, outreach, and support for Creating a Sexuality Alliance in Your School, Anti-Homophobia, etc. Trans Lifeline, 1.877.330.6366 supports transgender people experiencing crisis.

Two Spirited People of Manitoba Inc. provides educational workshops about Two-Spirit people and the broader 2STLGBQ+ community, training on anti-homophobia and transphobia, 204.330.8671. They provide resources and collaborate with other Two-Spirit groups on Turtle Island.

Manitoba Education and Training has developed *Safe and Caring Schools: A Resource for Equity and Inclusion in Manitoba Schools (MB MYGSA)*. It is a tool for educators, students, parents and administrators to work together to create more equitable and inclusive schools, especially with respect to diversity of sexuality and gender identity and expression.²⁶

Part of being an ally to 2STLGBQ+ youth is for service providers to create healthy and safe spaces for all youth by:

- Challenging your own beliefs and assumptions. Asking ourselves, “How open and accepting am I when it comes to 2STLGBQ+ issues?”
- Recognizing that assigned gender, gender identity and sexual orientation are independent of each other.
- Treating each youth as an individual.
- Believing that all youth have the right to explore who they are and who they like.
- Asking the youth what pronoun they prefer us to use.
- Identifying other adults that are aiming to be allies.

Educational settings can support healthy spaces by:

- Creating ground rules for behavior that include no putdowns and the right for all youth to be treated fairly²⁷ e.g. in a session create norms about respect that everyone should adhere to and have consequences when someone has broken the rule.
- Declaring our classes/workspaces/offices as a “discrimination-free zone” which means that hateful language (“that’s so gay,” etc.) will be not tolerated and dealt with immediately.
- Putting up posters and pamphlets that state inclusive values such as International Day Against Homophobia²⁸ posters, or Anti-Bullying resources such as Pink Shirt Day.²⁹
- Knowing our harassment policies and making youth aware of their rights.
- Creating a gender sexuality alliance (GSA).

Puberty

Puberty is the stage of life when we transition from childhood to adulthood. Some of the physical changes of puberty are a lower voice, skin changes (such as acne), body shape (broader shoulders, hips and chests/breasts), body hair growth and menstruation. How we think and feel also change during puberty. Some will start to become physically and emotionally attracted to others and/or have

a lot of feelings that may be confusing! These physical and emotional changes are caused by sex hormones and we have little control over when this happens.

Service providers can help by normalizing that puberty can be both a scary and exciting time. Encourage youth to talk to someone they trust if they feel overwhelmed by many of these changes and/or if they are struggling with their identity. See the Youth Sexuality chapter of the Teen Talk Activities Binder for the Puberty Game.

In historical First Nations' views, sexuality was not shameful; it was a gift and a source of great pleasure. Community adults openly taught children about their bodies, the moon time, and other sexual and reproductive passages. The Kookums, Grandmothers, were the keepers of the knowledge of herbal medicines for, among other things, birth control.³⁰

Aboriginal Nurses Association of Canada, 2002

Vision Quest³¹

Excepted from Turtle Lodge, Sagkeeng Anicinabe Nation

The Vision Quest is a rite of passage conducted each spring that enables men and adolescent boys to engage in an ancient ceremony, assisting them in the transition from one life stage to the next, with purpose and meaning. It is true that all Men must be initiated by Woman to understand life's sacredness. And so it is that a young man must seek a vision for himself and his community on a Vision Quest and be **initiated by Mother Earth**...The boys and men take to the Land and fast for their vision or dream while they are encouraged and watched over by the Elders.

Berry Fast

By Sophie Bender Johnson as told and contributed by
Jessica Danforth

I did something not a lot of girls my age do, that in my culture, people are really proud of me for. I did something that goes against convention, and has made me a proud young Native woman. In February of last year I decided to go on a berry fast. I am Anishinaabe (Ojibway), and there are many reasons why young women chose to do this in my culture.

First of all, we believe that women are naturally powerful, by virtue of the fact that women's bodies are able to produce life. Not all of our teachings are meant to be taken literally, there are different interpretations you can make, I mean I do motherly things to many of my friends and I don't have to physically produce life to have that strength recognized. Our bodies are sacred, we were born that way and it's our job to make sure that they are taken care of and that other people around us respect them.

Many young women decide to go on a berry fast when they begin their menstrual cycle. It's interesting because mainstream society has made having your period a bad thing, when in my culture it's one of the times when women are the most powerful. It was important for me to do this because I wanted to tap into my roots to form my own identity, and I had to choose to do this for myself. In order to do the work we have to do, we have to be more in tune with our bodies.

Berries are the first food in Anishinaabe culture, the strawberry being the leader of the berries, or as we say "ode'imin" which is the heartberry. For one full year I did not eat any berries of any kind, so that I could understand the true meaning of Mother Earth's fruitful capacity (and yes, she's a woman). I also chose not to date, wear makeup,

or carry babies unless they could walk. My focus was to learn how to take care of myself, and I could not let anything interfere with that.

You might be saying “well that’s ultra conservative” but my choices were far from that. Women have so much to do in this world, and it’s important for us to take the time to work on just ourselves. I had a lot of help from my mother’s cousin Diana and my aunt Joanne who gave me advice on how to remain strong and helped me through the difficult points during my fast. Of course there were times when I really wanted to eat some blueberries, or I would see cute babies I really wanted to hold. It wasn’t actually hard for me to not wear makeup since I don’t think I need it to be pretty. But I realized that in order to do something well, you have to sit back, watch, and learn so that you can do the best job possible and this is especially true when women think they are ready to have babies at a young age. I didn’t really look at things as “oh, I can’t do that” and tried to see the significance of why I was not doing it.

Many people my age are facing unhealthy situations where they make decisions that put themselves last. I learned from my fast that I was much happier when things were actually my choice and that I arrived to that decision on my own. I spent a lot of time reflecting on the different pressures we face as teenagers and specifically as young women, and my ability to complete my fast showed me that I have the strength to get through those tough situations. My most powerful defense is inside me, and the word “empowerment” makes more sense now.

I came off my berry fast this past May and attended ceremony and feasted afterwards with other people who were coming off of theirs. Having a strawberry after that made me appreciate it that much more. I am so proud to be Anishinaabe, and I’m really proud to be a woman.

Body Image

Our body image, or how we see ourselves is intimately connected to our sexuality. Although many of us are born with body acceptance, over time people come to feel negatively about their bodies.³² As service providers, in order to encourage body acceptance in all youth, we must be aware of our own body image issues and the language we use when talking about our own and other's bodies.

It can be hard to love our bodies with constant messaging from the media selling us the idea that our bodies are not thin enough, our hair is not shiny or straight enough, our skin is not clear or light enough, etc. This sends the message that we are not okay the way we are. Body image begins to develop at a young age and is affected throughout our lives by our family, friends, and community members.³³

Improving Body Image

Service providers can work with youth to improve their self-esteem and body image. Feeling good about ourselves and having self-esteem are protective factors which can lead to better health overall. Remember, you do not have to do anything to change your physical appearance to improve how you feel about your body. Bodies come in all different shapes, shades and sizes, all are beautiful and there is no such thing as the “perfect” body type. See the Youth Sexuality chapter of the Teen Talk Activities Binder for activities on body image.

Indigenous Peoples, Body Image & Racism³⁴

Negative feelings about the body happen often in a world where stereotypes describe First Nations people as “easy,” Native women as looking like Pocahontas, and “stoic” and Native warriors as men who cannot express emotions. These stereotypes have real effects on whether people feel comfortable or not in their own skin and bodies and on how people are seen by society. Often, First Nations’ culture is overshadowed by Canadian “ideals.”

Healing our relationship to our bodies involves the complicated process of healing our communities from on-going colonization, racism, sexism and residential schools. It is important to break the silence around these topics and talk about them, even if it is uncomfortable or confusing.

"I started collecting stories of love and erotica for an anthology (the ground-breaking Without Reservation: Indigenous Erotica anthology) because I saw it as a kind of medicine that could help to heal our communities by providing an alternative view of who we are. I didn't want my nieces, nephews, children or any other Indigenous child to grow up the way so many of us did – surrounded by stereotypes and misrepresentations or by a huge dearth of any representations at all. I wanted stories and poems that celebrated our bodies, our love and our sexuality. I wanted joy, beauty, playfulness, heart-stopping, mind-blowing, toe-curling sexuality. To my mind, that was 'healthy,' 'positive,' and would help to make us whole."³⁵

Kateri Akiwenzie-Damm, Anishinaabe, Author, Chippewas of Unceded Nawash First Nation

Media & Sexuality

The media is made up of social media, the internet, ads, pornography, magazines, TV, movies, texting, blogs, videos, etc. All media has a bias. All media reflects the point of view of the person or people who made it. Mass media is controlled by very large corporations and is designed to make money.

Media messaging can show positive role-modeling and be validating and empowering especially for those who rarely see themselves represented or accurately represented in media. Unfortunately, mass media often reflects the discrimination that exists in our mainstream culture (e.g. ableism, racism, sexism, homophobia, transphobia,

fatphobia, colonial worldview etc.). Media can be disempowering and harmful when it glamorizes unhealthy/abusive relationships, unrealistic ideals of bodies and sexual interactions, unsafe sex, stereotypes and gender roles. Mass media today is more sexualized and violent as well as more accessible and prevalent than in the past. A lot of media is directed at youth and many youth have access, by accident or on purpose, to various forms of media including pornography.

Pornography, like other media, exists on a spectrum from harmful to affirming. It is important to discuss it with youth, as they may be curious and should not be shamed for being interested in porn.³⁶ Accessible sexual images can provide an opportunity for youth to explore bodies, their sexuality and for some, it may be one of the few places they can see their sexual selves.³⁷ Because pornography exists on a spectrum, it is important to give youth skills to reduce harm, provide context, increase empowerment and enhance sexual and mental health. For more information on sexuality and media literacy (including literacy and activities specific to pornography), see *Beyond the Basics, A Resource of Educators on Sexuality and Sexual Health*.³⁸

Messages that are limiting and unhealthy can have negative effects on youth including feeling pressured, lowering self-esteem, having poor body image, expecting relationships and/or sex to be like it is in the media, not practicing safer sex, reinforcing gender scripts and accepting unhealthy/abusive relationships. Teen Talk encourages youth to look at media as entertainment (fantasy/fiction) and not real life. When talking to youth we encourage being critical of media, paying attention to stereotypes and examining how many types of people are **not** represented. We ask youth to reflect on the impact their media is having on them i.e. how it is making them feel?.

Since the media does not always show us examples of what healthy sexuality looks like, we discuss sources that give

accurate information on sexuality and relationships. We ask youth to consider what we can all do to resist the messages in the media. Some ideas are: challenge what is seen/heard, watch less, seek out inclusive and/or alternative media such as social media sites with positive healthy messaging and non-exploitative pornography, create your own positive media (Facebook, blogs, community radio, youtube, posters, zines), talk to others about how the media can be messed-up, be critical, look for “real” healthy role-models etc. To explore media, check out the Media Literacy Activity in the Teen Dating Relationships chapter of the Teen Talk Activities Binder.

A Sex Positive Approach to Sexual Decision Making & Abstinence

We know that many youth are choosing to have sex and we also know others are choosing not to have sex. At Teen Talk we invite youth to explore reasons why people do/don’t have sex to reflect on the reasons youth make these choices. In addition, we discuss some of the harmful reasons why youth are engaged in sexual activity such as keep or get a partner, are drinking, or feel pressure. If they say forced we provide sexual assault resources and encourage them to talk to someone about it.³⁹

In a group while brainstorming why youth are choosing not to have sex, it can be useful to discuss what it means to be ready for sex (see the following section). We validate that any reason not to have sex is OK and no one should feel pressure or pressure anyone else.

Teen Talk uses a sex positive approach so instead of teaching that “sex is bad, don’t do it,” we normalize affection and explore other ways to feel close to a partner besides sex. Even if someone has been sexually active before, abstinence can be part of a healthy sexuality at any phase of life.

Abstinence is often interpreted as “not doing anything sexual” when in fact there are many activities that are sexual that do not involve anal, oral, or vaginal sex. Service providers can encourage youth to define what abstinence means for them and explore this issue in a fun, empowering way by making abstinence realistic. One way to do this is by having the youth create a list of “Fun & Safe Activities.” By showing that abstinence doesn’t have to be boring and that they can choose less risky activities for pleasure, connection and affection, these become a more attractive option for youth. For activity instructions see the Youth Sexuality chapter of the Teen Talk Activities Binder for the “Why Do/Don’t Teens Have Sex” and “Fun and Safe Activities” Brainstorm.

Sexual Readiness

As service providers, it is helpful to introduce youth to the concept of sexual readiness regardless of whether they have had sex. For some they may need this information sooner and for others much later. No one should ever be forced or think that they have to have sex in order to please or be with another person. One way to help youth reflect on if they are ready for sex is with the head, heart, hand model.⁴⁰

Head: Thinking - Why do you want to have sex now? What do you need to know i.e. consent, STI prevention, pregnancy prevention, if applicable. What are your values and beliefs? What have your experiences been?

Heart: Feeling – Are you scared, nervous or excited? How would you **want** to feel if you are ready to have sex? What would you **need** to feel good about the experience i.e. love, respect, reassurance? Do you feel pressure or have to prove that you love your partner? How may having sex change the way you feel about yourself/the relationship?

Hands: Doing – How would your body feel if you are ready? How does your body react when you are around them?

What are your limits and boundaries when it comes to sexual touch i.e. what are you comfortable doing/trying?

Check out the Sexual Readiness Activity and the “Things to Talk about Before Sex” Brainstorm in the Youth Sexuality chapter of the Teen Talk Activities Binder.

Our Mind & Decision Making

There are a lot of things that affect sexuality; values, rights, puberty and hormones, friends, peers, parents, body image, identity (decolonizing) and the media, to name a few. As service providers we encourage youth to remember that, in the end, it is up to them to decide what is right for them.

The mind acts as the filter to all the information youth encounter every day and there are things that can make a mind work differently, or less than 100%. These include: drugs/alcohol (see the Substance Use Awareness chapter), mental illness, trauma, and/or stress (see the Mental Health chapter), abuse (see the Teen Dating Relationships chapter), being tired, poor nutrition etc. All these things can affect how a person thinks and the choices they make. Balancing all aspects of ourselves – our mind, body, emotions, and spirit will help us to make decisions that are right for us. At Teen Talk we emphasize that ultimately youth have the right to have a healthy sexuality and the right to make decisions that affect their sexuality. We know that with accurate information and support youth can make healthy decisions for themselves.

Sexual & Reproductive Health Resources

A Guide to Trauma-Informed Sex Education

Cardea Services, 2016

cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education

Offers five pillars to reinforce safety in sex education settings which are the foundation for a trauma informed approach.

Aboriginal Sexual Health

aboriginalsexualhealth.ca

Info and material for First Nations, Inuit, and Métis women.

Action Canada for Sexual Health & Rights

sexualhealthandrights.ca

Works to improve access to sexual and reproductive health services, education, abortion and contraception with a specific emphasis on youth. Resource materials available.

Adolescent Parent Centre

apin.org

Adolescent Parent Interagency Network (APIN) is a group of agencies, and professionals in MB who collaborate with the goal of supporting best practice for services provided to teens who are pregnant and teens who have children.

Beyond the Basics: A Resource For Educators on Sexuality and Sexual Health 3rd Edition

Action Canada for Sexual Health & Rights, 2017

actioncanadashr.org/beyondthebasics/

Offers the tools to teach young people about sexuality and sexual health for a sex positive, human rights perspective.

Breaking Barriers through Education: A Guide for Facilitators

Rainbow Resource Centre, Winnipeg, 2001

Calgary Sexual Health Centre
calgarysexualhealth.ca/parent_intro.html
Provides parenting resources.

Canadian Centre for Gender and Sexual Diversity
ccgsd-ccdgs.org
Intersectionally promotes diversity in gender identity, gender expression and romantic and/or sexual orientation in all its forms on a national level through services in the areas of education, health and advocacy.

Canadian Guidelines for Sexual Health Education
Public Health Agency of Canada, 2008
sieccan.org/pdf/guidelines-eng.pdf

Canadian Guidelines for Sexually Transmitted Infections
Government of Canada, 2016.
canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html#toc

Finding Our Way: A Sexual and Reproductive Health Sourcebook for Aboriginal Communities
Aboriginal Nurses Association of Canada and Planned Parenthood Federation of Canada, 2002

I Respect Myself
irespectmyself.ca
Sexual health information for youth from Nunavut.

Manitoba Harm Reduction Network
mhrn.ca
Works toward equitable access, systemic change and reducing the transmission of STBBI through advocacy, policy work, education, research and relationships.

Media Smarts: Centre for Media and Digital Literacy

mediasmarts.ca

Digital and media literacy programs and resources for homes, schools and communities so they can help children and teens develop the critical thinking skills they need for interacting with media.

Native Youth Sexual Health Network

nativeyouthsexualhealth.com

Healthy sexuality, cultural competency, youth empowerment, reproductive justice and sex positivity by and for Native youth.

Our Whole Lives

www.uua.org/re/owl

Comprehensive secular sexuality education curricula.

Project CHOICES

projectchoices.ca

A program about alcohol, sex and birth control. Info and feedback to help women make healthy decisions for themselves about alcohol use and contraception.

Saskatchewan Prevention Institute

preventioninstitute.sk.ca/sexual-and-reproductive-health

Education, info and resources for order/download.

Scarleteen: Sex Ed for the Real World

scarleteen.com

Sexual health info for youth.

Sex, etc.

sexetc.org

Sexual health info by youth for youth.

Sexuality and Sexual Health of Canadian Adolescents:

Yesterday, today and tomorrow. The Canadian Journal of Human Sexuality, Vol. 17, 2008.

Sexuality and You

sexualityandu.ca

Sexual health info for all ages (from the Society of Obstetricians and Gynecologists of Canada).

Sexuality Education Resource Centre

serc.mb.ca

Offers resources and some workshops on topics related to sexuality, reproductive health and family communication.

Sexual Health Education in the Schools: Questions & Answers, Updated 2015 Ontario Edition.

Sex Information and Education Council of Canada, 2015

sieccan.org/wp/wp-

content/uploads/2015/08/SIECCAN-QA-Sexual-health-education-in-the-schools-2015-Ontario.pdf

A resource with answers to your questions about sexual health education in schools.

Teaching Sexual Health

teachingsexualhealth.ca

A teacher and parent portal for sexual health info, lesson plans, tools and resources from Alberta Health Services.

Teen Health Source

teenhealthsource.com

Sexual health information and texting service that allows youth to call in questions and get on-on-one answers from trained teen volunteers.

Teen Talk

teentalk.ca

Check the “Service Provider” tab for handouts and the online Teen Talk Tool kit for Service Providers and Educators which has games and activities on diversity, body image, communication, youth sexuality and more.

2STLGBQ+ Resources

Canadian Centre for Gender and Sexual Diversity

ccgsd-ccdgs.org

Intersectionally promotes diversity in gender identity, gender expression and romantic and/or sexual orientation in all its forms on a national level through services in the areas of education, health and advocacy.

Gender Dysphoria Assessment and Action for Youth (GDAAY)

Program for transgender youth at Health Science Centre.
204.787.7435.

Guidelines for Best Practices: Creating Learning

Environments that Respect Diverse Sexual Orientations,

Gender Identities and Gender Expression

Alberta Government

education.alberta.ca/media/1626737/91383-attachment-1-guidelines-final.pdf

Put This on the Map

putthisonthemap.org

A 20 min video of 2STLGBQ+ youth challenging the heteronormative environment in Seattle.

Rainbow Resource Centre

rainbowresourcecentre.org

Education/training, counseling, and resources for individuals and communities.

Safe and Caring Schools – A Resource for Equity and

Inclusion in Manitoba Schools (MB MYGSA)

edu.gov.mb.ca/k12/safe_schools/mygsa/

Two-Spirited People of Manitoba

twospiritmanitoba.ca

Advocacy and education and resources for individuals and communities.

Decolonizing Resources

A Knock on the Door - The Essential History of Residential Schools from the Truth and Reconciliation Commission of Canada. Phil Fontaine, Aimee Craft, The Truth and Reconciliation Commission of Canada, 2016

Application + Action TRC Reading Guide for non-Indigenous Organizations

Manitoba Harm Reduction Network, 2018

static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/5a9dbe91085229900a9237b8/1520287391654/2018-MRHN-TRCGUIDE-FINAL-WEB.pdf

Supports non-Indigenous organizations in situating themselves in the context of ongoing oppressive systems and build the capacity of service providers who are interested in dismantling those systems.

Braiding Sweetgrass: Indigenous Wisdom, Scientific Knowledge and the Teaching of Plants

Robin Wall Kimmerer, 2013

By My Name

Carrier youth from Nak'azdli Band, B.C.

nakazdli.wordpress.com/departments/youth/

A 10 min video sharing facts about HIV and decolonization.

8th Fire Series

cbc.ca/8thfire/

The series draws from an Anishinaabe prophecy that declares now is the time for Aboriginal peoples and the settler community to come together and build the “8th Fire” of justice and harmony.

Engaging and Empowering Aboriginal Youth: A Toolkit for Service Providers, 2nd edition

Claire Crooks, Debbie Chiodo, Darren Thomas, Shanna Burns, Charlene Camillo, 2010

Groundwork For Change

groundworkforchange.org

Provides access to info to help non-Indigenous (settler) peoples grow relationships with Indigenous peoples that are rooted in justice and solidarity.

Indigenous Writes: A Guide to First Nations, Metis, and Inuit Issues in Canada

Chelsea Vowel, 2016

Ka Ni Kanichihk

kanikanichihk.ca

Provides culturally based aboriginal-led services and leadership for social transformation.

Ma Mawi Wi Chi Itata Centre

mamawi.com

Ma Mawi Wi Chi Itata translates from Ojibway into the phrase “we all work together to help one another.” Has over 50 programs (at 11 sites) including Positive Adolescent Sexuality Support (PASS) which provides sexual and mental health and healthy relationships workshops to youth that incorporate Indigenous cultural teachings.

Manitoba First Nations Education Resource Centre

mfnerc.com

Helps First Nations improve education for all learners.

National Association of Friendship Centres

nafc.ca

native-land.ca

A resource to help North Americans learn more about their local history.

Project of Heart

projectofheart.ca

“Project of Heart” is school curriculum that reveals the truth about Indian Residential schools.

Playing with a Great Heart

Blair Robillard, 2019

Buy at MB Aboriginal Sport and Recreation 204.925.5941

Taiaiake Alfred

taiaiake.net

Kanien'kehaka (Mohawk) philosopher, writer and teacher.

Author of *Heeding the Voices of Our Ancestors* and *Peace, Power, and Righteousness* and *Wasáse: Indigenous Pathways of Action and Freedom*.

The National Centre for Truth and Reconciliation and Truth and Reconciliation Commission

nctr.ca/map.php

trc.ca/websites/trcinstitution/index.php?p=905

Truth and Reconciliation in Canadian Schools

Pamela Rose Toulouse, 2018

Unsettling the Settler Within: Indian Residential Schools,

Truth Telling, and Reconciliation in Canada

Paulette Regan, 2010

Unsettling Canada: A National Wake-Up Call

Arthur Manuel, 2015

White Spotted Horse

whitespottedhorse.com

The Canada and the Indigenous Historical Timeline and the Red River de Metis Historical Timeline.

whose.land

Search location, territories on Turtle Island by Land, and land acknowledgement information, maps, etc.

Rural & Northern Resources

Eagle Urban Transition Centre

amc.manitobachiefs.com/index.php?option=com_content&view=article&id=152&Itemid=135

For Aboriginal individuals and families transitioning to an urban centre.

Manitoba Farm, Rural & Northern Support Services

supportline.ca

Call 1.866.367.3276 or chat to get support.

Graphic Novels & Videos for Youth

7 Generations

portageandmainpress.com/lesson_plans/plan_286_1.pdf

Graphic novel series and guide made in Winnipeg.

This Place: 150 Years Retold

By Indigenous creators, stories are a journey through Indigenous wonderworks, psychic battles, and time travel. See how Indigenous peoples have survived a post-apocalyptic world since contact.

Healthy Aboriginal Network and YouTube Channel

thehealthyaboriginal.net

youtube.com/user/HealthyAboriginal

Comic Books on health and social issues for youth such as smoking and diabetes prevention, living with FASD, mental health, sexual health, family violence and more.

Eating Disorders & Body Image Resources

Eating Disorders Manitoba

eatingdisordersmanitoba.ca

Info and resources on eating disorders.

Eating Disorders/Disordered Eating: General Information

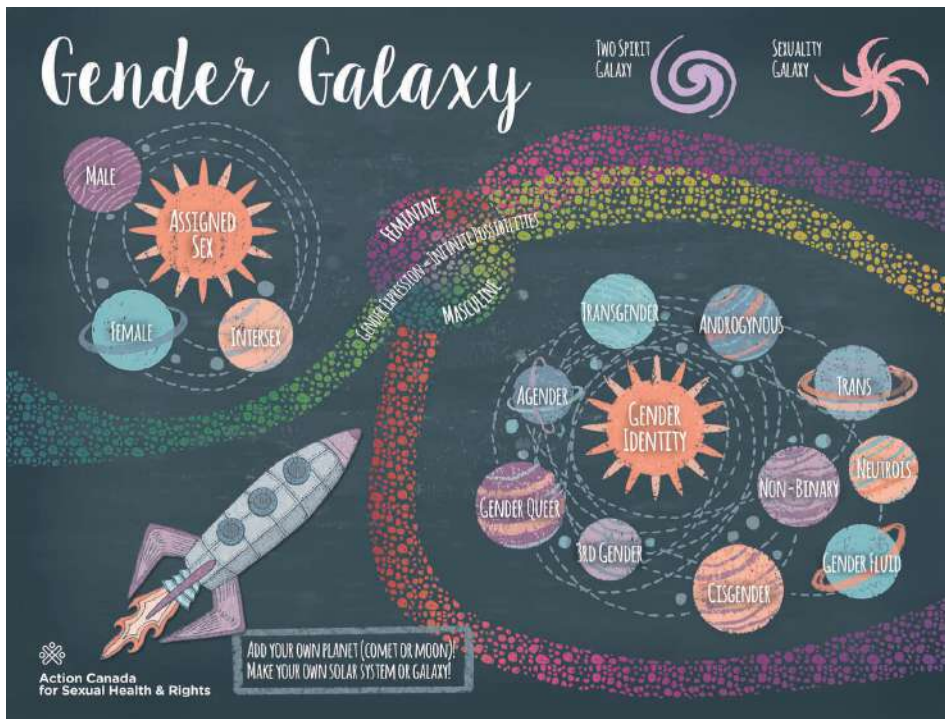
gov.mb.ca/health/mh/docs/ed_general.pdf

National Eating Disorder Information Centre

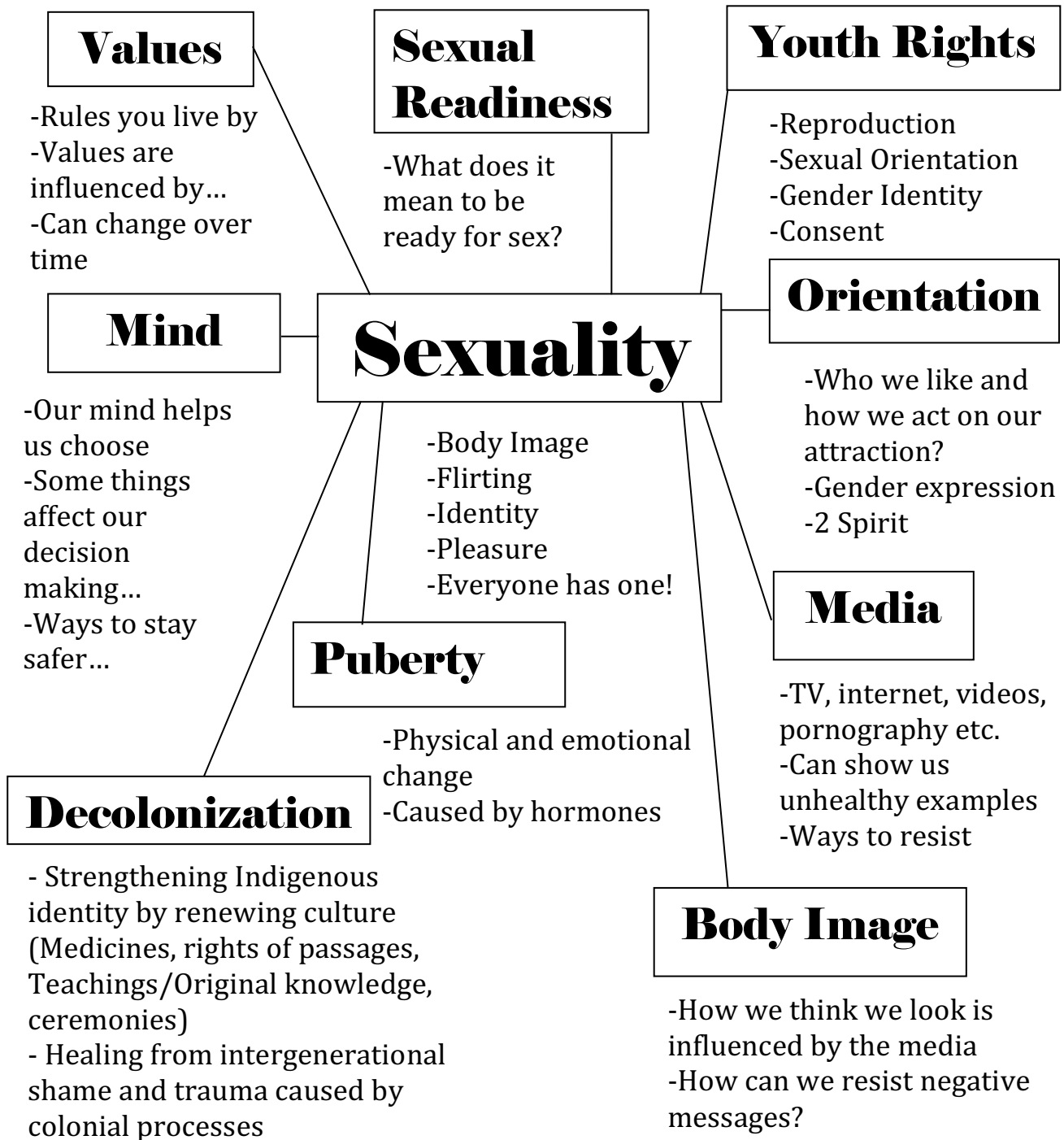
nedic.ca

Helpline, info and resources, workshops and presentations on eating disorders and weight preoccupation.

Gender & Sexuality Galaxies



Example: Sexuality Web



Chapter 3:

Birth Control & Pregnancy Options

All youth need accurate information about how their body works. Youth who engage in penis-vagina sex need to know how pregnancy happens, how to prevent it and what their pregnancy options are if they become pregnant.

Ideally, this information reaches youth “early and often” so that they can make informed decisions for themselves.

Youth who receive accurate pregnancy prevention information have lower rates of unintended pregnancy and service providers can have a key role in delivering this information.⁴¹

A Youth Friendly Approach to Pregnancy Prevention

A youth friendly approach to birth control means talking to teens in a comfortable way in language they understand.

(Youth may not understand the jargon used by professionals.) It means having an open and sincere approach that uses frank language, humor and pop culture references when relevant. For example, using some slang terms can bridge age gaps and reduce power imbalances between youth and adults. In an anatomy lesson, an educator might use the word “bum” to teach a more formal term like “anus.” (See the “Bits and Pieces” Anatomy Section in the Birth Control & Pregnancy Options chapter of the Teen Talk Activities Binder.) Some other examples of a youth friendly approach are:

- Being honest about our own comfort level in teaching anatomy, sexuality and reproduction and working on feeling more comfortable.
- Using games and activities. (See the Teen Talk Activities Binder.)
- Using both slang words (such as “cum”) and technical words (such as “ejaculate”).
- Making jokes (where appropriate) that don’t shame people or body parts.

- Being honest about it when we make a mistake.
- Finding the answer to a question, if we don't know.

Youth pick up on the language we use, a youth friendly approach to birth control is non-judgmental and normalizes thoughts and feelings youth experience. As educators we need to examine the language we use and try our best to avoid making assumptions, this can help us in building trust and allyship with youth. For example, using terms like boyfriend or girlfriend assumes the gender of a partner. Using inclusive language like partner is respectful and acknowledges the diversity of youth. Keep these tips in mind when presenting birth control information.

- Use inclusive language whenever possible. For example, using “partner” instead of girlfriend or boyfriend.
- Use concrete language like, “anal sex,” “vaginal sex,” and “oral sex,”⁴² rather than terms like “gay sex” or “normal sex” as they are vague and inaccurate.
- Ask if you are unsure of gender. Do not assume gender (or orientation) of a youth.

Realities of Indigenous Youth & Birth Control

Contributed by Jessica Danforth

Today Indigenous youth are experiencing many different realities when it comes to their sexual and reproductive health. First Nations youth are the fastest growing population with a significant amount of this population being under the age of 25 which means that there is a lot of sex happening and a lot of babies! Given the history of sterilization and the continual removal of Indigenous

children from their families by child welfare, this is an exciting and hopeful time as Indigenous communities are growing, but it is important to be mindful of how these statistics are coming into play. There are a lot of social determinants of health to consider, as well as the everyday lived realities of these – including communities not having access to their own teachings, cultural practices, and beliefs in the field of sexual and reproductive health education that centers that could be more effective in people making informed, consensual decisions over their bodies. It's important to know that the statistics don't just "come from nowhere" – there is a lot of context to consider and be mindful that "re-colonizing" effects (when it comes to birth control) still happen when service providers or others do not take the time to understand this context, or try to impose birth control and other contraception without the free, prior, and informed consent of an individual.

"I learned from Haudenosaunee Mohawk midwife, Katsi Cook that woman is the first environment, and with that means that woman is also the decider of her own body and her own space. As midwives, our care is the full circle of life – including birthing, parenting, and not bringing life into the world when our people are not ready, or what Western medicine calls "abortion." Sure it might be an uncomfortable conversation for people to have – colonization did a good job of making sure that happened – but it means that we respect and support women to do whatever they need to do for themselves, their families, and communities. Our midwifery knowledge is sacred, and we as Native people have kept it alive by making sure that we still know that choice is a critically important teaching that itself is sacred."

Haily Smith, Métis, Midwife, Saddle Lake, Alberta

A First Nation's Perspective on Family Planning

Contributed by Jessica Danforth

Throughout history, many Indigenous women around the world have interacted with each other through various women's societies, which held respected positions of significant political power. Looking closer at traditional teachings and practices within First Nations, Inuit, and Métis nations throughout North America, it is evident that methods of family planning and birth control, including abortion, were performed as necessary procedures to ensure the health and welfare of communities that have women at its core. Although we are vastly diverse in terms of societal structure, whether matriarchal (where leadership, blood line, or governance is carried by women, e.g. Mohawk) or egalitarian (where there is a balance of power, not superiority of one over another e.g. Inuit), it is clear that the right to govern one's own body and take care of it the way we choose, is a foundational principle.

Hormonal Birth Control

The birth control information below is intended as a brief overview. For more detailed information on individual birth control methods please see the publications that SERC created and our website. For activities to teach birth control to youth, see the corresponding chapter of the Teen Talk Activities Binder.

Hormonal methods of birth control include the pill, injection (Depo), patch, ring, and some intrauterine systems (IUS) like Mirena. All are made with artificial hormones and can be accessed through health care providers. Hormonal birth control is very effective at preventing pregnancy, 91-94% effective within the first year of typical use for the pill, patch, ring, and Depo and over 99% effective within the first year of typical use for IUS/IUD.⁴³ While alcohol and other drugs may affect a

person's decision making, they do not make any hormonal birth control less effective. However, hormonal birth control does not offer any protection against STI/HIV.

For a pregnancy to happen, there needs to be ovulation (egg being released from ovary), fertilization (sperm meeting egg) and implantation (egg and sperm burying in the lining of the uterus). Hormonal birth control works by trying to stop one or all of these things from happening.

Oral Contraceptive, “the pill”

The pill is taken at the same time every day for three weeks or four weeks, depending on the type. The fourth week is typically when they would get their period, regardless of whether they are using a 21 or 28 pill pack. At the end of the fourth week a new pack of pills is started. The pill can be made less effective by antibiotics, some herbal medicine, and things that coat the stomach like antacids. Always check with a health care provider for interactions if you are taking more than one medication.

The Patch

One patch per week is worn on a fleshy part of the body like the arm, leg, abdomen, or back (but not on the chest) for three weeks. No patch is used for the fourth week, which is when the person would typically get their period.

Depo-Provera, “the shot”

Depo is an injection form of birth control, administered by a health care provider that lasts 84 days (12 weeks).

The Ring

The ring is made of flexible plastic that is inserted into the vagina every 4 weeks. The ring is worn inside the vagina for 3 weeks and then is removed for the fourth week; this is when the person will typically get their period.

IUS/IUD

An intrauterine system or device (IUS/IUD) is a long lasting type of birth control that is very effective. IUS/IUD is a small t-shaped device that is inserted into the uterus by a health care practitioner. IUS/IUD contains either hormones or copper and can last between 2-5 years, depending on the type.

Side Effects of Hormonal Birth Control

As with any medication, there can be potential side effects with hormonal birth control. Depending on the type of birth control used, common side effects can be lighter or missed periods, spotting between periods, nausea, skin changes, moodiness, breast tenderness, weight change and the potential loss of bone density.⁴⁴ Speak to a health care provider to find out more information on specific medications and potential side effects.

For Hormonal Demonstrations, see the Birth Control chapter of the Teen Talk Activities Binder

Condoms

Condoms act as a physical barrier that stops semen from entering a partner's body. Besides abstinence, condoms and sex dams are the only methods that prevent STI and HIV.

Condoms (that go on a penis) are between 82-98% effective and condoms (that can go inside the vagina or anus) are between 79-95%.⁴⁵ Condoms can be used for oral, anal, or vaginal sex or on a sex toy. Condoms are available for free at many health centers and nursing stations. For condom demos and activities, see the STI/HIV chapter of the Teen Talk Activities Binder.

Emergency Contraception or the “Morning After Pill”

Emergency contraception pills (ECP) are the only form of birth control that can be taken for up to 5 days after unprotected penis-vagina sex. It can be used for any reason such as if someone was not planning on having penis-vagina sex, forgot birth control, was sexually assaulted, the condom broke, etc. ECP will not cause an abortion and does not prevent sexually transmitted infections.

The earlier ECP (Plan B brand, Contingency or Backup Plan Onestep) is taken after penis-vagina sex the better it works. It is 95% effective within 24 hours, 85% effective within 25-48 hours and 61% effective within 49-72 hours.⁴⁶ It can be taken up to 5 days after unprotected sex, but the effectiveness continues to drop.

If a youth does not get a period within a month after taking ECP, they should take a pregnancy test.

If youth want to access ECP, encourage them to call the nursing station, health centre, clinic or hospital ahead and ask if it is in stock and if they can come to get it. In urban centers ECP is available at pharmacies without a prescription, for a cost anywhere from \$20-\$50.

For the Emergency Contraception Demonstration, see the Birth Control chapter of the Teen Talk Activities Binder.

Tips for Accessing Birth Control (Including Condoms) when Living Outside an Urban Center

Contributed by Jessica Danforth

It can be a challenge for youth to access birth control and condoms if you are from a reserve, rural, or remote community. If you are a service provider, create “hubs” – several places throughout the community where people can access condoms or other forms of birth control anonymously or as anonymously as possible – i.e. having many places creates more opportunities for anyone to pick up supplies. Be inventive with where this can be! Think about drop-off locations where there aren’t a lot of other people around. In addition, give the following tips to youth in order to help them access birth control:

- Get what you need! You have the right to birth control and condoms no matter what. If anyone is questioning you, you could say it is for a friend, cousin etc.
- Pick up as much as you can when you go if it’s possible – so you don’t have to keep going back.
- Find “stand-ins” – people that can pick up stuff for you.
- Talk to someone you trust who will keep things confidential – maybe an Elder, or Youth Worker in your community.
- Travel to another community or city for health services if you can and would feel more comfortable.

A Pro-Choice Approach to Pregnancy Options

When someone becomes pregnant in Manitoba they have three options to choose from: abortion, adoption and parenting. Many people have strong feelings and values about any of these options and what is right for one person may not be right for someone else.

As Teen Talk, a program of Sexuality Education Resource Centre, we are pro-choice organizations that believe that the person who is pregnant has the right to choose what is best for them. As service providers we can support youth by providing accurate non-judgmental information on all three options, encouraging them to make their own decision and keeping what they share private. Let youth explore their thoughts and feelings in their own way. Their life stands to be most affected, so youth have the right to make a decision they feel most comfortable with. If we find that our personal values are interfering with our ability to provide non-judgmental support, it is our responsibility to refer them to someone who can.

Although all three options are safe and legal in Manitoba, depending on location and community values, there can be barriers to accessing abortion services. The health centre or nursing station may be a good place to get accurate information on all three options, or it may be helpful to use: the *Your Choice for Your Reasons, Youth Pregnancy Options Handbook for Service Providers*,⁴⁷ the Pregnancy Options Access Line from Action Canada for Sexual Health & Rights,⁴⁸ 1.888.642.2725.

Abortion Services in Manitoba

- Winnipeg and Brandon offer abortion services that are covered by Manitoba Health and First Nations Inuit Health Branch. For the travel costs and accommodation to be covered, they would need to go through the nursing station, medical center or hospital to obtain a travel warrant. To get a warrant, the nurse will have to know that the youth wants an abortion. No one has the right to refuse a travel warrant for an abortion. It might be helpful for a youth to seek out a trusted adult to help them navigate these systems.
- Appointments for an abortion can be made through Women's Health Clinic Portage at 204.477.1887 or Women's Hospital at Health Sciences Centre at 204.787.3661. In Brandon, call the clinic at 204.728.4440.
- Youth can access abortion services without parental/guardian consent, although some doctors may require permission.
- In Winnipeg abortion services are provided up to 16 weeks of pregnancy and in some cases up to 19 weeks and in Brandon up to 12 weeks.
- Available since 2016, a medical abortion also known as "the abortion pill" ends pregnancy by using mifepristone and misoprostol. It is like an induced miscarriage available for someone who is up to 8 weeks pregnant. Youth will need to see their health care provider twice: the first visit to have blood work done and take the first set of pills, the second visit to make sure the medication worked i.e. that they are no longer pregnant. For more details on medical abortions, see Women's Health Clinic.⁴⁹

- The surgical abortion procedure involves opening the cervix a few millimetres and removing the contents of the uterus with a thin, soft, straw-like tube attached to a device that creates a gentle suction. Next, they sweep the lining of the uterus with an instrument that has a small metal loop at the end and then repeat the suction one more time.
- The actual surgical procedure takes 10-15 minutes, but one can expect to spend a few hours in the clinic or hospital.
- When the youth is ready to leave the hospital or clinic after the surgical procedure, they will need to have someone pick them up (with a car or taxi) because they are unable to drive, take the bus, bike or walk to their accommodations on their own.
- Abortion after-care is important. After an abortion, it is important not to put anything in the vagina for 2-3 weeks (no tampons, douching, penis-vagina sex, baths, swimming or hot tubs).
- Having an abortion (or several abortions) does not prevent becoming pregnant and giving birth in the future, so discussing birth control methods is important.

For more information on how to be more trans-inclusive in an abortion setting, see *Trans-inclusive Abortion Services, A manual for providers on operationalizing trans-inclusive policies and practices in an abortion setting*.⁵⁰

Things to Address with Youth Traveling to an Urban Center for Health Services

In collaboration with Jessica Danforth

When living on reserve or in a rural or remote community, travel to a city is a reality for accessing many different health services. As a service provider acknowledge confidentiality concerns - that it can be hard to keep confidentiality in any community, especially small communities even though doctors and nurses have a legal obligation to keep health information private. The following are issues a service provider many want to discuss with youth as they need to consider them when traveling for health services.

- How are you feeling about traveling? Are you able to bring someone or have someone meet you? If you are going alone, can you stay connected by phone/text?
- Who are you going to tell? You may want to create a back-up story so only people that you trust know where you are going but others could be told something else for example that you are going to see family, to a concert, to visit friends etc.
- Do you have all the required paperwork and documentation with you from your community? Do you understand what it says? If not, who can help?
- Are there any upfront costs? Even if some medications are covered under non-insured health benefits, some pharmacies might require that you pay for it upfront. Is this being covered? Do you have extra money in case things are not covered? Do you need an interpreter?
- How else can I be a support to you? What else can I do?

Birth Control & Pregnancy Options Resources

Websites & Resources for Youth

I Respect Myself

irespectmyself.ca

Sexual health info for youth from Nunavut.

Native Youth Sexual Health Network

nativeyouthsexualhealth.com

Healthy sexuality, cultural competency, youth empowerment, reproductive justice, and sex positivity by and for Native youth.

Project CHOICES

projectchoices.ca

A program about alcohol, sex and birth control. It offers info and individualized feedback to help people make healthy decisions for themselves about alcohol use and contraception.

Scarleteen: Sex Ed for the Real World

scarleteen.com

Sexual health info for youth.

Sex, etc.

sexetc.org

Sexual health info by youth for youth.

Sexuality and You

sexualityandu.ca

Sexual health information for all ages (from the Society of Obstetricians and Gynecologists of Canada).

Teen Clinic App

teenclinic.ca/

Free and confidential health/medical services only for youth. Teen Clinics are located in schools or community health centres throughout Manitoba.

Teen Health Source

teenhealthsource.com

Sexual health info and texting service that allows youth to call in questions and get on-on-one answers from trained teen volunteers.

Teen Talk

teentalk.ca

Sexual health, mental health, substance use, and relationships info for youth.

What is a Vulva Anyway?

brook.org.uk/data/So_what_is_a_vulva_anyway_final_booklet.pdf

A booklet discussing vulvas, the difference between vagina/vulva and the various shapes of labia and more.

Websites & Resources for Service Providers

Aboriginal Sexual Health

aboriginalsexualhealth.ca

Info and material for First Nations, Inuit and Métis women.

Action Canada for Sexual Health & Rights

sexualhealthandrights.ca

Works to improve access to sexual and reproductive health services, education, abortion and contraception with a specific emphasis on youth.

Beyond the Basics: A Resource For Educators on Sexuality and Sexual Health.

Action Canada for Sexual Health & Rights, 2017

actioncanadashr.org/beyondthebasics/

Offers the tools to teach young people about sexuality and sexual health for a sex positive, human rights perspective.

Canadian Guidelines for Sexual Health Education
sieccan.org/pdf/guidelines-eng.pdf
Public Health Agency of Canada, 2008

Saskatchewan Prevention Institute
preventioninstitute.sk.ca/sexual-and-reproductive-health
Education information and resources for order/download.

*Sexuality and Sexual Health of Canadian Adolescents:
Yesterday, today and tomorrow*
The Canadian Journal of Human Sexuality, Vol. 17, 2008

Sexuality Education Resource Centre
serc.mb.ca
Offers resources and some workshops on topics related to sexuality, reproductive health and family communication.

*Sexual Health Education in the Schools: Questions & Answers,
Updated 2015 Ontario Edition*
Sex Information and Education Council of Canada, 2015
sieccan.org/wp/wp-content/uploads/2015/08/SIECCAN-QA-Sexual-health-education-in-the-schools-2015-Ontario.pdf
A resource with answers to your questions about sexual health education in schools.

Teaching Sexual Health
teachingsexualhealth.ca
A teacher and parent portal for sexual health info, lesson plans, tools and resources (from Alberta Health Services).

Teen Talk
teentalk.ca
Check the “Service Provider” tab for handouts and the online Teen Talk Toolkit for Service Providers and Educators which has games and activities on birth control, condoms and more.

Pregnancy Options Resources

Action Canada for Sexual Health & Rights

sexualhealthandrights.ca

Works to improve access to sexual and reproductive health services, education, abortion and contraception with a specific emphasis on youth. Resource materials available.

Teen Clinic App

teenclinic.ca/

Free and confidential health/medical services only for youth. Teen Clinics are located in schools or community health centres throughout Manitoba.

Your Choice for Your Reasons: Youth Pregnancy Options Handbook for Service Providers.

Adolescent Parent Interagency Network (APIN) and Healthy Child Manitoba

gov.mb.ca/healthychild/mcad/had_yourchoice.pdf.

Abortion Resources

Teen Clinic App

teenclinic.ca/

Free and confidential health/medical services only for youth. Teen Clinics are located in schools or community health centres throughout Manitoba.

Abortion Resources

Brandon Clinic

Medical abortions are available up to 8 weeks pregnant and surgical abortions are available up to 12 weeks pregnant.

204.728.4440

Women's Health Clinic

womenshealthclinic.org/what-we-do/abortion/

Medical abortions are available up to 9 weeks pregnant and surgical abortions are available up to 16+ weeks pregnant.

1.866.947.1517

Health Sciences Centre

Provides pregnancy options counselling and abortion referral service for medical abortions available up to 8 weeks and surgical abortions up to 19 weeks and six days pregnant.

204.787.1980

Adoption Websites & Resources

Adoption Options

adoptionoptions.mb.ca/

Facilitates in/out of country adoptions and provides info, education and counselling to birthparents, adoptive families, adoptees, service providers, etc.

Manitoba Child and Family Services

gov.mb.ca/fs/childfam/adoption.html

Info on the different types of adoption with CFS.

Parenting Websites & Resources

Adolescent Parent Centre

apin.org

The Adolescent Parent Interagency Network (APIN) is a group of agencies, and people in Manitoba who collaborate with the goal of supporting best practice for services provided to teens who are pregnant and teens who have children.

Calgary Sexual Health Centre

calgarysexualhealth.ca/parent_intro.html

Parenting resources.

Manitoba First Nations and Metis Parenting Booklets

gov.mb.ca/healthychild/publications/firstnationsmetis-parentresources/index.html

Government of Manitoba, 2017

Four resources for First Nations and Metis parents and caregivers in MB: Growing up Healthy, Family Connections, Parents as First Teachers, Fatherhood is Forever.

Chapter 4:

Sexually Transmitted & Blood Borne Infections (STBBI)

Manitoba youth have higher rates of sexually transmitted infections (STI⁵¹) than the general population.⁵² Having accurate, non-judgmental information about how they are spread and how they can be prevented, can help youth reduce their risks. As service providers we can teach youth ways to reduce their risk, help youth access condoms and other safer sex supplies and encourage STI testing to improve their sexual health. See the subsequent chapter for more information on HIV and Hepatitis C.

Information-Motivation-Behaviour (IMB) Approach⁵³

We are most effective when we provide youth with an IMB approach:

- **Information** about prevention that is easy to understand and relevant to them. For example, learn how STBBI are spread, how to use condoms/sex dams and where to get condoms/sex dams for free.
- **Motivation** to practice prevention i.e. why it is important on both a personal and on a societal level. For example, “protection can help you enjoy the moment,” “your partner will know that you care about their safety,” “you can show respect for your partner by using a condom/sex dam.”
- **Behavioral skills** for practicing prevention effectively. For example, practice putting on a condom, learn how to negotiate safer sex and make sex dams.

In summary, we can discuss how to bring up condom use/sex dams with a partner as well as teach why they are important, how they work, practice and where youth can access them for free. For Teen Talk Condom and Sex Dam Demos and activities, see the STI chapter in the Teen Talk Activities Binder.

Realities of Indigenous Communities & the Importance of STI Prevention

Contributed by Jessica Danforth

When we talk about the ability to make healthy sexual “choices” we must encompass ethnically and racially diverse voices and realize that the concept of “choice” falls short when placed against the backdrop of poverty, race, culture and oppression.

Culturally-insensitive, “one-size-fits all” models fail to use relevant traditional knowledge in teaching Indigenous youth about their own bodies, equipping them to set and respect limits when it comes to relationships and conflict, or empowering them with information to question why this is all happening in the first place.

There are only too many examples of Indigenous communities who are not only repeatedly seen as just the “disproportionate higher-end negative statistics” regarding sexual health, but do not receive sex education that is relevant to their lived realities and cultural identities.

There is so much in Indigenous cultures, traditions and ceremonies to support understanding of and respect for sexuality more generally that could prevent STBBI and needs to be included and promoted in **all** sexual health programs.

"In my school there were a few times where we got to talk about things like STI and STDs. But what I really wanted to know is WHY do these things keep happening? I mean yeah, they show us those gross pictures and stuff like it's supposed to scare us or something into not doing it (having sex, I mean). But you know that kids are going to do what they are going to do. How about talk to us about why STI are happening so much – I mean, there has got to be reasons besides teenagers having unprotected sex. Like let's ask ourselves are they getting the right information?"

Alison Digson, Oji-Cree, Youth, Winnipeg

Addressing Stigma Regarding STBBI

In many places there is still a lot of stigma, fear and judgment around STI. Stigma makes it harder for people to talk and learn about STI, get tested or treated, or talk about using condoms/sex dams and testing with a partner. At Teen Talk we address stigma by letting youth know that anyone with high risk activities can get an STI, having an STI doesn't make you a bad person and you cannot tell by looking at someone if they have an STI. Service providers and educators can help reduce stigma by normalizing testing and stressing that all STI are bacteria, parasites or viruses that are either curable or treatable.

"The rumors and gossip when it comes to someone thinking someone has an STI? Yeah it's kinda bad. But I always say how can you tell just by looking at someone anything about them anyway? Like, I like wear baggy jeans sometimes and listen to rap music. But am I am gangster? No. Do I want to be treated that way? No. There's too much shame in people's game. People are people. One love, yo."

John Hotenold, Métis, Youth, Winnipeg

Keepin' it Real (and Riel!)

Contributed by Jessica Danforth

Just like Louis Riel did for Métis and all Indigenous peoples⁵⁴ - we want to make things happen! We live some pretty harsh realities sometimes - so let's not shy away from them, but do some serious truth-telling, which also includes the good stuff!

Let's talk about uncomfortable things like why STI are happening in our communities, it isn't impossible – because we can talk about solutions too.

Let's talk about how STI are realities within our communities and families and we need to come to terms with this and take responsibility for things we can change. It also comes from outside and non-Native people. Which one do you think is easier to change? Beginning with ourselves is a good start.

Let's debunk this idea that we, as Native youth, are “overrepresented” in various categories (like STI!) – Why should we be represented there in the first place?

Let's ask why are we in these categories in higher numbers than non-Aboriginal people? Let's be real about the current realities of colonization as well as intergenerational legacies of residential schools. We should always be able to question, question, question!

Let's talk about what's right and good with our communities. How about our Indigenous teachings about sexuality and how we have always taken care of our bodies and know how to protect them? This is our truth. What can this mean today?

Let's remember that laughter and humour are our best medicines and sex is funny! Don't be afraid to laugh and have fun!

Let's remember we are here because of the things we live through, **not** in spite of them – don't want to ignore harsh realities but we can draw strength from what we live through and learn how to resist, especially from our ancestors.

STI Information

The information below is meant to be helpful background information for service providers teaching about STI. See the Resources section at the end of this chapter, teentalk.ca and serc.mb.ca for additional information. As is, the information is not particularly youth friendly and service providers should get creative if and when presenting specific STI information to youth ideally focusing on prevention and testing. For example, see the corresponding chapter in the Teen Talk Activities Binder for Teen Talk's Sexual Jeopardy Game.

There are different types of STBBI. Some are curable and some are treatable. "Curable" means the person can get a cure and then they will not have the STI anymore, but they could get it again. "Treatable" means the STI stays in the body because it is spread by a virus, but there are treatments for it.

Key Points

- Many STI have no signs or symptoms.
- Most are passed through sex (oral, anal and vaginal) and some through skin-to-skin contact of genitals.
- All can be cured or treated; the sooner the better.
- If left untreated, many can have long-term effects such as infertility.
- Abstaining from sex or choosing lower-risk activities reduces exposure to STI.
- Using condoms, sex dams and other barriers lowers the risk of STI.
- Getting tested is effective in helping to treat and cure STI as well as lowering the spread of STI.

Curable STI: Chlamydia, Gonorrhea, Trichomoniasis, Syphilis & Pubic Lice

For information on Hepatitis C (HCV), please refer to the following chapter, HIV & HCV.

Chlamydia

- Most common STI in Manitoba⁵⁵ and more common in youth than other ages.⁵⁶
- **Signs:** The majority of people have no symptoms, but some may experience unusual discharge, discomfort when peeing, or pain during sexual activity.
- **Treatment:** Cured with antibiotics.
- **Long Term Effects:** If left untreated can cause pelvic inflammatory disease (PID), infertility, and scarring in the reproductive/sex organs.

Gonorrhea

- **Signs:** Cloudy/creamy/yellow discharge, or painful urination, but often no signs, especially for people with vaginas.
- **Treatment:** Cured with antibiotics.
- **Long Term Effects:** Left untreated can cause pelvic inflammatory disease (PID), infertility and scarring in the reproductive/sex organs.

Trichomoniasis

- **Signs:** Often has no signs, or signs may be similar to chlamydia and gonorrhea.
- **Treatment:** Cured with antibiotics.
- **Long Term Effects:** Can cause pelvic inflammatory disease (PID), infertility and scarring in the reproductive organs.

Syphilis

- Currently there is an outbreak in Manitoba.
- **Signs:** Sores on the genitals, mouth, or hands that can spread the infection. Fever, flu and rash on hands and feet.
- **Treatment:** Cured with antibiotics through a series of injections. Syphilis becomes harder to treat as the infection becomes more advanced.
- **Long Term Effects:** If left untreated can cause more serious health problems such as damage to vital organs such as heart and brain.
- Can also be spread through kissing if someone has a syphilis sore in their mouth and through needles and drug equipment.

Pubic Lice (Crabs)

- Pubic lice are a parasite spread by skin-to-skin contact or through sharing clothes, bedding, or towels that have lice.
- **Signs:** Very itchy genital area.
- **Treatment:** Cured with pubic lice shampoo that can be bought at most drug stores or available from health care providers. All clothing, towels and sheets should be washed in hot water and dried in a hot dryer. If laundry facilities are not available, put clothing, towels and sheets in a sealed bag and leave for 10 days.⁵⁷
- **Long Term Effects:** None.

Treatable STI: Genital Herpes, Genital Warts & Hepatitis A & B

For information on HIV, please refer to the following chapter, HIV & HCV.

Genital Herpes

- Caused by the herpes simplex virus (HSV-2).
- Related to cold sores, and can be passed from mouth to genitals and vice versa.
- **Signs:** One or more “blistery” sores on the vulva, cervix, vagina, penis, or anus that usually subsides after a few weeks. Herpes can sometimes show no signs.
- **Treatment:** Creams and/or pills can lessen the discomfort and pain and shorten the length of the outbreaks.
- Having an STI like herpes increases your risk of getting and passing on HIV.⁵⁸

Genital Warts/HPV

- Very common; caused by the human papillomavirus (HPV) easily spread from skin-to-skin contact. Most bumps go away on their own.⁵⁹
- **Signs:** HPV is the virus that causes genital warts (small bumps or growths on the genitals), as well as abnormal cell changes that can in some cases lead to cervical and other cancers.
- **Treatment:** Warts can be treated with medicine or be removed by a health care provider. In most cases, abnormal cells from HPV can also be treated by a health care provider.
- HPV vaccine prevents most warts and most cases of cervical cancer.
- Regular pap tests can prevent up to 80% of cervical cancer.⁶⁰

Hepatitis

Hepatitis is a virus that causes inflammation of the liver. There are many strains of the virus, the most common being Hepatitis A, B, and C. For more information on

Hepatitis C see HIV & HCV chapter. There is a vaccine to prevent Hepatitis A and B only.

Hepatitis A

- **Passed through:** Feces (poo).
- **Signs:** Flu-like symptoms, fatigue, muscle pain, fever or nausea, jaundice, dark urine, and loss of appetite.
- **Can be spread by:** Unprotected mouth to anus oral sex (rimming), eating food or drinking water or food contaminated with fecal matter (from unwashed hands or poor water treatment systems), etc.
- **Treatment:** Most people recover without treatment.

Hepatitis B

- **Passed through:** Semen and vaginal fluids and occasionally blood.
- **Signs:** Flu-like symptoms, fatigue, muscle pain, fever or nausea, jaundice, dark urine, and loss of appetite.
- **Can be spread by:** Unprotected sex, razors, sharing needles (for drugs, tattoos, piercings, steroids, insulin, etc.) during child birth to baby.
- **Treatment:** Most people can recover without treatment, but some people will need medication.
- There is a HBV vaccine.

Ways to Reduce Risk

- Practice abstinence (not having oral, anal, vaginal sex and not sharing needles, etc.). There is very little risk of spreading STI by engaging in fun and safe activities instead.

- Use condoms and other barriers (condoms, sex dams, and gloves) for sex. Used correctly, barriers are very effective at preventing the spread of STI.
- Use your own sex toy or put condoms or sex dams on sex toys if sharing them and wash them between partners.
- Communicate with a partner about using condoms or other barriers and testing.
- Get tested regularly, (a pee, swab or blood test) is key as many STI show no signs.
- Limit sex partners. This can reduce exposure to STI.
- Use new needles every time for tattoos, piercing, or drug use, this can reduce the risk of HIV, HBV and HCV.

To help youth assess their risk, see STI/HIV chapter of the Teen Talk Activities Binder for the STI Risk Game.

Condoms, sex dams and other barrier methods are essential components of STI prevention. For activities geared towards getting youth comfortable with condoms and sex dams (e.g. demos, condom competition and line up games), see the STI/HIV chapter in the Teen Talk Activities Binder.

STBBI Testing: Challenges & Strategies

Many youth are still not getting tested for STI. Some reasons are youth may have limited sexual health information, not see themselves at risk, be scared to get tested, be nervous about the results, be worried about confidentiality, or have no way of getting to where testing is offered.⁶¹

Service providers working with youth have an important role to play in addressing many of these barriers. Some examples of how to make testing easier are:

- Acknowledge that being nervous, scared, or uncomfortable about getting tested is common.
- Address confidentiality concerns with youth and practitioners.
- Find out about testing and what happens if a test is positive and share info with youth.
- Find out how testing staff make non-binary, queer and trans youth feel safe/welcome and share info with youth.
- Promote testing openly on community radio stations and social media.
- Highlight the place(s) youth can go for testing (nursing stations, health centers, teen clinics, etc.).
- Organize transportation to testing sites.
- Organize an outing to the testing facility or connect youth with health care staff.
- Address barriers at the testing facility with staff if possible.

STI Testing

The more information you have about testing procedures in your community, the easier it will be to teach and encourage youth to get tested. If you do not already have this information, take the time to find out a little bit (or a lot) about how STI testing is done and how health staff work to make youth feel comfortable.

At Teen Talk we encourage youth to be open and honest with a health care provider, so the provider can best help them. As testing procedures can vary, we let youth know that a health care provider will do a urine test (for penises and vaginas) and swabs (for mouths and anuses) and may check for skin changes if the youth mentioned a concern. Let youth know they can also request STI testing as part of their regular annual checkup. HIV, Syphilis and Hepatitis C are tested with a blood test. At Teen Talk we let youth know that they have a right to ask questions and stop a test and reschedule if they feel too uncomfortable.

STI Results, Reporting & Partner Notification

Sharing brief information on the wait time for STI results, the reporting procedures and partner notification can help clear up any misconceptions youth have. Let them know it can take a number of weeks for the results to come back from STI testing. If someone tests positive, public health tracks previous sexual partners from the past three months to one year leading up to the positive test. Chlamydia, Gonorrhea, Syphilis, Hepatitis B, & C and HIV are reportable STI for youth. Public health will contact any partners and advise them to go for testing in a confidential manner. Be clear that they will not disclose the name of the person who tested positive.

Genital herpes, genital warts, and pubic lice are not reportable STI so they are not tracked. Although there is no legal requirement, it may be important, if someone feels safe to do so, to tell current and recent sexual partners when someone has one of these STI because it also concerns their health.

These two pages show youth talking about STI testing in the graphic novel, *UnWanted*, created by the Play It Safer Network in Flin Flon.





STBBI Resources

Websites & Resources for Youth

I Respect Myself

irespectmyself.ca

Sexual health info for youth from Nunavut.

Native Youth Sexual Health Network

nativeyouthsexualhealth.com

Healthy sexuality, cultural competency, youth empowerment, reproductive justice and sex positivity by and for Native youth.

Scarleteen: Sex Ed for the Real World

scarleteen.com

Sexual health info for youth.

Sex, etc.

sexetc.org

Sexual health info by youth for youth.

Sexuality and You

sexualityandu.ca

Sexual health info for all ages from the Society of Obstetricians and Gynecologists of Canada.

Teen Health Source

teenhealthsource.com

Sexual health info and texting service that allows youth to call in questions and get on-on-one answers from trained teen volunteers.

Teen Talk

teentalk.ca

Sexual health, mental health, substance use, and relationships info for youth.

Websites & Resources for Service Providers

Aboriginal Sexual Health

aboriginalsexualhealth.ca

Info and material for First Nations, Inuit and Métis women.

Beyond the Basics: A Resource For Educators on Sexuality and Sexual Health.

Action Canada for Sexual Health & Rights, 2017

actioncanadashr.org/beyondthebasics/

Offers the tools to teach young people about sexuality and sexual health for a sex positive, human rights perspective.

Canadian Aids Treatment Information Exchange

catie.ca

Canada's source for HIV and Hepatitis C information.

Canadian Aids Treatment Information Exchange Ordering Centre

orders.catie.ca

CATIE Ordering Centre provides resources free-of-charge to AIDS service organizations, healthcare providers and other frontline service providers across Canada.

Action Canada for Sexual Health & Rights

sexualhealthandrights.ca

Works to improve access to sexual and reproductive health services, education, abortion and contraception with a specific emphasis on youth.

Canadian Guidelines for Sexual Health Education.

sieccan.org/pdf/guidelines-eng.pdf

Public Health Agency of Canada, 2008

Canadian Guidelines for Sexually Transmitted Infections.

Government of Canada, 2016

canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html#toc

Cancer Care Manitoba

cancercare.mb.ca/home/prevention_and_screening/professional_screening/cervixcheck/screening_guidelines

Cervix check screening guidelines.

Ka Ni Kanichihk

Kanikanichik.ca

An Indigenous led organization working to address HIV/AIDS/STIs through the Aboriginal Women Responding to the HIV/AIDS Crisis: Sisters of Fire – a group for Indigenous women living with HIV and the Manitoba Mino Pimatisiwin Model of STBBI Care to improve STBBI prevention and intervention among Indigenous people in MB.

Play it Safer Network

playitsafer.ca

Community based in Northern Manitoba/Saskatchewan Strategy to address STBBI and harm reduction through, education, prevention, treatment and supports.

Saskatchewan Prevention Institute

preventioninstitute.sk.ca/sexual-and-reproductive-health

Education, info and resources for order/download.

Sexuality and Sexual Health of Canadian Adolescents: Yesterday, today and tomorrow.

The Canadian Journal of Human Sexuality, Vol. 17, 2008.

Sexuality Education Resource Centre

serc.mb.ca

Offers resources and some workshops on topics related to sexuality, reproductive health and family communication.

Sexual Health Education in the Schools: Questions & Answers, Updated 2015 Ontario Edition

Sex Information and Education Council of Canada, 2015

sieccan.org/wp/wp-content/uploads/2015/08/SIECCAN-QA-Sexual-health-education-in-the-schools-2015-Ontario.pdf

A resource with answers to your questions about sexual health education in schools.

Teaching Sexual Health

teachingsexualhealth.ca

Lesson plans by grade or topic.

Teen Talk

teentalk.ca

Check the “Service Provider” tab for handouts and the Toolkit for Service Providers and Educators which has games and activities on STI/HIV, condoms/sex dams and more.

Chapter 5:

HIV & HCV

While HIV and Hepatitis C (HCV) infection rates are higher among Indigenous youth than non-Indigenous youth, the vast majority of Indigenous youth are not infected. Higher rates of infection among Indigenous youth can be traced directly to the effects of historical and ongoing colonization, factors that can increase vulnerability to HIV and HCV (racism, poverty, and violence). The key is that providing accurate information about risks and HIV and HCV prevention, meeting youth “where they are at” and providing information in a culturally relevant way can help to reduce rates of infection.

Working with Youth

Working with youth offers many opportunities for changing the rate at which HIV and HCV are spread in the future. For example:

- Youth are often open to discussing sex and substance use if given a safe and supportive environment.
- Youth are often willing to change if they understand the reasons for doing so.
- Youth who adopt safer, healthier behaviours, perspectives and expectations while young, are likely to carry these into their adulthood and are more likely to understand the risks associated with HIV and HCV and work towards preventing possible HIV and HCV transmission.

“HIV presents a unique challenge to Aboriginal communities in coming together. HIV teaches us to remember culture, share about the past, and find ways to adapt. Before NYSHN and NAYCHA I struggled to find the words and strategies to educate and support around HIV. I now feel equipped with a bundle of new strategies that are grounded in community, culture and supported by other youth, mentors and Elders. Being a part of the Aboriginal HIV movement has created new community, built me up and strengthened the knowledge and pride of my culture.”

*Erin Konsmo, Métis/Cree, Youth, Media Arts Justice & Projects
Coordinator for the Native Youth Sexual Health Network (NYSHN)
Onoway/Lac St. Anne, Alberta*

“You know what I’m just going to come right out and say it. Yes, I have HIV. Yes, I’m a young Native man. But you know what? I know who I am. I know where I come from. And I’m ok with that. For a long time people tried to tell me that because I have HIV they knew who I was. They somehow knew my story without even really knowing me. But the fact of the matter is I’m more than HIV and HIV doesn’t define me. I don’t need to give some fancy quote to prove this. I know who I am. Do you know who you are?”

Josh Pellegrin, Cree/Assiniboine, Youth, Opaskwayak Cree Nation

HIV/AIDS & Stigma

Stigma and discrimination are barriers to HIV prevention, treatment, care and support. The fear they create makes it harder for people to get accurate information and treatment or to even use safer behaviours for fear of suspicion, rumors or violence.

Being treated badly or being judged is another challenge in addition to living with HIV. Misinformation is prevalent, so

many people need more information in order to understand and be helpful. When we teach the ways HIV is spread, how we can keep ourselves and partners safer and treat everyone with respect, we are working to reduce stigma.

*"The healing begins with us, the ancients said
The medicine is to speak out
To break the silence
To speak out
To tell the truth about HIV/AIDS
If we take care of our bodies, if we take care of each other, we
will not have an epidemic
We have a virus, it's being passed around, and we are not
being honest and safe with each other
The virus is spreading fast
We must stop it now
The healing begins with us
That's what the ancients said."*

Helen Peltier, Cree, Elder, Teaching

Basic HIV/AIDS Information

The HIV information below is intended as an overview. Please see the HIV Resources section at the end of this chapter for additional information.

HIV Definition

Human - HIV only affects humans. You can't get HIV from mosquitoes, cats, bugs, etc.

Immunodeficiency - An immune system is the body's natural defense system and functions to clear our systems of infections. "Deficient" means that the immune system is not working properly or slowed down because it has been compromised by the virus.

Virus - There is no cure for HIV but with the right treatment and care. Once you are infected with HIV, you

will always have it, although the viral load can be undetectable when treatment/medication is taken.

Acquired - People first get HIV and they may develop AIDS. HIV is the virus that causes AIDS.

Immune - Our body's natural defense system, made up of helper T cells (white blood cells).

Deficiency - When something is not working properly, or slowed down because it has been compromised by the virus.

Syndrome - A collection of symptoms that must be present for a diagnosis of AIDS.

While there is no cure for HIV, advances in HIV/AIDS treatment have helped many people with HIV live without the virus progressing. In order to fully benefit from the treatments available, people need to get tested and start treatment as soon as possible. Since people with HIV can live without symptoms for a long time, testing is the only way to know a person has the virus.

HIV Transmission

It is important for youth to understand the fluids that can spread HIV and which behaviors transmit the fluids. This helps people accurately assess risk and decide when to engage in lower or no-risk activities. In situations where youth may engage in higher risk activities, they need information on how to keep themselves or their partners safer.

Only five bodily fluids can contain enough HIV to infect someone: blood, semen (including pre-cum or pre-ejaculate), vaginal fluid, rectal fluid and breast milk.

HIV can only get passed when one of these fluids from a person with HIV gets into the bloodstream of another person, through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin. HIV cannot pass through healthy, unbroken skin.

The main ways that HIV is spread are: through unprotected sex (anal or vaginal sex without a condom), by sharing needles or other equipment to inject drugs (including steroids) and during pregnancy, birth or breastfeeding.

HIV **cannot** be passed by:

- Shaking hands
- Hugs or kisses
- Coughs or sneezes
- Toilet seats, water fountains, or swimming pools
- Bed sheets or towels
- Forks, spoons, cups or food
- Insects or animals⁶²

See *By My Name*, a video sharing HIV information from a decolonizing perspective by a group of Carrier youth from Nak'azdli Band.⁶³

Reducing HIV Risk

The following are tips on how to reduce the risk for HIV:

- Use barriers every time you have sex (condoms, sex dams, etc.).
- Use lubricant.
- Use your own sex toys or use condoms on sex toys if possible (change condom after each person, each opening, each time).
- Try fun and safe activities.
- Get tested regularly.

For an activity on risk, see the STI/HIV chapter of the Teen Talk Activities Binder for the HIV Risk Game.

Basic Hepatitis C (HCV) Information

Hepatitis C is a virus that causes inflammation of the liver. There are many strains. For more information on Hepatitis A and B see previous STBBI chapter.

Hepatitis C Transmission

Hepatitis C is only spread through blood. This can happen through:

- Sharing needles, pipes, straws or other equipment for drug use.
- Using unsterile or contaminated needles or ink for tattooing or piercing (contaminated meaning the needles and ink has been shared with others).
- Engaging in sexual activities that cause bleeding or tearing.
- Giving birth.
- Sharing personal hygiene products such as razors, toothbrushes, or nail clippers.
- Sharing products made from the blood of an infected person; someone receives a blood transfusion that has not been tested (rare occurrence, mostly historical).

Although some people spontaneously clear the virus, most people exposed to HCV become chronically infected. That means that their bodies continue to make the virus. People with chronic HCV infection may feel healthy at first, even though they carry the virus. They can however, transmit the virus to others who come in contact with their blood.⁶⁴

Treatment for Hepatitis C

The goal of treatment is to cure a person of Hepatitis C. Treatment is a combination of medications and may be taken for a period of eight to forty-eight weeks. New medications are available in Canada that provide shortened courses of treatment, are more effective and come with fewer side effects.

Practicing Safer Drug Use

The following are tips on how to practice safer drug use:

- Use an unused/new needle and syringe every time.

- Don't share drug equipment (such as pipes, bills, straws, cookers, water, alcohol swabs) every time. Try not to share equipment with anyone, not even with sex partners/friends/family.
- Get new needles and supplies from the local harm reduction program, pharmacy, hospital, needle exchange or community health centre if possible.
- Get tested for HIV and Hepatitis C. If someone knows that they have HIV or Hepatitis C, they can take steps to protect themselves and others.

If someone doesn't have new needles, as a last resort, their own needles can be cleaned before they use them, but it is best not to share with other people. Cleaning means flushing the syringe twice with clean water, twice with bleach and then twice with new water (repeat 4-6 times). Each flushing should last 30 seconds. This may kill HIV, but it will not kill the Hepatitis C virus.⁶⁵

Each time a needle is used for injection, the tip of the needle curls backwards creating a "barbed point." Each time the needle is used again, the barbed needle point will slightly tear the opening, increasing the risk for infection. Try to use one needle per injection and dispose of the needle in a sharps container so that it cannot be used again.

Testing for HIV & Hepatitis C (HCV)

The test for HIV and HCV is a simple blood test. A blood sample is taken from the arm, and the blood is analyzed in a lab. Testing and being aware of HIV or HCV status allows people to access treatment and modify their behavior in order to prevent transmission.⁶⁶ Yet, there is still much stigma surrounding HIV testing especially, and a positive diagnosis. (For strategies on overcoming barriers to testing, see STBBI chapter.)

When working with youth, it is important to share information about how the testing process works and encourage them to get tested regularly. Let youth know:

- A blood test is the only way for you to know if you have HIV or HCV.
- It takes 1-3 months after HIV and HCV enters the body before the test can detect the viruses (known as the window period). Get tested again a few months later.
- People are most infectious during the window period so use condoms as much as possible.
- You can't tell whether you have been infected with HIV/HCV by how you feel or look.

A positive test can be scary for many people. People often have questions about how being positive will affect them and those closest to them. It is common for people to feel many emotions such as anger, denial, depression, anxiety, guilt, shock and fear of death. Connect youth to supports like a health care practitioner, community worker, or in the case of HIV, the Manitoba HIV Program.⁶⁷

Tips for Living with HIV Outside of Urban Centers⁶⁸

Living with HIV outside an urban center can present extra challenges. Here are some issues to consider:

- Who do you feel safe telling? (By law, you do not have to tell your employer or health care team.⁶⁹)
- Who can support you?
- How do you want to tell them? Do you need help telling someone close to you?
- How does having HIV affect your lifestyle?
- Where can you get more information?
- How can you get in contact with the Manitoba HIV program and access resources available in urban areas? (See below.)
- Where and how can you get the medical treatments required? (See below.)

Manitoba HIV Program⁷⁰

If you are a health care provider and have diagnosed someone with HIV or have a patient living with HIV, you can refer the person living with HIV to the Manitoba HIV Program. The Manitoba HIV Referral Line is a resource designed to connect people living with HIV with the programs and services they may need or want for treatment, care and support at 204.940.6089 or 1.866.449.0165.

This program includes a wide variety of programs and supports available to Manitobans living with HIV including: social work, outreach support, dietician, occupational therapy, pharmacy consult, primary care, mental health supports, and health promotion programs. The goal of these programs and services is to help people live well with HIV. To refer to the HIV Program:

- You provide your name, contact information, fax number and details of the referral.
- HIV program staff will fax you a referral form within two days.
- Once your referral is received, the patient will be assigned to one of the three HIV Program sites: Nine Circles, Health Sciences Centre in Winnipeg or 7th Street Access Centre in Brandon.
- The patient will be contacted as soon as possible to set up an appointment. The first appointment may be with a nurse or social worker.

HIV & HCV Resources

Websites & Resources for Youth

By My Name

Carrier youth from Nak'azdli Band, BC

nakazdli.wordpress.com/departments/youth/

A 10 min video sharing facts about HIV and decolonization.

Taking Action for Youth

takingaction4youth.org

Art and Aboriginal Youth Leadership for HIV Prevention.

Teen Talk

teentalk.ca

Sexual health, mental health, substance use and relationships info for youth.

Youth Co.

youthco.org

Empowering youth to make informed decisions about their own well-being and work to put an end to the stigma surrounding HIV and HCV.

Websites & Resources for Service Providers

Canadian Aboriginal Aids Network

caan.ca

Offers info and resources from an Indigenous perspective.

Canadian Aids Treatment Information Exchange and Ordering Centre

catie.ca

HIV and hepatitis C info and CATIE's Ordering Centre provides resources free-of-charge to service providers across Canada. CATIE has two free courses available online (*Hepatitis C Basics* and *Preventing the Sexual Transmission of HIV*) on eduCATIE.ca.

Ka Ni Kanichihk

Kanikanichik.ca

Indigenous led organization addressing HIV/AIDS/STIs in community through the Aboriginal Women Responding to the HIV/AIDS Crisis: Sisters of Fire – a group for Indigenous women living with HIV and the Manitoba Mino Pimatisiwin Model of STBBI Care.

Manitoba First Nations AIDS Working Group

mf nawg.ca

Committed to ensuring that Manitoba's First Nations are actively involved in provincial strategies and opportunities regarding HIV/AIDS.

National Aboriginal Youth Strategy on HIV & AIDS in Canada. For First Nations, Inuit & Metis Youth 2010-2015.

caan.ca/wp-

content/uploads/2012/05/NAYSHAC_CAAN_20101.pdf

Nine Circles Community Health Centre

ninecircles.ca

Community based centre specializing in HIV/STI prevention and care.

Ontario Aboriginal HIV/AIDS Strategy

oahas.org

Info and resources.

Sexuality Education Resource Centre

serc.mb.ca

Offers resources and some workshops on topics related to sexuality, reproductive health and family communication.

Teen Talk

teentalk.ca

Check the “Service Provider” tab for handouts and the online Teen Talk Tool kit for Service Providers and Educators which has condom games and activities on STI/HIV and more.



Manitoba HIV Program

find. link. retain.

*Providing information, specialized
care, treatment and support to
Manitobans living with HIV & AIDS.*

Background

Since 2007, the staff and management of the Health Sciences Centre (HSC)'s HIV Program and Nine Circles Community Health Centre have been collaborating to broaden the integrated model of HIV & AIDS service delivery in Winnipeg through strengthening partnership and collaboration between the two programs. Supported through Manitoba Health and Healthy Living, the integration of HSC's hospital-based service and Nine Circles' community-based services are intended to expand the base of a comprehensive model of HIV primary health care services. The Manitoba HIV Program provides information, specialized care, treatment and support to Manitobans living with HIV & AIDS.

Strategic Goals of the Manitoba HIV Program:

find

- To facilitate early HIV diagnosis through increased HIV testing
- To increase knowledge of local epidemic (provincial HIV drivers and disease hot spots)

link

- To improve access to HIV Program services for people living with HIV who are not accessing care
- To manage service provider referrals through the Manitoba HIV Program Referral Line

retain

- To improve clinical and psycho-social outcomes through increased opportunities for identifying and addressing barriers to care
- To maintain the highest quality of life and health of people living with HIV through the provision of high quality primary care and treatment

Current Activities of HIV Program:

- Promote awareness of HIV Program across Manitoba
- Build capacity of health care providers to integrate HIV-related services into their regular program activities
- Partner with key stakeholders to expand and improve access to testing and care through referral and physician support
- Increase opportunities to set standards and improve practices in HIV prevention treatment and support across Manitoba and Canada

Programs and services include:

- HIV Primary Care nurses with ACRN-designation, which denotes specialization in HIV & AIDS care
- HIV & AIDS-Infectious Disease Specialists (attends both sites)
- HIV pharmacist
- Dietician (at Health Sciences site)
- Social Support & Advocacy
- Access to Clinical Trials
- Outreach
- First Language Services - certified WRHA health interpreters

Provided at the Nine Circles site but available to all Manitoba HIV Program clients:

- Primary care physicians
- Counseling services
- Health Promotion and Prevention Teams
- Food bank for those living with HIV and AIDS
- Assistance fund for those living with HIV and AIDS
- HIV and STI testing

Two Sites

Nine Circles Community Health Centre,
705 Broadway, Winnipeg, MB, R3G 0X2

Health Sciences Centre (Green Desk),
820 Sherbrook Street, Winnipeg, MB, R3A 1R9

How to contact the Manitoba HIV Program:

Health care providers can refer clients
or request consultation by contacting:
Winnipeg: 940-6089
Toll Free 1-866-449-0165

Questions about Programs
or Services:
Winnipeg: 940-6000
Toll Free 1-888-305-8647

Manitoba HIV and STI Info Line:
204-945-2437

or 1-800-782-2437 (English)

Questions related to HIV and other sexually transmitted infections,
testing and/or sexual health resources/services.

ninecircles
COMMUNITY HEALTH CENTRE

Health Sciences Centre
Winnipeg

**FIND.LINK.
RETAIN.
MANITOBA
HIV
PROGRAM
REFERRAL
LINE:
204-940-6089
866-449-0165**

Chapter 6:

Teen Dating Relationships

Healthy relationships are important for the well-being of people and communities. They can be a source of happiness and self-esteem and help people feel connected to family, friends and community. Positive relationships where people feel safe and respected are beneficial to our emotional, physical, mental and spiritual health.

*"We have many types of relationships. We have a relationship with ourselves and we have relationships with friends, families, a partner, our community and Mother Earth. All relationships take work and require effort to keep the relationship healthy and strong. Relationships require respect both for yourself and for the other person, the community, or Mother Earth. In a healthy relationship all people have equal power and control, and are involved in decision-making."*⁷¹

National Aboriginal Health Organization & the Native Sexual Health Network, 2011.

Original Attachment: Relationship with Ourselves

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

The most important relationship is the one we have with ourselves and our Creator or higher power. The more we learn about our own connections, strengths and challenges the better able we are to understand ourselves, then other people and the world around us. The healthier we are as a person the more likely we'll have healthy relationships with other people too. A good place to start understanding

ourselves is to look at our place in the universe. Within an Indigenous worldview we all have Original Attachment and are connected to all forms of life.

We, Anishinnabe, (The People) or the Two-Leggeds were made last and are therefore the most dependent Children in all of Creation. We rely on All Our Relations to feed, shelter, clothe and teach us how to live. So we watch and we pay attention to Our Relations knowing we are One Family and that we are loved. Grandfather Sun and Grandmother Moon take turns watching over us every day and night. We have Grandmother and Grandfather rocks and stones to use. Trees, bushes, grasses, roots and their Medicines grow all around us to feed, protect and teach us. The Winged Ones, the Four Leggeds, the Crawlers, those that Slither and the Swimmers all have gifts and messages for us. The Stars, the Winds, the Water, Fire, Mother Earth and Father Sky all take care of us and love us every day of our life. They are our siblings, aunties, uncles, and cousins!

If we look through these eyes, the Eyes of our Ancestors, we will see Our Family everywhere and that we are never alone. Even in the biggest, most hectic city with no one around us, in this day and age, we have Family with us every moment. There is a lot we can see like plants, trees, animals and other people. There is a lot we cannot see like our personal spirit helpers and Grandmothers and Grandfathers who are with each of us.

No matter where we are, what has happened to us or what we are going through we are connect to a Great Family. We Belong. We are Loved.

*"Originally this land was run by matriarchal societies and the women were incredibly significant in our creation stories and in the community itself. Women were honored for the fact that they give life and being connected to Creator because they had that gift of creation within them. And a lot of our teachings are about how the male supports the women in their work. The women were the healers and the leaders and the teachers and they are just so very, very important to whom we are in our culture."*⁷²

Shannon Buck, Anishinaabe/Métis, Medicine Woman, Winnipeg

Violence against Indigenous Peoples

It is important to understand the colonial context within which abuse and violence happen. The ongoing victimization and violence that is inflicted on Indigenous peoples including missing and murdered Indigenous Peoples is explicitly linked to colonization and racism. Further, the loss of traditional land and way of life (kinship structures), the systematic destruction of languages and spirituality and the intentional destruction of Indigenous family systems, particularly through residential schooling, have all contributed to the high level of violence we see in some communities today.⁷³

*"What we learn to see as 'normal' when we are children, we pass on to our own children... The unhealthy ways of behaving that people use to protect themselves can be passed on to children, without them even knowing they are doing so. This is the legacy of physical and sexual abuse in residential schools... Intergenerational or multi-generational trauma happens when the effects of trauma are not resolved in one generation. When trauma is ignored and there is no support for dealing with it, the trauma will be passed from one generation to the next."*⁷⁴

Aboriginal Healing Foundation, 1999

“Although, the impact of residential schools has manifested foremost on reserves in issues such as crime, gangs, poverty and murdered and missing Indigenous women, its impacts extend far beyond First Nations communities.”

Niigaan Sinclair, Anishinnabe, Professor, Winnipeg

Dealing with Lateral Violence

When violence is seen as normal, it can often lead to what is known as lateral violence i.e. those impacted or experiencing violence within a community, do it to one another. In other words, it is when people turn against each other in a community. Lateral violence includes gossiping, shaming, undermining, blaming, putting down others, discrediting and outward jealousy and envy etc.⁷⁵

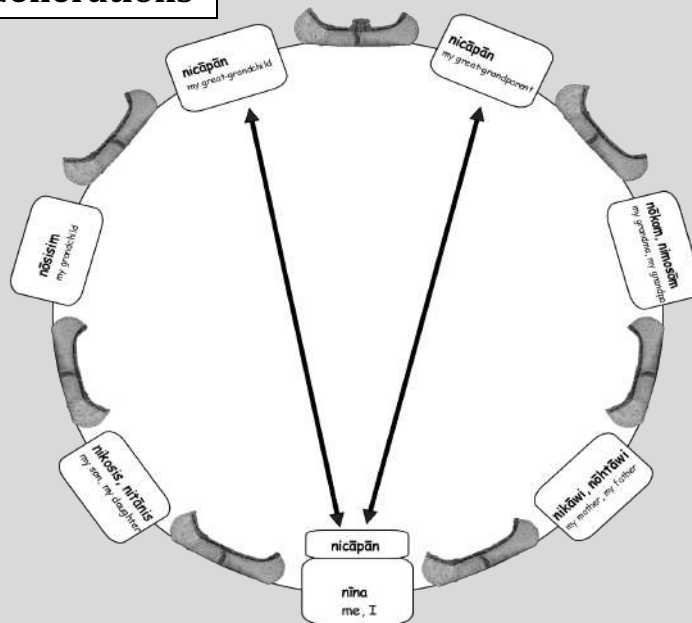
As a service provider we can role model positive ways of dealing with lateral violence. Youth often observe how adults deal with difficult negative situations. Service providers can role model respectful assertive communication when dealing with conflict.

We can encourage youth to be supportive of each other by:

- Spreading positive stories while ignoring hateful rumors and gossip.
- Telling an adult if a friend/peer is having a hard time or if someone is starting rumors.
- Helping them recognize that their words are powerful and can be helpful in supporting others.
- Being a positive role model by showing respect as others may look up to them.

All youth have the right to feel safe in their schools and communities. If youth are dealing with lateral violence or other bullying, service providers should work with parents or caregivers and/or school staff to help youth feel supported and safe.

Seven Generations



In the Cree language, our responsibility to the seventh generation is explained. I call my great grandparent and my great grandchild by the same name, “nicapan.” In return, they also call me “nicapan.” In effect, they are reminding me of my responsibility to them. The full term for “nicapan” is “nitaniskotapan” which when taken apart, tells me what I need to do. The first part, “ni or nit,” is a first person possessive prefix. The second part, “anisko,” is the word “aniskopita” which translates as “to tie or link together.” The third part, “otapan,” translates as “vehicle.” When my great grandparent or great grandchild call me “nicapan,” they are in effect telling me that I am the vehicle that carries the knowledge of my great grandparent forward to ensure that my great grandchild receives it. When I call either of them “nicapan,” I am acknowledging my commitment to them. When I fulfil my responsibility, I link them together and complete the circle and our way of life continues. This is the foundation of our education system.

Ron Cook, Ininiw, Educator, Misipawistik Cree Nation (Grand Rapids)

Gender-Based Violence & the Media

Violence is also a gender-based issue in society. At Teen Talk we explore the link between gender-based violence and the media by meeting youth where they are at and asking them about what they are noticing in the media they engage with. By and large the media tends to show ridged gender roles: male aggression and female victimization. These stereotypes can make violence seem normal or like something people have to cope with in their relationship to prove their loyalty or commitment. For more information on media, see the Youth Sexuality chapter of this manual.

For activities that explore and challenge negative gender role stereotypes, see Gender Roles or Media Literacy activity in the Teen Dating Relationships chapter of the Teen Talk Activities Binder.

Definition of Abuse

In a healthy dating relationship, both people have the ability to get their needs met. In an abusive relationship, one person typically gets their needs met at the expense of the other person. Abuse is when needs are met through the use of fear, violence, intimidation and manipulation etc. Abuse can be physical, emotional, verbal, sexual, spiritual, or financial. Abuse can happen in any type of relationship, however, Teen Talk activities focus primarily on dating or romantic relationships.

When talking to youth Teen Talk uses an example to show how abuse can happen in any dating relationship: an abusive partner who feels insecure may try to control their partner's friendships using emotional abuse (i.e. insults, criticism, isolation, guilt-tripping) or physical abuse (i.e. threats).

Abusive behaviour is not genetic or "hardwired" into any person. If someone acknowledges that their behaviour is abusive and works hard to change, people can learn

healthier ways of being in relationships. Ultimately the person using abuse is responsible for their actions and only they can change their behaviour.

Types of Abuse

For simplicity's sake we categorize abuse into five main types: emotional (psychological, mental, or verbal), physical, sexual, spiritual and financial abuse. If youth disclose abuse, it is important that they are believed and supported. Refer to the next section for more information on sexual assault disclosures. For activities that teach about the types of abuse, see the corresponding chapter of the Teen Talk Activities Binder.

Rape Culture & Sexual Assault

Rape culture refers to the ways in which society normalizes male sexual violence. Victim blaming, sexual objectification, trivializing rape and denial of rape are common aspects of rape culture. Rape culture is tolerant of sexual assault and creates an unsafe environment for survivors to disclose and get support. The intersectionality of being Indigenous and a girl/woman or a 2STLBGQ+ person places them at greater risk because we are living in a colonial society (meaning dealing with racism and sexism).

Teen Talk emphasizes consent culture, i.e. a culture in which asking for consent is normalized and condoned. Teen Talk addresses sexual assault in particular because it can powerfully influence sexuality and it is often unaddressed, minimized or misunderstood.

Sexual assault is any unwanted sexual contact or sexual attention and includes coercion and harassment. Sexual assault is any kissing, fondling, touching, oral, anal or vaginal sex without consent and continued sexual contact when asked to stop.⁷⁶ The majority of teens who are sexually assaulted are assaulted by someone they know like a partner, friend or family member.⁷⁷

Coercion is trying to change someone's no into a yes. Pressuring or trying to guilt someone, or using drugs/alcohol to facilitate sexual assault, are examples. Consent cannot happen when a person is drunk or high, because they are under the influence. (For more on sex, substance use, and sexual assault see the Substance Use Awareness chapter.) Any kind of coercion is assault. This includes pressuring someone to send naked pictures of themselves, or pressuring them to sext.

Sexual harassment includes spreading rumors, sexual remarks or any humiliating or insulting comments or actions directed at gender, sexuality or body parts. Language like, "ho" or "slut" or sexual hazing or pranks (snapping bra-straps, pulling down pants) are examples of sexual harassment.

Support for Survivors of Sexual Violence

If youth disclose sexual assault, service providers should respond with care and provide appropriate support. Let youth know it was/is not their fault. Talking about assault can be very hard and it may be the first time they are reaching out for help. *Responding to Sexual Assault Disclosures, Practice Tips for Support Workers* provides tips using a trauma-informed approach and helps survivors feel empowered by identifying options and resources.⁷⁸ *You have Options: Help After Sexual Assault* is a resource on next steps for anyone who has been sexually assaulted.⁷⁹

The Families Affected by Sexual Assault (FASA) program has been working in Winnipeg with families operating out of the agency New Directions for Children, Youth, Adults and Families. They offer two programs: one for Families Affected by Sexual Assault and therapy for children under the age of 18 who have been sexually assaulted by someone who is not a caregiver or sibling, and the other for children under the age of 12 with sexual behaviour problems. For more information, call 204.786.7051, ex. 5262.

Ka Ni Kanichihk Inc.'s Heart Medicine Lodge provides culturally-based support and advocacy services for Indigenous women who have experienced sexual assault and sexual violence. These services are available in Winnipeg to all who identify as women over the age of 18. For more information, call 1.888.953.5264.

The Klinik Sexual Assault Crisis Program provides counselling and information over the phone to anyone in Manitoba who is dealing/has dealt with or supporting someone who is dealing with a sexual assault, call 1.888.292.7565.

Consent

When talking about healthy relationship education, service providers need to talk about consent. Consent is defined as a voluntary agreement to engage in sexual contact. Consent is ideally free, prior and informed, meaning it does not involve coercion or manipulation. It is made before activities are underway and is made with an understanding of the potential impacts or saying “yes” or saying “no” to an activity.^{80,81}

Consent means to give permission, or saying “yes,” and only “yes means yes.” Everything else, silence, being unsure, or making an excuse means no. The way the law is written, if you do not get permission for sex, it can be viewed as a sexual assault. For more information on consent, see the Youth Sexuality chapter of this manual, the Teen Talk Activities Binder Youth Sexuality chapter for the “Things to Talk About Before Sex” activity.

Tobacco Teaching: Consent

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

In everything we do, we first ask using the gift of Tobacco. This form of consent is ancient knowledge and one of the first teachings of Anishinabe (The People). Tobacco as a Sacred Medicine to be used throughout our lives. Tobacco is the first Medicine put here on Mother Earth for The People to use. It is made up and comes directly from Chi-Manitou's Odhay (Creator's Heart).

It is a great gift, a connection from the Great Spirit to us ensuring we have everything we need. We ask for something by putting our prayers and gratefulness in the Tobacco "making spirit" then offering it. Offering it means giving it back to the Earth by placing the Tobacco in Fire, in Water, to the Wind or by the Bush, Plant, Animal, Tree or Rock of which we are asking. When we ask we are showing respect for All Our Relations and humbling ourselves before Our Original Family showing that we understand our connection to All Life. Every Nation has its own way of teaching consent. Tobacco has infinite teachings.

When teaching youth about consent, service providers can stress the importance of direct sexual communication and checking in with their partner. When youth actually talk about sex, they are more likely to ensure that sexual assault is not happening.⁸² For the Space Invaders Activity, see the corresponding chapter of the Teen Talk Activities Binder.

Relationship Spectrum

All relationships exist on a spectrum from healthy to abusive with unhealthy being somewhere in between and doesn't involve fear or control. It can be helpful for youth to explore the differences between healthy, unhealthy and abusive relationships and the nuances of these categories.

We also want to teach youth to recognize warning signs of an abusive relationship. Warning signs of abuse can be any behaviour that is controlling, makes someone feel bad about themselves, separates someone from friends and family, or results in physical or sexual harm. For the Relationship Spectrum and Warning Sign of Abuse activities, see the corresponding chapter of the Teen Talk Activities Binder.

Factors that Make it Hard for Youth to Leave a Relationship

When working with youth, it is important to look at various factors including pressures in the community that make it hard for youth to leave unhealthy or abusive relationships. Some of these factors are:

- They feel pressure to date.
- Their family really likes the other person.
- They are afraid their family will say, “I told you so.”
- They are scared of their partner’s response.
- They see violence as normal.
- Their partner is threatening suicide.
- They do not want to be seen as a “rat.”
- They have low self-esteem.
- They are worried others may not believe them.
- They are scared others will spread rumours and gossip about them.
- They felt unsafe attending school with their abusive partner but there is no other option.
- They love their partner.
- They are dependent and/or have a child with them.
- They are hiding their relationship.
- They are afraid of losing their image or social circle by breaking up.

It is important for youth to be believed when they talk about what’s happening in their relationship. As service providers working with youth, it is important that the

support we give is non-judgemental. Also that we are prepared to assist them in leaving or creating a safety plan if necessary.

Action Planning

As service providers, an action planning activity that addresses where and how youth can get help is an essential part of teaching about relationships and dating violence. At Teen Talk we ask youth to brainstorm ways that they can help friends or themselves if they are in an abusive relationship or what they can do if they or a friend is acting abusively. The goal of action planning is to give practical, local, realistic examples of what people can do to get help. While resources in many communities are very limited, thinking of all the people that can provide informal support is important. See the Teen Dating Relationships chapter of the Teen Talk Activities Binder for the Action Planning activity.

Healthy Break Ups

Teaching youth how to deal with breaking up in a healthy way is an important skill. Whether there is abuse happening or not, anyone has the right to end a relationship at any point and sometimes it is the healthiest choice to make. It may be time to break up if a youth is feeling unsafe or uncomfortable, likes somebody else, is not into their partner anymore, wants more time together/apart or has different comfort levels for affection than their partner. Encourage youth to:

- Use assertive communication to let their partner find out first hand, not through other people.
- Be honest and kind about why they want to end the relationship.
- Consider their partner's feelings. (Have a safety plan for any reaction they may have.)
- Get support and work to accept the break up if it was not their decision to end it.

- Keep their behaviour respectful. (No matter what the other person is doing or saying.)

Healing a Broken Heart

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

I went to Lodges and prayed hard. I learned a few Grandmother Moon Teachings (Nookimis) and participated in the Women's Full Moon Ceremony. It felt good to be with other Women. It wasn't until I broke up with my abusive partner and moved to a new city that I understood what it means to be a grandchild of the Moon, daughter of the Earth. Most nights I was in bed early next to a large window with the night sky above me. I cried myself to sleep unknowing the sky was paying attention. I was feeling sorry for my broken dream and all the mistakes I made.

After about a month of crying, Grandmother Moon came and sang me a long comforting song, "You're just an angel in pain..." It was as if she was stroking my hair and gently singing my tears away, just like a real loving Granny would do except it was Nookimis, The Moon! I woke up in bright streaming moonlight, amazed. Now I know wherever I go I have a Kookum watching that loves me. I'm sure she sings to her other children as well and loves them just as much.

While breaking up with someone may be difficult so is dealing with a broken heart. As service providers figuring out with youth who their supports are (such as friends and family) and encouraging them to reach out if they are struggling and not bouncing back, can help.

Berry Teachings about Intimate Relationships

Contributed by Zaawaa nimkii aankwad kwe
Nzizhinikaaz, Waakshki jijawwk ndodeem,
Bawaating ndongii

This is an Anishinaabe Grandmothers' teaching that was passed on to me by my Grandmothers. It speaks to us about the ways that we can have relationships with someone we feel we intimately love. As the teaching begins we are told that the first type of relationship that we can have called as a Strawberry Relationship. This type of relationship happens in the late springtime of our lives when we are young, and it is said that these relationships are the easiest to find. It is easy in the spring to find wild ripe strawberries growing along our path. We run up to them. We tell our Mothers or Caregivers, "Look what I found – a strawberry." We pick the strawberry and it tastes so sweet and juicy. Just like picking strawberries, Strawberry Relationships are innocent, youthful expressions of love.

If we have had a lot of fear in our life, or there has been trauma many of us can have what is called a Raspberry Relationship. Our Grandmothers tell us how people can become possessive about their raspberry patches, afraid that some other person is going to take over their great picking spot. If we are fear-based, we can get caught up in Raspberry Relationships becoming afraid of losing our mate or afraid there is not enough love for us. We can become possessive of our mate and express a lot of jealousy. I've been through this type of relationship, and now as a Grandmother, I can see it isn't very healthy. Just like being in a raspberry patch you can easily be scratched. This is not the type of relationship that is lasting, and these relationships are not real expressions of love.

Then there are Blueberry Relationships. Blueberry Relationships are so very beautiful. The Grandmothers say

Blueberry Relationships are the hardest to find, but they are the ones that are lasting and true. We learn we can have one of these kinds of relationships by looking at what we do when we go picking blueberries. First, we prepare to go picking blueberries. It takes work to go picking so we make sure we are ready and in a good place in our heart, mind and spirit before we go. It is a good idea to never go picking blueberries alone, because we might come upon a Bear. So we take our family along, and we pack water and food to eat, as we will be out in the bush for a long time. There are enough blueberries for everyone to pick and we make picking blueberries fun by spending time together. And so this teaching tells us we prepare for and bring our family along with us in our Blueberry relationships, knowing there is plenty of love for us.

The Grandmothers also say that we are all Spiritual Beings having a human experience. As Spiritual Beings we all know how to have loving relationships because our very Essence is Love. If within our human experience we have become fear-based. This does not mean that we are not capable of experiencing true and lasting love, that is a Blueberry Relationship. We can prepare for such a relationship by trusting that Creator will help us. We will find people who can assist us to let go of our fear, and any hurt or pain that we have been carrying. Ultimately, Creator will teach us how to give any fear, hurt, or pain over to them and find our own unique healing. In this way, we discover who we really are inside. We discover that we are Loving Beings of Spirit. We extend that love in all our relationships, and when it is the right time for us we find our Blueberry relationship or we simply enjoy our healthy relationships with family and friends as we journey together. Meegwetch.

Qualities of a Healthy Relationship

As a service provider, you can encourage youth regardless of whether or not they are dating, to think about and write down what a healthy relationship can look like. The following is an example of a Healthy Relationship Bill of Rights that states that everyone is entitled to:

- Make decisions about themselves and have equal decision making power in their relationships.
- Have and express their own feelings and opinions whether or not others agree.
- Be able to say “no” to physical closeness, sexual behaviour or any other act that makes them uncomfortable at any time.
- Refuse to date at any time.
- Choose their own friends and maintain relationships with those friends.
- Participate in activities that do not involve their partner.
- Live free from fear and abuse.
- End a relationship.

For the Qualities of a Healthy Relationship brainstorm activity, see the Teen Dating Relationships chapter of the Teen Talk Activities Binder.

Fun & Single

There can be pressure to be in a romantic relationship. Service providers can normalize being single as a fun and enjoyable choice by highlighting activities that are fun whether or not someone is dating. Let youth know that being single is better than being in an unhealthy or abusive relationship. For the Fun and Single Relay, see Teen Dating Relationships chapter of the Teen Talk Activities Binder.

Community Approach to Healing⁸³

Excerpted from *Aboriginal Domestic Violence in Canada* by Sylvia Maracle

Our Elders and traditional people encouraged us to look at initiating a healing approach rather than continuing to focus on the negative, on the violence. The concepts of healing—rather than merely responding to incidents of violence—and the focus on wellness demand a strategy that is different from the current responses to family violence. There is a contradiction between a solution that seeks harmony and balance, among the individuals, family and community, and one that is crisis-oriented, punishes the abuser and separates the family and community. [Our] approach to wellness includes physical, mental, emotional and spiritual well-being. Throughout our work in addressing family violence, we strive to return our people to a time where everyone had a place in the circle and was valued. Recovering our identity will contribute to healing ourselves; our healing will require [us] to rediscover who we are. We cannot look outside for our self-image ...

What Truth and Reconciliation acts actually are:

Led and approved by Indigenous people especially those affected the most

Acts made with the context of colonial history in place and dynamics of power acknowledged and dismantled

Spirit led

Decisions made in consultation and with transparency and accountability

Acts made in equality for all affected

Centers Indigiqueer and Two-Spirit perspectives

What Reconciliation really is NOT:

Decisions made without those who are impacted by them (believing you know what's best)

When even one Indigenous person is hurt by it

Centers white people's feelings, ambitions, and worldview

White saviourism, including missionary style, that aims to save the Indigenous people and communities

Teen Dating Relationships Resources

Websites & Resources for Youth

CyberBullying.ca

cyberbullying.ca

Info, resources, awareness and education.

Families Affected by Sexual Assault (FASA)

newdirections.mb.ca/counselling-assessment-support-prevention/fasa-families-affected-by-sexual-assault-fasa-resources/

Info and resources on sexual abuse and sexual assault.

Hands of Mother Earth

Ma Mawi Wi Chi Itata Centre

mamawi.com/our-programs/children-in-care

A rural healing lodge for young women and transgender youth in care.

Kids Help Phone

1.800.668.6868

For their Crisis Text Line, text *connect* to 686868

kidshelpphone.ca

Phone, text and web counselling for ages 20 & under.

Love Is Respect

loveisrespect.org

Engage, educate and empower young people to prevent and end abusive relationships.

Need Help Now: You(th) Are Not Alone

needhelpnow.ca

Info about online abuse and what to do about it from the Canadian Centre for Child Protection Inc.

Sexual Assault: Safety, Help and Healing for Teens in Nova Scotia

Nova Scotia Advisory Council on the Status of Women, 2017

newdirections.mb.ca/wp-content/uploads/2017/11/Safety-Help-and-Healing-for-Teens.pdf

Survivor's Hope Crisis Centre (SARAH Program)

1.204.753.5353

Helps sexual assault victims with info, support (e.g., help at the hospital or to make a police report) and resources.

Accessible 24/7, through the hospitals in Selkirk, Pinawa, Pine Falls and Beausejour.

Teen Talk

teentalk.ca

Sexual health, mental health, substance use and relationships info for youth.

That's Not Cool

thatsnotcool.com

Info about online abuse and sexual harassment.

You have Options: Help After Sexual Assault

kanikanichhk.ca/wp-

content/uploads/2018/04/helpafter.pdf

Next steps for anyone who has been sexually assaulted.

Websites & Resources for Service Providers

Circling Buffalo

circlingbuffalo.ca

MB First Nations Family Violence Prevention Program.

Families Affected by Sexual Assault (FASA)

newdirections.mb.ca/counselling-assessment-support-prevention/fasa-families-affected-by-sexual-assault-fasa-resources/

Provide info and resources on sexual abuse and sexual assault. Call 204.786.7051, ex. 5262 for info on their two programs.

Heart Medicine Lodge

Kanikanichihk

kanikanichihk.ca/programs/heart-medicine-lodge

Culturally-based support and advocacy services for Indigenous women who have experienced sexual assault and sexual violence. Available to all who identify as women over the age of 18.

Indigenous Communities and Family Violence: Changing the conversation.

National Collaborating Center for Aboriginal Health, 2017.

Ccnsa-

nccah.ca//495/Indigenous_Communities_and_Family_Violence_Changing_the_conversation.nccah?id=202

Explores the frameworks and discourses around “family violence” in the context of ongoing colonialism and Indigenous resurgence and brings in community voices.

Is that legal? Understanding Canadian Law about Issues of Online Harassment, Exploitation and Abuse

Legal Service Society and West Coast, 2017.

clicklaw.bc.ca/resource/4352

Native American Women’s Health Education Resource Centre

nativeshop.org/resources/health-book.html#health

Teen Dating Violence Prevention Curriculum (youth workbook and facilitators guide), Indigenous Women’s Health Book, Indigenous Women’s Reproductive Watch.

Healthy Relationships Curriculum

Native Wellness Institute

scribd.com/doc/24876746/Native-Wellness-Institute-Healthy-Relationships-Curriculum-Page

Reporting of Child Protection and Child Abuse: Handbook and Protocols for Manitoba Service Providers

Provincial Advisory Committee on Child Abuse, 2013.

cpmb.ca/documents/Reporting_Handbook.pdf

Responding to a Sexual Assault Disclosure

Klinik Community Health, 2016

[klinik.mb.ca/wp-](http://klinik.mb.ca/wp-content/uploads/2016/06/RESPONDING-TO-A-SEXUAL-ASSAULT-DISCLOSURE-High-Schools.pdf)

[content/uploads/2016/06/RESPONDING-TO-A-SEXUAL-ASSAULT-DISCLOSURE-High-Schools.pdf](http://klinik.mb.ca/wp-content/uploads/2016/06/RESPONDING-TO-A-SEXUAL-ASSAULT-DISCLOSURE-High-Schools.pdf)

Practice Tips to respond to a sexual assault disclosure using a trauma-informed approach and empower students/survivors by helping them identify options and resources.

Tala Tootoosis

www.youtube.com/watch?v=_qyWNvqdZVA

Ribbon Skirt Teachings

Teen Talk

teentalk.ca

Check the “Service Provider” tab for handouts and the online Teen Talk Tool kit for Service Providers and Educators which has games and activities on relationships and more.

Chapter 7:

Mental Health

Our mental health is made up of and affected by physical, emotional, social and spiritual factors. Each aspect plays a role in strengthening or harming our mental health. Each makes up the whole and as such do not act independently. Things that affect one part of the self, can affect the other parts as well.

Everyone has mental health and just like our physical health, we all have to work at mental wellness. This can mean focusing on purpose, balance, meaningful relationships and ways of coping. What we experience in the world every day such as how we are treated by family, friends, our community and society, can have a tremendous impact on our mental health. There is still a lot of stigma (negative judgment) that makes it harder for people to ask for help or talk openly about issues like mental illness, suicide and trauma.

Indigenous Perspective to Mental Wellness¹

Excerpted from *A First Nations Mental Wellness Framework* by Elder Jim Dumont

The four directions—the physical, the mental, the emotional, and the spiritual—are all necessary to mental wellness at the individual, family, and community level. He describes how the key task for supporting mental wellness is to facilitate connections at each of these levels and across the four directions.

This balance and interconnectedness is enriched as individuals have purpose in their daily lives, whether it is through education, employment, and caregiving activities or through cultural ways of being and doing; hope for their future and those of their families that is grounded in a sense of identity, unique Indigenous values, and having a belief in spirit; a sense of belonging and connectedness within their families and to community and culture; and finally a sense of meaning and an understanding of how their lives and those of their families and communities are part of creation and a rich history.

Indigenous Wellness Framework

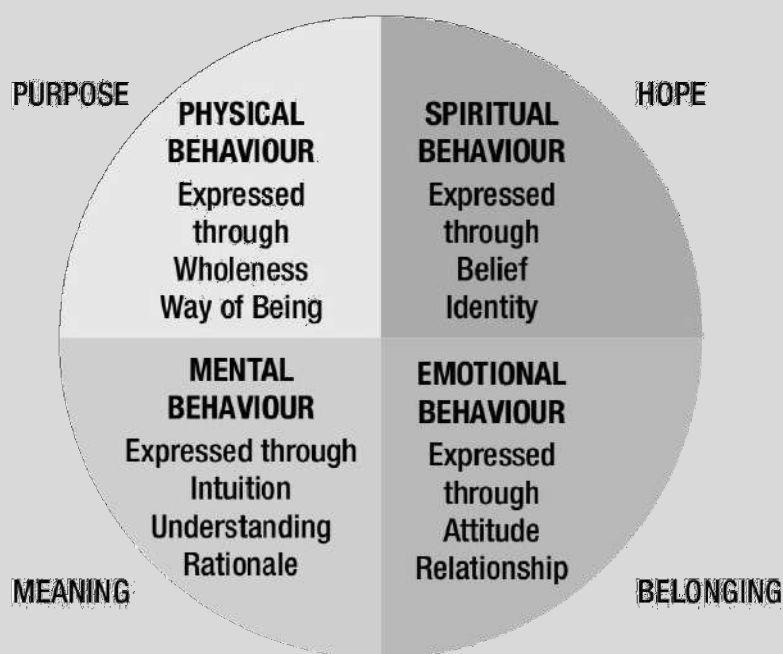


Figure 1: Culture as Intervention Model. The culture as intervention model was developed through discussion with cultural practitioners and Elders from across the country and from many different cultures.

Historical and ongoing colonization have had a profound effect on the mental health and wellbeing of First Nations, Métis and Inuit peoples. Many Indigenous youth, parents,

grandparents, and other family members were and are still dealing with the impact of displacement from traditional lands and disruption of culture, language and identity. Some of the effects of colonization have been intergenerational trauma and increased rates of suicide in some Indigenous communities.⁸⁴

“If you think of all those things that happened to our people, First Nations people, colonization, assimilation, residential school, and all the abuses and the traumas that our people went through, and that trickled down through intergenerational effects... if our kids know that history then they know where they are today and maybe then they can move on through their culture, through their spirituality, and maybe make a better life for their kids.”

Connie West-Buck, Educator, Winnipeg

Service providers can help by teaching and talking about mental health and the impacts of colonization, resilience, help-seeking and coping behaviors and by connecting youth to resources in their community. This chapter gives some background info on issues that can impact mental health in youth. For activities on mental health, see the Mental Health chapter of the Teen Talk Activities Binder.

Acknowledge Feelings

One of our main goals as service providers is to encourage the emotional wellness of youth. A starting point for talking about mental health and wellness is listening to youth and acknowledging their feelings. When we acknowledge and validate all feelings, youth are more likely to reach out and ask for help when they need it. Listening while suspending judgement helps to build trusting relationships and is a powerful tool in youth allyship.

When we talk about feelings with youth, we want to also explore how youth are coping. For activities to use with youth that encourage building coping skills, see the corresponding chapter of the Teen Talk Activities Binder for the Feelings and What Got You Through Brainstorm and the Pathways to Health activity.

Stress

We know that youth experience high rates of stress and that it can have a negative effect on their wellbeing if they don't have the tools to manage it.⁸⁵ If service providers minimize stress or concerns by saying, "don't worry about it, it's not a big deal," it can make youth feel shut down and that they aren't being taken seriously. Periods of anxiety, worry, and depression are common in adolescence (and beyond) and the underlying cause is often stress.⁸⁶ Knowing that stress affects mental health, service providers can help youth learn how to recognize, manage and cope with it. See the corresponding chapter of the Teen Talk Activities Binder for the Wellness Ball activities on managing stress and the Pathways to Health for resources.

Information on Mental Illnesses

We teach youth about mental illness because the first signs or symptoms often show up in the teen years or younger. The information below is intended as a basic description of some common mental illnesses that affect youth. For more information, please refer to the resources at the end of this chapter. Diagnosis of a mental disorder or illness should always be made by a qualified physician or mental health professional.

Depression

Depression is a "whole-body" illness involving the body, mood and thoughts. It can affect eating, sleeping, the way someone feels and the way someone sees the world.⁸⁷

Symptoms of depression can include: feeling worthless, loss of interest in life, overwhelming feelings of sadness, grief,

guilt and shame, loss of energy, pessimism, or thoughts of death or dying, not being able to get out of bed, eat, sleep, or enjoy life for long periods of time.

Bipolar Disorder

Bipolar disorder is characterized by cycles of extreme moods: depression and mania.

Symptoms of bipolar can be the same as depression with the addition of extreme mood swings, short attention span, unreasonable optimism, impulsiveness, sleeplessness and poor judgment. Some examples are making big plans, (like posting pictures on Facebook that they will be the next big star overnight), going on a big trip without proper planning etc. After these periods of high energy and fantasy sometimes come big crashes of exhaustion, depression or suicidal thoughts.

Anxiety Disorders

All anxiety disorders include extreme worrying affecting thoughts, emotions, behaviors and physical health. Some examples of anxiety disorders include phobias (extreme fears), obsessive compulsive disorder (persistent obsessions and feeling compelled to repeat ritualized behaviors), panic disorder (attacks of extreme fear or terror for no physical reason) or general anxiety (exaggerated worry and pessimism concerning everyday things).

Symptoms of an anxiety disorder can include extreme fear of being looked at or listened to, irrational obsessions and impulsive behavior (excessive hand washing) or anticipating the worst that could happen in every situation. Symptoms of a panic or anxiety attack can be things like heart palpitations, sweating, tunnel vision, feelings of extreme fear or terror, headache, or nausea.

Schizophrenia

Schizophrenia is characterized by a loss of contact with reality (psychosis) that affects a person's perceptions, thinking, feelings and behaviour. Symptoms can include false or irrational beliefs, hallucinations, social withdrawal, depression, lack of interest and difficulty expressing emotions.

Dealing with Mental Illness

If there are concerns about a young person's emotional or mental health, contact a school guidance counsellor, mental health worker, doctor, nursing station, or the health centre for a referral and assessment.⁸⁸ If someone is diagnosed with one of these mental illnesses, there may be extra challenges in their life and extra steps may need to be taken. Regardless, people with a mental illness can lead a full life.

*"Recovery is the personal process that people with mental health conditions experience in gaining control, meaning and purpose in their lives. Recovery involves different things for different people. For some, recovery means the complete absence of the symptoms of mental illness. For others, recovery means living a full life in the community while learning to live with ongoing symptoms."*⁸⁹

Canadian Mental Health Association, 2016

Self-Harm & Cutting

This refers to when someone hurts themselves on purpose but does not intend to end their life. People self-harm for many reasons such as making emotional pain into physical pain, coping with or releasing emotional pain or countering feelings of numbness. Although youth may not be intending to end their lives, they can also experience those thoughts. It is not necessarily linked to depression or having a mental illness but may be a sign too.

When speaking to youth avoid problematic terms (e.g. self-mutilation, suicide gestures, etc.) or images that may imply shame or stigma. It is important to talk to youth using self-harm directly and not in a large group. As service providers our main message to youth should focus on adding in and encouraging healthier ways of coping. Finding new ways to get through difficult times can help people reduce risks and may be more useful in the long run.

If youth are cutting, it is important to talk about risks such as cutting too deep and infection and ways they can be safer and get medical attention if needed. As a service provider, referring the youth to a trained professional is also important as is checking in with them regularly. Teaching youth about emotional regulation, the ability to recognize and manage their feelings and responses, can also help.

Trauma

Trauma affects many people. Trauma is a person's experience of an unexpected event (i.e. abuse, accidents, loss) or life circumstances that has lasting effects. This also includes historical and ongoing colonization, as well as the intergenerational trauma that can follow.

Healthy relationships with caring adults can protect children and youth from the effects of trauma. Opportunities to talk about what happened or express feelings about the traumatic event can help the healing process. Service providers can help by making themselves available to listen without pressuring youth to tell their story and by helping youth find ways to express their feelings such as drawing or journaling.

Service providers should be prepared to hear things that maybe upsetting. Adults may not realize how children and youth absorb what has happened and how much it affects them. Youth need to hear that it is not their fault and be given lots of reassurance from trusted adults. Acknowledge

feelings with statements such as “that sounds like it was really scary for you” or “it sounds like you were very worried when that happened.”⁹⁰ For more on managing the impact of trauma on service providers, please see the Introductory chapter of the Teen Talk Activities Binder and the Manitoba Trauma Information & Education Centre.⁹¹

Ancestral Memory & Intergenerational Wisdom

Contributed by Dr. Barbara Waterfall, Bawaating, Sault Ste. Marie, Ontario

An Indigenous way of understanding trauma is Blood/Bone Memory or Ancestral Memory. As described by Indigenous Knowledge Keepers, trauma, grief or pain experienced by our Ancestors, grandparents and/or family members can be passed down to us. We can carry those hurts in our body, in our blood and bones. It is important we understand blood/bone memory exists because it can give meaning to our suffering and helps us understand the impacts of colonization.

However, there is more to it. If we understand where the hurt comes from and know that it is not always coming from us it can make it more bearable or less hard to deal with. When we give meaning to our suffering, it can make it easier to love ourselves, be kind and take on the responsibility for our own wellness. We then know our powerful connection to a long line of family before and after us that we are taking care of. As we heal, they do too. Knowing our blood/bone memories and feelings that can come up makes us more resilient.

As with most Indigenous teachings, there is a balance to understand. We do not carry just the hard stuff from our family, we also carry the good. We have in our blood and bones, the strengths of our Ancestors, their love and gifts inside us. Even if we don't know our family members, we

have them in our blood and bones and we come from a powerful line of people who survived to give us life. So it is essential that every time we hear the words intergenerational trauma we also remember our Intergenerational Wisdom. We carry gifts and strengths that we may yet have to discover in ourselves. This can give us hope. It teaches us to explore and learn more about our history and ourselves.

If pain can be passed down, so too can the love.

Resiliency

People can and do heal from trauma. Being able to recover from tough times is called resiliency and people can be amazingly resilient though it might take some time and support. We may still feel strong or have hope knowing that we will get through it because we've gotten through the other hard times before. Reaching out during a hard time helps us build inner strength and support and can make it easier to ask for help in the future. Having things we like to do that make us feel better, can help us bounce back from a hard time.

Resiliency can be taught and everyone has the capacity to become more resilient. When adversity is framed as a challenge, youth can become more flexible and better able to deal with it.⁹² The following song lyrics in "Home to Me" is an example of the strength and resiliency of Asubpeeschoseewagong (Grassy Narrows) Anishinaabe youth.

"Home to Me"

*let your spirit soar as far as you can
try not to be reminded by the scars from the past
rise from the ruins, keep protecting the land
don't take it for granted, can't neglect what we have
stand together as a nation, express what we feel
true conversation and address what is real
connected to the land, we are one with each other
this is our home to discover*

*Gete Ishkonigan
it feels like home to me*

*Taapshko Endaayaan
it feels like home to me*

*sometimes it's hard to find the words
to say your home to me*

*gotta stay on point like the fastest arrow
bring hope to the people of Grassy Narrows
want peace in the land, can't go back to battles
8th fire in action, casting shadows
from the old to new, let us show you the truth
light up the path, there's a glow in the youth
boozhoo to the world, this is where we live
so let the journey begin*

*Paul Cedric Oteskan and Chorus by Sharice Bruce & Dylan
Fobister, Anishinaabe, Youth, Asubpeeschoseewagong (Grassy
Narrows First Nation)*

The Impact of Colonization & Homophobia

When working with youth in Manitoba we need to acknowledge the high rates of suicide within some First Nations communities. Because of historic and ongoing colonization which has resulted in loss, intergenerational trauma, racism and discrimination, many First Nations have disproportionately high rates of suicide and are dealing with overwhelming pain.

Similarly, homophobia and transphobia⁹³ have put 2STLGBQ+ people at greater risk for suicide. Youth are exposed to homophobic/transphobic language as part of their everyday school experience and many youth are targeted and experience harassment and violence because of homophobia/transphobia.⁹⁴

For many youth that identify as both Indigenous and two-spirit or 2STLGBQ+, life can be difficult at times. These youth may experience homophobia and discrimination in their communities as well as racism in other communities. This makes it all the more important to support youth who are experiencing bullying, discrimination and harassment.

"The intersection of gender, race and sexuality is a dangerous place to be in a colonialist society."

Albert McLeod, Cree, Elder & Director of Two Spirited People of Manitoba Inc., Winnipeg

As service providers working with youth we have a responsibility to help make spaces safer, to offer support and to help instill a sense of belonging. For youth who identify as two-spirit and Indigenous, the Two Spirited People of Manitoba is a resource that provides support. For more information of building safer spaces, see the Youth Sexuality chapter of this manual.

Suicide Prevention

When talking about mental health with youth we need to also talk about suicide. Suicide prevention work is challenging and yet an invaluable part of our work with youth. Caring for yourself is especially important when helping others who may be thinking about suicide.

Service providers need to be able to identify warning signs that a person may be thinking about suicide, offer support and connect youth to supports within the community. This section explores protective factors, as well as promising practices in how we talk about suicide with youth.

If you or someone you know is thinking about or is bereaved by suicide, please call the Manitoba Suicide Prevention & Support Line at 1.877.435.7170, or First Nations & Inuit Hope for Wellness Help Line 1.855.242.3310 or visit reasonstolive.ca.

Warning Signs

There are often warning signs that someone might be thinking of suicide. Warning signs include direct or indirect verbal expressions: “I don’t want to live anymore,” “I wish I wasn’t here anymore,” or “nobody cares anyways” or non-verbal actions that indicate that there is something wrong. The more signs, the greater the risk.

Warning signs or behaviours that someone may be at risk of suicide are:

- Having previously attempted suicide.
- Having a suicide plan.
- Talking about suicide directly or through social media, Facebook, texting, etc.
- Increasing their drug and alcohol use.
- Losing someone recently especially to suicide.
- Experiencing a dramatic shift in mood.
- Losing or having no interest in their activities.

- Giving away prized possessions.
- Reconnecting with old friends and extended family as if to say goodbye.
- Losing connection with traditional knowledge and community involvement.

For more information on warning signs, Applied Suicide Intervention Skills Training (ASIST) is offered and for education and training on suicide prevention, see the resources at the end of this chapter as well as Klinik's website, klinik.mb.ca.

Asking Youth Directly About Suicide

Youth show warning signs of suicide because they may be trying to communicate their pain. Warning signs need to be taken seriously every time. People who are not showing warning signs might also want help. If you notice warning signs or think someone may be thinking about suicide, check-in with them and ask directly about suicide.

Asking about suicide directly with compassion in a calm and non-judgmental way does not put the idea into their head or increase risk. By asking youth about suicide (i.e. "You seem very sad, are you thinking about suicide?"), we are showing that we are worried and that we care about them. Asking the question allows someone the space to talk about their feelings and brings suicide into the open where it can be addressed.

If someone is thinking about suicide, tell the person that they are not alone, that you are concerned about them and that you want to help. For more information on warning signs, how to support someone and help with intervention go to the provincial suicide prevention website, reasontolive.ca or everyonematters.ca.

If someone has a plan for how they want to end their life and a timeline as to when, this is a serious sign that they may attempt suicide.

If someone is in immediate danger of taking their life:

- Call the RCMP or 911.
- Have someone stay with them.
- Remove any means such as firearms, alcohol, drugs, rope, cords or sharp objects that could be used, if it is safe to do so.
- Take them to an emergency room, or nursing station.
- Take them to a traditional healer or sacred lodge.

If someone is not in immediate danger, but still at risk, they need support. If you are unsure of how to support someone who is thinking about suicide, connect them with the appropriate resources in the community. This could be the local suicide prevention worker, mental health worker, guidance counsellor, nurse, Elder, or someone else the youth trusts (and ideally is suicide intervention trained) or the Manitoba Suicide Prevention & Support Line 1.877.435.7170 or First Nations & Inuit Hope for Wellness Help Line 1.855.242.3310.

Key Messages for Youth to Help Their Peers

Because youth who are thinking about suicide often look to friends or peers for support, we want to encourage and normalize help-seeking behaviors. In order to help keep these youth safer, the main messages we want youth to know are: don't keep it a secret and tell an adult you trust. Service providers can encourage youth to:

- Listen to friends/peers who talk about suicide and take the situation seriously.
- Tell their friends/peers they are worried about them.
- Go with them to a counsellor, or other trusted adult.

- Tell an adult they trust on their own, letting their friend/peer know they are seeking outside help if the friend doesn't want to get help themselves. They could say to their friend, "This is bigger than the both of us."

Stress to youth that whether it's the first time, or the 10th time their friend has mentioned suicide, they should do the same things (get help) and take them seriously. In fact, people who have attempted are at a higher risk.

Supporting other youth who are thinking about suicide or being worried about friends or family can be very stressful. Encourage youth to take care of themselves by doing things they enjoy (hobbies, music, talking with a friend, being on the Land, reading, walking, sports, social media, etc.) and help them seek support if they are concerned about a friend or family member. For games and activities that encourage self-care, see the corresponding chapter of the Teen Talk Activities Binder.

Protective Factors

Promising practices in the area of suicide prevention use a strengths based approach and focus on building protective factors and positive relationships. Family supports, positive friendships, mentors, healthy activities, generosity and spirituality, may be some of youths' strengths.⁹⁵

Circle of Courage⁹⁶

Excerpted from Larry K. Brendtro, Martin Brokenleg and Steven Van Bockern, *Reclaiming Youth At Risk*

The Circle of Courage is a model of positive youth development based on the universal principle that to be emotionally healthy all youth need a sense of *belonging, mastery, independence* and *generosity*.

This unique model integrates the cultural wisdom of Indigenous peoples, the practice wisdom of professional pioneers with troubled youth and findings of modern youth development research.

The Spirit of Belonging: The universal longing for human bonds is cultivated by relationships of trust so that the child can say, “I am loved.”

The Spirit of Mastery: The inborn thirst for learning is cultivated; by learning to cope with the world, the child can say, “I can succeed.”

The Spirit of Independence: Free will is cultivated by responsibility so that the child can say, “I have power to make decisions.”

The Spirit of Generosity: Character is cultivated by concern for others so that the child can say, “I have a purpose for my life.”

Protective factors are anything that builds resilience and act as a buffer to negative health issues affecting communities. Some protective factors that play a role in maintaining the health as well as reducing the risk factors of health problems for Indigenous peoples are being connected to Land, traditional medicine, spirituality, traditional foods, traditional activities as well as the use of language.⁹⁷ This list of protective factors for suicide also helps promote mental wellness.

Additional examples of protective factors are:

- Creating strong connections with culture and language, family, friends, and community (support system).
- Having a sense of identity and self-worth.

- Developing a close secure trusting relationship with at least one adult.
- Feeling safe at home, school and in the community.
- Knowing where to get help: Elders, teachers, mental health workers, counsellors, Sacred Lodges, Kids Help Phone and Text, Klinik Crisis Line, Manitoba Suicide Prevention & Support Line, First Nations & Inuit Hope for Wellness Help Line, Klinik Drop-in Counselling, community members, school guidance counsellors, etc.
- Being engaged in activities they enjoy.
- Working on communication skills so youth can say what is bothering them and what they need.
- Having access to medical care when needed.

For the decolonizing activities: Exploring Your Name and Family Tree, see the Youth Sexuality chapter of the Teen Talk Activities Binder. For more activities that can build resilience: Circle Map and Pathways to Health, see the corresponding chapter of the Teen Talk Activities Binder. Refer to the Resource section at the end of this chapter for more information on suicide prevention.

After a Suicide Attempt⁹⁸

There is no simple or single reason why youth attempt suicide. When life seems overwhelming and has lost meaning and purpose, and despair overcomes feelings of hope, youth may feel that suicide is the only way to stop and escape intolerable pain and suffering.

Making a safety plan can help anyone when they are having thoughts of suicide. The safety plan works best if it's created by the youth when they are feeling well and not in crisis. This plan however involves not only themselves but also those closest to the youth. The plan includes lists of:

- Warning signs in themselves that they are at risk for suicide.

- Calming/comforting things they can do.
- Reasons for living.
- People to call or talk to.
- Resources to call such as crisis lines or agencies.
- Steps to take to create a safer environment.
- Other things to do if nothing is helping.

If a youth has had a previous attempt, service providers can help them reconnect with feelings of hope and reasons to live. This can help them feel heard and understood. Service providers can help youth find ways to reduce the pain and/or increase their ability to cope.

Postvention: After a Suicide & Grieving⁹⁹

Losing someone to suicide is a very difficult thing to go through. Youth, like adults, may have many commonly experienced grief reactions. Feelings such as shock, deep sadness, loneliness, anger, worry, numbness, confusion, frustration, guilt, shame, blame and the many “why” questions can come up when they think about the person and the suicide.

If there has been a death by suicide, it is important to talk about suicide in a way that prevents further harm.¹⁰⁰

After a suicide, service providers are encouraged **not** to:

- Make suicide seem common or inevitable. For example although it may be true that “many of our youth are killing themselves,” it is not helpful to emphasize or repeat.
- Talk in graphic or details about the death. This can create images that are upsetting and can increase the risk of contagion behavior by vulnerable youth. The focus should be not on how someone died but rather on how to cope with feelings of sadness, loss, guilt and anger.

- Oversimplify the cause of suicide for e.g., “youth took his own life after breakup with girlfriend.” This gives people a too simplistic understanding of a very complicated issue.
- Assume we know why they ended their life.
- Focus on the afterlife being a “better place.”
- Memorialize the suicide death by putting up a permanent memorial, this can lead to suicide being glamorized and associated with honour.
- Use scare tactics or guilt trips as prevention for survivors by saying things such as, “you won’t go to heaven,” or “you’ll hurt the people you love.”

After a suicide, service providers **are** encouraged to:

- Identify at-risk youth who were impacted by the suicide and offer support and counseling.
- Talk about the loved one. This can help individuals cope better and not to feel so alone. If you cannot do this, let them know who they can go see.
- Offer friends, family, and community members an opportunity to talk about their feelings about the death.
- Accept that there will be unanswered questions.
- Have grief counseling available.
- Seek help from trusted adults if youth or their friends are feeling depressed or suicidal. “You are not alone and they were in so much pain they forgot that they could get help from...”
- Teach and role-model help-seeking behaviours, for e.g., “When I feel really sad, I go see...”
- Give key messages that prevent suicide: that life is to be honored and celebrated, not to keep thoughts of suicide a secret, tell a trusted adult.
- Provide resources such as local people, Elders, traditional healers, crisis hotlines such as the First Nations & Inuit Hope for Wellness Help Line 1.855.242.3310 or the Manitoba Suicide Prevention &

Support Line: 1.877.435.7170, reasontolive.ca,
community mental health/suicide workers, etc.

When talking with youth about a death by suicide, there may be several considerations to take into account, such as:

- How is the family making sense of the loss?
- Is there a waiting period until a specific ceremony is performed?
- Is there discomfort or fear talking about suicide?
- How are they taking care of themselves?

"I still go through a hard time thinking, still knowing that she's gone and can't see her no more. I never cried about it. The only time I ever cried was where I shared it publically at Sundance. Right there I just dropped and... I asked myself everyday what could I have done? Could I have done anything to help her? Some people don't even think about talking to other people too eh? To me I think that's the best way to help somebody talking, laughing and crying. I tell myself everyday people are put on this earth for a reason... That's why Creator made us. There's a reason."

Carson, Anishinaabe, Youth, Sagkeeng Anicinabe Nation

It is important for youth to know that:

- It is not their fault.
- They are not alone.
- It can be helpful to talk to someone about their feelings when they are ready.

A key message is to encourage help seeking by saying, "The person you lost was in so much pain and so sad, that they didn't see that they could get help."

For additional resources please see the Suicide Resources at the end of this chapter and the Klinik website.

Service Provider Care

As service providers we need to reach out and speak up when we need help and support. It is important to look at how you are feeling in witnessing youth struggle as our reactions can be intense and complicated.

We encourage other service providers when working with youth who are using self-injury, expressing suicidal thoughts, disclosing trauma, etc., to care for yourselves both personally and professionally. This may mean seeking supervision and consultation (i.e. not working in isolation when supporting vulnerable youth), accessing training regarding suicide and self-injury, caring for selves in ways that add meaning and connection to lives, etc. It is important to take care of yourself well when doing this work.

For information on trauma exposure response see the Introductory chapter of the Teen Talk Activities Binder and the Manitoba Trauma Information & Education Centre.¹⁰¹

Coping

Youth have their individual strengths and resources when it comes to managing difficult times. However, service providers can help by encouraging youth to build on their coping skills. Focusing on coping and providing resources where youth can get help is an essential part of any conversation or session about mental health and suicide. It's helpful to have youth create a big list of coping strategies. This list could include:

- Talking to someone they trust, a friend, family member, Elder, teacher, traditional healer, medicine people, counsellor, etc.

- Calling a crisis line, i.e. Klinik Crisis Line 1.888.322.3019 or the First Nations & Inuit Hope for Wellness Help Line 1.855.242.3310 or Kids Help Phone 1.800.668.6868 or Text **connect** to 686868.
- Hanging out with friends.
- Being on social media.
- Visiting Elders or little children.
- Learning Original Languages.
- Playing games or cards.
- Using apps that help you relax such as Stop, Breathe & Think.
- Masturbating/having sex.
- Playing video games or watching TV.
- Doing something creative, writing, painting, drawing or playing music.
- Going to local community events/gatherings.
- Going to ceremonies.
- Working or helping others.
- Fishing/hunting/skid-ooing/boating.
- Playing sports/dancing/singing/riding a bike, or going for a walk.
- Cooking/baking.
- Reading poetry or creating their own.
- Building or fixing something.

At Teen Talk we acknowledge that some youth are using substances to cope because it may be helpful in the short term to avoid challenging feelings. As a service provider it's helpful not to judge a youth's actions. It is more useful to discuss what else helps a youth get by. Also, mentioning that using substances regularly to cope can also lead to addiction or problems in the long run given that substances and self-medicating numb all feelings, both "negative" (i.e. shame, guilt) and "positive" (i.e. joy, hope) is important. For more information and activities on substance use awareness, see the corresponding chapter in this manual and Teen Talk Activities Binder.

Some ways of coping allow us to reflect and/or release our feelings (e.g. talking, journaling, making music, art) and others help us to distract, numb, or avoid feelings (e.g. playing video games, watching television). Encourage youth to use both a variety of coping skills that include reflective and engaging, as well as distancing or distracting activities when dealing with difficult or stressful times.

It can be useful for youth to think about a variety of activities that:

- They can do by themselves.
- They can do with other people.
- They can do in different situations.
- They can do in different seasons.
- Are free and some that cost money.
- Take some time and some that are quick.
- Take effort and some that are easy.

That way, they have a mix of things to draw from.¹⁰² It can also be helpful for youth to prepare for difficult situations coming up. Imagining hard conversations, being in a difficult situation and guessing how it may go, can be part of coping ahead.¹⁰³ For Pathways to Health and other activities that promote coping and mental wellness, see the corresponding chapter in the Teen Talk Activities Binder.

Manitoba Adolescent Treatment Center Rural & Northern Telehealth Services

The Manitoba Adolescent Treatment Center (MATC) has mental health clinicians that provide mental health services via Telehealth to children and youth who are experiencing emotional difficulties in 11 Manitoba First Nation communities. They accept referrals from service providers and community professionals such as guidance counselors directly. Youth under 16 require parental consent but there is no limit to the number of sessions provided. Call 1.855.413.7855 for referral forms and information.

Healing & Mental Wellness

“There are many ways of healing disharmony or imbalance within the Aboriginal culture. Some people use ceremonies, guidance from Elders, wholesome nutrition, meaningful activity, and connection with family and the land as part of their pathways to healing process.”¹⁰⁴

The Culture of Well-Being: Guide to Mental Health Resources for First Nations, Metis, and Inuit People in Winnipeg

Being mentally well takes work. Some steps that we can teach youth that will help them practice good mental health habits and use their strengths and coping strategies are:

- Get to know yourself. Get to know what inspires you/makes you happy/calm/upset/angry.
- Get to know your sources of strength. This includes things within us and around us; things we do that help us feel good or better.
- Ask others when you need help. It takes courage to let people know how you are and what you need.
- Check in with yourself regularly. Ask yourself: am I doing what’s important to me? How are my goals working out? Is there anything I could change that might be helpful? Check to make sure you are finding balance in your life.
- Have fun and be around people who support you and want the best for you.¹⁰⁵

"I could've taken my life four years ago if I wanted, but that's when I started realizing I have more positive things to think about and do. I kept myself occupied by attending cultural events and doing bead work, and the beading really reminded me of how people can heal. That's why I think of life like bead work; [it] takes time and effort, and the end results are beautiful. Just like life, it takes time to heal a wound, effort to find what makes you feel whole again, and [in time] you'll be happy with the more positive choices you made to be yourself. That's the way I look at it."

*Wintersage Skywater, Dakota, Youth, Chankagha Otinta
(Birdtail Sioux)*

Within cultures we often find rituals and ceremonies that promote mental health. Traditional Indigenous practices and Medicines like drinking water and tea, smudging, and praying with sacred objects such as feathers, drums, rattles, stones, pipes can help people connect with themselves and the people around them. Ceremonies run by respected Lodge Keepers can offer a chance to learn about Indigenous culture and a person's identities in a personal and meaningful way.

Smudging

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

Indigenous traditions of this land often include burning Medicines like Sage, Cedar or Sweet Grass. When doing this, people pray, give thanks and ask for what they need in the

moment. Many people find this helpful in centering them to start or end their day in balance. People also do it for protection and to spiritually cleanse physical areas they work or live in. It can be helpful in releasing feelings and may help ground a person if they are having a hard time. If you want to know more about Indigenous healing practices seek out the Medicine People in your community or Indigenous organizations such as Ka Ni Kanichihk.

The following are some other suggestions on how to help nurture ourselves:

- Connect with people around you: Invest time in building relationships at home, work, in your neighborhood and community as these connections will support and enrich your life. Connection is a key to mental wellness.
- Be Active: Discover a physical activity you enjoy and that suits your mobility and fitness.
- Take Notice: Be curious. Savor the moment and be aware of the world around you. Practice being aware of sensations, thoughts and feelings without judgment.
- Keep Learning: Try something new or rediscover an old interest. Learn about your community history.
- Give: Do something nice for someone else. Thank someone. Smile. Volunteer. Get involved.¹⁰⁶

For activities on self-care, coping and resources, see the corresponding chapter in the Teen Talk Activities Binder. For additional information on healing, see Teen Dating Relationships and Substance Use Awareness chapters in this manual.

The Sacred Pipe

Contributed by Vanessa AnakwudwabisayQuay, Peguis First Nation

The Sacred Pipe can help us with mental wellness. In my understanding The Sacred Pipe is one of the greatest Gifts Creator gives us. It is a symbol of balance, love and connection to Creation, all living things on Earth and in the Spirit World. Creator gave it to us so that we would know our humble place, stay in connection to Spirit and so we would always have a way to ask for what we need.

The Sacred Pipe can also help us to say thank you. That's why sunrise ceremonies are common. To pray, give thanks and prepare ourselves for another day. Starting our day in this good way can help us work toward and maintain mental wellness. It is a most sacred tool.

A Pipe is powerful because it is a connection to our Spirit and The Great Mystery. It gives us answers when we use it in the sacred way we have been taught. There are many times in my life when I know "only my Pipe can save me now" and I take my problem to Chi-Manitou. In that way my Pipe "carries me" through my hard time and I am using it as crisis management or to solve a problem.

The teachings of The Pipe are endless and many Indigenous nations have their own unique stories, protocols, songs, prayers and ceremonies that speak about The Pipe.

What do the Medicine People in your community have to teach you? (Remember to offer Tobacco when you ask!)

Mental Health Resources

Crisis & Suicide Prevention Lines

Mental Health Crisis and Non-Crisis Regional Contacts
gov.mb.ca/healthyliving/mh/crisis.html

First Nations & Inuit Hope for Wellness Help Line
1.855.242.3310

Kids Help Phone
1.800.668.6868 or text *connect* to 686868
kidshelpphone.ca
Phone, text and web counselling for ages 21 & under.

Klinik Crisis Line
1.888.322.3019 or 204.786.8686
Provides info, support, crisis counseling and referrals.

Klinik Sexual Assault Crisis Line
1.888.292.7565 or 204.786.8631
Call for immediate crisis support or intervention.

Manitoba Farm, Rural & Northern Support Services
supportline.ca
1.866.367.3276, chat to get support.
Provides info, support, crisis counseling and referrals.

Manitoba Suicide Prevention & Support Line
reasontolive.ca
1.877.435.7170
Provides info, support, crisis counseling and referrals.

Trans Lifeline
translifeline.org
1.877.330.6366
Primarily for transgender people experiencing a crisis.

Websites & Resources for Youth

Manitoba Adolescent Treatment Centre

matc.ca

Mental health resources for children, youth, and families.

Manitoba Child and Adolescent Mental Health Program

204.958.9660.

Self or other referral without a doctor's note.

Manitoba Trauma Information and Education Centre

trauma-informed.ca

Trauma info and education for service providers and people affected by psychological trauma.

Mind Your Mind

mindyourmind.ca

Mental health info for youth by youth.

Orange Daisy Project

orangedaisyproject.com

A campaign to support the mental health of young women.

Stress Hacks

stresshacks.ca

Resources and information to help youth manage stress.

Teen Mental Health

teenmentalhealth.org

Newsletter, resources and training.

Teen Talk

teentalk.ca

Sexual health, mental health, substance use, and relationships info for youth.

Websites & Resources for Service Providers

Aboriginal Healing Foundation

ahf.ca/publications/research-series

Are You Getting Enough? (Pamphlet)

klinik.mb.ca/wp-content/uploads/2015/07/Klinik-Are-You-Getting-Enough.pdf

Are you OK? (Pamphlet)

klinik.mb.ca/wp-content/uploads/2015/07/Klinik-Are-You-Ok-Brochure-E_14-1260.pdf

Canadian Mental Health Association

mbwpg.cmha.ca/programs-services/school-based-youth-mental-health-promotion/

School-based youth mental health promotion programs and thrival kits.

Calm in the Storm: Coping with the Stresses of Life

hydesmith.com/de-stress

Circle of Courage

starr.org/training/youth/aboutcircleofcourage

Eyaa-Keen Healing Centre Inc.

eyaa-keen.org

Indigenous Traditional based approach to behavioural health therapy decades of research and a deep understanding of Indigenous patterns of healing and life.

Mental Health First Aid First Nations

mhfa.ca/en/course-type/first-nations

Designed to speak to First Nations participants about mental health, where participants reflect on their life experiences and acknowledge the historical context of that experience and explore ways to restore balance on their journey to wellness.

First Nations Mental Wellness Continuum Framework
Health Canada, 2015

thunderbirdpf.org/first-nations-mental-wellness-continuum-framework/

Rooted in cultural knowledge and emphasizes First Nations strengths and capacities building upon the Honouring Our Strengths National Framework.

Manitoba Adolescent Treatment Centre

matc.ca and matc.ca/services-rnts.html

Mental health resources for children, youth, and families and the rural and northern telehealth service for 11 FN communities.

Mental Health Passport

[cg.cfpsa.ca/cg-pc/Kingston/EN/StrengtheningtheForcesHealthPromotion/ResourcesandLinks/Documents/MentalHealthPassport-eng_\(2\)%5B1%5D.pdf](http://cg.cfpsa.ca/cg-pc/Kingston/EN/StrengtheningtheForcesHealthPromotion/ResourcesandLinks/Documents/MentalHealthPassport-eng_(2)%5B1%5D.pdf)

Mentally Healthy Communities: Aboriginal Perspectives

cahr.uvic.ca/nearbc/documents/2009/MentallyHealthyCommunities.pdf

Mood Disorders Association of Manitoba

mooddisordersmanitoba.ca

Operates throughout Manitoba, supporting those affected by mood disorders, their friends, families, caregivers and supporters.

MKO Mobile Crisis Response Team

crisisresponse@mkonorth.com

1.844.927.5433

Provides holistic, culturally sensitive and safe crisis response trauma intervention to Manitoba First Nation communities.

Rising to the Challenge: A strategic plan for the mental health and mental well-being of Manitobans

Manitoba Health, 2011

gov.mb.ca/healthyliving/mh/docs/challenge.pdf

Teen Talk

teentalk.ca

Check the “Service Provider” tab for handouts and the online Teen Talk Toolkit for Service Providers and Educators which has games and activities on mental health and more.

The Network for Aboriginal Mental Health Research

namhr.ca/about/overview

Trauma-Informed Toolkit

Manitoba Trauma Information & Education Centre, 2013

trauma-informed.ca

Suicide Prevention Resources

Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies, 2004

suicideinfo.ca/LinkClick.aspx?fileticket=xYw_rxl1F7w%3D&tabid=475

After a Suicide: A Practical and Personal Guide for Survivors

klinik.mb.ca/wp-content/uploads/2015/07/After-a-Suicide-A-Practical-and-Personal-Guide-for-Survivors.pdf

After a Suicide Attempt: A Guide for Family and Friends

klinik.mb.ca/wp-content/uploads/2015/07/Klinik-After-Suicide-Attempt.pdf

After a Suicide Loss: a Toolkit for Schools

afsp.org/schools

Suicide prevention resource.

Best Practices in School-based Suicide Prevention: A Comprehensive Approach

Healthy Child Manitoba, 2014

gov.mb.ca/healthychild/ysp/ysp_bestpractices.pdf.

Canadian Association for Suicide Prevention

suicideprevention.ca

Cultural Continuity as a Hedge Against

Suicide in Canada's First Nations

Chandler & Lalonde, 1998

firstnationcitizenship.afn.ca/uploads/A12_Cultural_Continuity_as_a_Hedge_against_Suicide.pdf

Ensuring the Seventh Generation: a Youth Suicide Prevention Toolkit for Tribal Child Welfare Programs

nicwa.org/YouthSuicidePreventionToolkit/YSPToolkit.pdf.

Everyone Matters Manitoba: Supporting Youth Suicide Prevention

everyonemattersmanitoba.ca

Provides support and regional resources for schools, alternative education settings and communities throughout Manitoba.

First Nations & Inuit Hope for Wellness Help Line

1.855.242.3310

Inuit, Aboriginal, First Nation, & Métis: Suicide Prevention Resource Toolkit.

Centre for Suicide Prevention, 2013

suicideinfo.ca/LinkClick.aspx?fileticket=MVlyGo2V4YY%3D&tabid=563

Language and Culture as Protective Factors for At-Risk Communities.

McIvor, Napoleon and Dickie, 2009

naho.ca/jah/english/jah05_01/V5_I1_Protective_01.pdf

Manitoba Suicide Prevention and Support Line

reasontolive.ca

1.877.435.7170

Provides info, support, crisis counseling and referrals.

Playing with a Great Heart

Blair Robillard, 2019

Buy at MB Aboriginal Sport and Recreation 204.925.5941

Comprised of traditional teachings, games and activities that incorporate strength based capacity building. Focus on reclaiming the original intent of play, games, sports etc.

River of Life

riveroflifeprogram.ca

Created for individuals working with Indigenous youth.

Sources of Strength

sourcesofstrength.org

Prevention program for suicide, violence, and substance abuse by training, supporting and empowering both peer leaders and caring adults.

SPEAK (Suicide Prevention Education Awareness Knowledge)

klinik.mb.ca/speak.htm

Suicide Prevention Education Awareness Knowledge education program on the link between suicide and depression, how to set up suicide prevention strategies for schools, a support group to survivors.

Suicide Prevention and Two-Spirited People

First Nations Centre. Ottawa: National Aboriginal Health Organization, 2012

Suicide Prevention: Guidelines for Public Awareness and Education Activities

Government of Manitoba, 2011

www.gov.mb.ca/health/mh/docs/spg.pdf

Chapter 8:

Substance Use Awareness

We have found that substance use can be a difficult topic to address with youth. Many youth have their “guard” up wondering, “Is this another ‘just say no’ drug workshop?” While abstinence is the safest option, many youth tell us that saying “no” and walking away is not always an option. Moreover, some are interested in experimenting but want to know how to be safe. Scare tactics are often used with youth which work with younger youth or until youth start experimenting and do not encounter problems (disproving the feared outcome).¹⁰⁷ For older youth, workshops that guilt or use scare tactics tend to lose a large portion of the group.

Currently in some First Nations communities, substance use and addiction are major issues. Some service providers have mentioned that the misuse of prescription drugs and over-the-counter medication and the various do-it-yourself practices and homemade products such as super juice, home brew, solvents, etc. are big concerns. Historically this has not always been the case. Prior to colonization traditional Indigenous communities did not have high rates of harmful substance use or addiction.

A Harm Reduction Approach To Substance Use

Teen Talk provides accurate information on substances and ways everyone (using or not) can stay safer. We also recognize that youth who are or have been engaged in substance use are in a position to share their knowledge (when it can be helpful to the group) and to reflect on their own substance use. We do not discuss whether it is right or wrong to use substances or label substances as “good” or “bad.”

A substance is anything that we put into our bodies (that is not food) that changes how we feel, think, or how our

bodies act. This could include legal substances such as caffeine, over-the-counter medications such as Tylenol, prescription drugs (intended to be taken by the person they are prescribed following the recommended dosage), tobacco and alcohol (if over 18) or illegal substances such as ecstasy.

The way to avoid harm from substances is by not using them at all, but we know that not everyone can or wants to make that choice all the time. If people are using, it is important to have accurate information in order to lessen the amount of harm that could happen. Accurate information can help people who are not currently using as well, because anyone can find themselves in a position where they can help someone else. We believe that the more information people have, the safer and healthier they can be.

For activities on how youth can practice their refusal skills, assess risk and reduce harm if deciding to use, see the corresponding chapter of the Teen Talk Activities Binder.

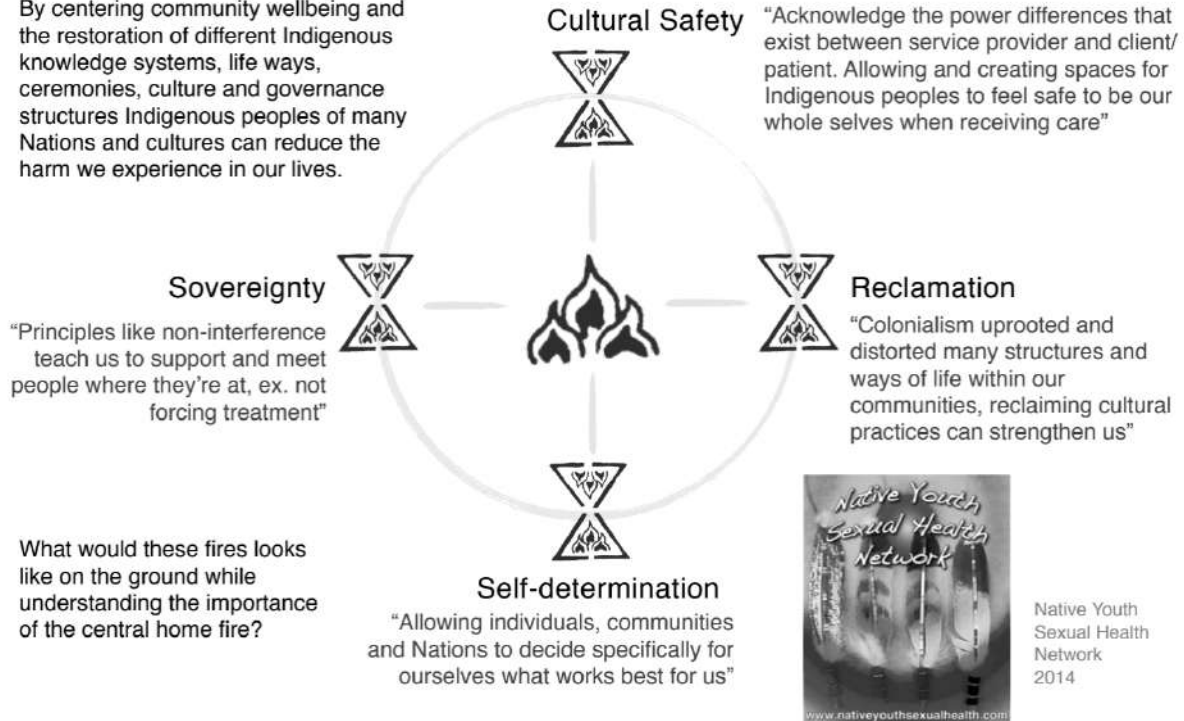
Indigenizing Harm Reduction

Excerpted from the Native Youth Sexual Health Network

With staggering rates of HIV, HCV and IDU amongst Indigenous peoples, it is clear that current mainstream models may not be meeting Indigenous peoples where we are at. What could harm reduction look like outside of urban centers in rural, northern and remote communities? See our Four Fire Model on the next page.

Four Fire Model

By centering community wellbeing and the restoration of different Indigenous knowledge systems, life ways, ceremonies, culture and governance structures Indigenous peoples of many Nations and cultures can reduce the harm we experience in our lives.



Substance Use Information

This is intended as basic background information for service providers. The amount of information you decide to share with youth will depend on the group or individual ideally spending adequate time discussing harm reduction strategies (i.e. how to stay safer). For more detailed information on individual substances, see the Addictions Foundation of Manitoba publications.¹⁰⁸ For the Substance Use Matching Activity, see the corresponding chapter of the Teen Talk Activities Binder.

Most substances can be classified into categories based on how they affect the body (see below). Although individual youth may have different reactions to the same substances, there are common desired effects as well as common potential harms associated with each substance.

Alcohol & Other Downers

Some examples of downers are alcohol, pain-killers (such as Tylenol or Advil), sleeping pills, heroin, morphine, opium, T3s, some anti-anxiety medications, oxycontin and rohypnol.

Desired effects: Downers act as depressants in the body. People might take these to slow down the body, reduce tension, anxiety, and aggression, create a feeling of calm or to help a person relax (sedative), or reduce physical or emotional pain.

Potential harms: Downers are called depressants because they slow down the central nervous system and can block messages from getting to our brains. Alcohol lowers inhibitions and impairs judgment (changing the things we do and changing what we think of as safe or unsafe). Often the greatest risks come from the things people do when they are drunk. The more alcohol is consumed, the more people can find themselves becoming more emotional, uncoordinated and slowed down. When a person drinks more than their body can handle, they risk alcohol poisoning. Signs of alcohol poisoning are vomiting, clammy skin, shallow breathing and passing out. An overdose can lead to a coma or death. Taking in amounts quickly, like chugging, puts people at a higher risk of alcohol poisoning. Taking too much of any downer can result in overdose because the body slows down too much and a person's heartbeat or breathing can stop.

Alcohol use during pregnancy has been linked to long-term developmental difficulties in affected children. Manitoba has high rates of FASD (Fetal Alcohol Spectrum Disorder).¹⁰⁹ For more information on FASD, see the Pregnancy & Alcohol Use section in this chapter.

Cocaine & Other Uppers

Some examples of uppers are cocaine, crack, nicotine, caffeine, energy drinks, amphetamines (speed), crystal meth and Ritalin.

Desired effects: Stimulants work by increasing dopamine levels in the brain. This leads to feeling alert, happy or “high,” excited and an increased tolerance to pain.

Potential harms: With all uppers there’s a “crash” at some point. At this time people can feel depressed, upset, mad, or very tired and are often tempted to take more to deal with how they are feeling. The higher the high often means the bigger the crash (e.g. coffee vs. cocaine). The more a drug is used, the more the undesirable effects are felt (e.g. anxiety, irritability) even though less of a high may be felt. Stimulants are often mixed with other substances. That means someone could have an unpredictable reaction. Other risks are overdose, nausea, headaches, racing heart, anxiety, mood swings, paranoia, severe depression and violent behavior.

Hallucinogens/Psychoactive Drugs

Some examples of hallucinogens/psychoactive drugs are magic mushrooms (several species of psilocybin mushrooms that are either grown in the wild or in a mushroom lab), LSD (acid), ecstasy/MDMA, mescaline, ayahuasca, peyote and salvia. Inhalants can also be included in this category because of their mind-altering (psychoactive) effects.

Desired effects: Hallucinogens change the way people think, see and hear things. With hallucinogens in general, the effects depends on where someone is, who they are with and how they feel. Ecstasy (or MDMA) can be considered both a hallucinogen and an upper. Desired effects can include feelings of openness, euphoria, increased energy and hallucinations. Inhalants can make a

person feel euphoric, light-headed or dizzy and lose inhibitions.

Around the world many cultures use a variety of plant based hallucinogens to obtain knowledge, guidance and purpose from a person's unconscious.¹¹⁰

Potential harms: Hallucinogens can intensify someone's mood, i.e. if someone feels depressed the drug may intensify that, if someone feels happy it may intensify that. "Bad trips" are when someone feels fear, panic, or terror. Side effects could also be upset stomach and confusion (which have led to accidental injury and death). For people with a pre-existing mental illness/family history of mental illness, there is a chance that hallucinogens can trigger or aggravate the mental illness.

Inhalants

Inhalants are something that people sniff, inhale, or "huff" to get high. They are chemicals that are not made for human consumption, e.g. gasoline.

Desired effects: People may feel light-headed, giddy, less shy, or sleepy. The high with inhalants is usually short (2-20 minutes).

Potential harms: Loss of hearing/sense of smell, memory loss, changes in personality, brain damage. Repeated use causes chemicals to build up in the body damaging the brain and nervous system.¹¹¹ A chemical overdose can happen each time using inhalants, either from passing out and suffocating (if there is a bag over the face) or from "sudden sniffing death" where the heart stops.

Cannabis (Marijuana/"weed"/"pot")

Marijuana is the dried buds of the cannabis sativa plant. It can also be processed into a paste or oil (hash/hash oil). As of 2018, Cannabis is a legal substance in Canada. Like alcohol and tobacco, it is still regulated and the legal age to

buy in Manitoba is 19. For more information on Cannabis laws and regulations in Manitoba, see Teentalk.ca. For more information on how to talk about Cannabis with youth, see *Talking pot with youth: A Cannabis Communication Guide for Youth Allies*.¹¹²

Desired effects: Relaxation, confidence, sociability, sense of well-being and slowing down the sense of time.

Potential harms: THC (tetrahydrocannabinol) is one of the prominent chemicals in marijuana and can vary from plant to plant or batch to batch. This can make it difficult to reliably predict the effects from one time to the next. Some people can experience panic, paranoia and memory problems and lung problems (if smoking).

Marijuana is the most prevalent illegal drug detected in impaired drivers, fatally injured drivers and motor vehicle crash victims. “Greening out” is a term used to describe when a person feels sick after using too much. Although not fatal, someone might look paler and feel sweaty, dizzy, nauseous and may vomit.

Mixing Substances

Mixing substances is the number one cause of overdose because it can compound the effects of each substance. Mixing downers can slow the heart down and cause coma or death. Mixing uppers can cause convulsions and heart failure. Mixing downers and uppers can mask the effects of the other. This can mean that people use more and can be more likely to overdose. For example, the body’s default response to too much alcohol is to pass out and because stimulants prevent this happening, the risk of alcohol poisoning is greater.

Prescription Drug Abuse

Misuse or abuse of prescription drugs can be harmful when they are not being used for their intended purpose or when

being used by someone other than whom they were prescribed to.

The risk of addiction is a concern. The risks of overdose are greater because it can be hard to know what class of drugs the prescription medication is (whether the substance is an upper, downer, or both) and what dose will give a desired effect versus a harmful effect such as a fatal overdose.

Sex & Substance Use

Drugs and alcohol increase the chances of sex happening and affect how safe the sex is. The more alcohol consumed, the more likely a person feels negatively afterwards and the less likely a condom is used.¹¹³ Service providers can help by talking about how drugs and alcohol change decision making. Encourage youth to communicate their boundaries with their friends or partner(s) before using substances and to carry condoms/sex dams. Youth may also decide to do other activities that are lower risk instead of having sex while using. For Partying Safer, Abstinence and Refusal Skills activities, see the corresponding chapter of the Teen Talk Activities Binder.

Sexual Assault & Alcohol

Alcohol is often involved in sexual assault and many communities acknowledge the high rates of sexual assault in their communities. We want to help youth understand that while alcohol and sex do not always equal assault, there is a relationship between the two. Consent cannot happen when a person is drunk or high, because they are under the influence. Getting someone drunk or high and coercing them is also not consent. Laws are ultimately there to protect the rights of the individual who is not in a capacity to give consent. In other words, if a person feels that sex happened without their consent, they have the right to pursue their legal options and have the right to get help and support, without blame.

Teach youth that if they have been hurt or assaulted in any way (sexual, physical, or otherwise) that it is never their fault. Let youth know that if they think they may have been sexually assaulted getting support and talking about it, can help. Encourage youth to access resources that are non-judgmental such as the Clinic Sexual Assault Line 1.888.292.7565.

“Partying Safer”

It’s not realistic for most youth to stop going to parties, so we want youth to know how to reduce their risks if they are using substances or out partying. One of the most important strategies is to teach youth to be aware of their surroundings, listen to their gut and trust their instincts. At Teen Talk we do a brainstorming activity with youth to get them to come up with local “partying safer” strategies. In remote, northern areas, keep in mind factors for safety considering local realities such as use of boats, ski-doo’s, and winter roads, also landscape, weather, wildlife, bodies of water etc. See the corresponding chapter of the Teen Talk Activities Binder for the “Partying Safer” activity.

Pregnancy & Alcohol Use

Drinking alcohol during pregnancy can cause harm to the fetus. Fetal Alcohol Spectrum Disorder also known as FASD refers to the range of disabilities that can be caused by drinking alcohol during pregnancy. There are many reasons why someone who is pregnant would continue to drink during pregnancy: they may be unaware that they are pregnant and may be drinking without knowing they could be causing harm, others may be dealing with addiction and/or trauma and/or using alcohol to cope. Also, because there is much stigma and shame around alcohol use during pregnancy, a youth may hide their use.

Key messages for youth about alcohol and pregnancy are:

- If drinking and having penis-vagina sex, use condoms and/or other birth control.
- There is no known safe amount of alcohol, stop drinking or cut down as much as possible as the risk of harm to the fetus increases with the amount of alcohol consumed during pregnancy.
- Prenatal care is helpful.

Service providers can help pregnant youth by offering non-judgmental support, for example helping them to eat well (making healthy food available/making food together), encouraging prenatal care and referring them to programs/resources. Pregnancies, especially unintended ones, can be stressful. Having a good support system around when someone is pregnant can be the difference between managing and stressing out. Since people often drink with their partners, friends and family, encourage others to avoid drinking around someone who is pregnant. Please refer to the resources section at the end of this chapter for additional information on FASD prevention.

Abstinence Activities

At Teen Talk we teach youth that having other activities that are meaningful and fun for them in their lives decreases the likelihood of becoming dependent on a substance and increases the likelihood of being able to cut down. For the Abstinence Activities Scenario Cards & Brainstorm, see the Substance Use Awareness chapter in the Teen Talk Activities Binder.

Exploring identity can help instill a sense of belonging and keep youth away from using substances. A Spirit Name or the knowledge of traditional names that are used in Indigenous cultures tells a lot about a person, their gifts and the spirit they carry. For decolonizing activities such as Exploring Your Name, Family Tree and Native Pride, see Youth Sexuality chapter in Teen Talk Activities Binder.

"When you know who are, you will feel better about who you are."

Joe Daniels, Anishinaabe, Councillor, Sagkeeng First Nation

Problematic Use

Service providers can encourage youth who have been using or used to use to reflect on their substance use in a meaningful way. Weighing the "pros" and cons" of using can be one way to do this, especially when it is done in a balanced and truthful way by the youth. At Teen Talk we do this with a handout that lets youth identify the "best things about using," "worst things about using," "best things about quitting" and "worst things about quitting." See the Teen Talk Activities Binder for the "Pros & Cons" Decisional Balancing Reflection Activity for sample handout and debrief.

As service providers we can also help youth identify the warning signs that substance use has become a problem and make appropriate referrals for support. See the Resources at the end of this chapter for youth treatment centres. Below are some common warning signs of problematic use.

- Missing school.
- Arguing with family/parents.
- Giving up activities they used to value.
- Spending a lot of money on buying substance(s).
- Having people express concern about their use.
- Being in denial ("I can stop anytime, it's not a problem.").
- Spending more time, money, and energy doing things related to using (even just thinking about it).
- Feeling embarrassed about using.
- Mainly socializing with people who are also using.
- Using when they would rather not be.

- Hiding their use from other people.
- Using by themselves, no longer just using socially.
- Getting kicked out of the home or school.
- Possibly stealing, dealing, or in the sex trade to support their drug use.
- Trying to cut down unsuccessfully several times.

When we use a substance regularly, our bodies develop a tolerance, which means it takes more of the drug to get the same effect and the negative effects increase to get the same high. Addiction is when the body needs the substance just to feel normal.

Substance Use As Coping¹¹⁴

Substance use is also used as a form of coping. There is a link between trauma and addiction and understanding that addiction can be a response to suffering can help service providers provide non-judgmental support to youth who are using.

"I carry a void inside, nothing exotic, just an ordinary human despair-fear-anxiety factory, and mine will try to feed on anything that gives me an instant sense of self-definition, purpose or worth. (If I want to be quippy about it, it's a void I'll do anything to avoid.)...If I've learned anything, it's that I have to be responsible for my own fear of emptiness. The fear is not personal-on the contrary it's pretty much universal-but I got the void I got and it's not going anywhere. When I can recognize that, I don't make the mistake of confusing it with who I am, or worse, expending a lot of energy trying to make it go away by any available means. Instead, I can be vigilant, patient and good humored about it."

Daniel Maté, Artist, In Realm of A Hungry Ghost, Vancouver

“Having a lifelong practice of forgiveness, acceptance and letting go is vital for healing. “Being strong” is about allowing yourself to feel what you are feeling. The unhealthy habits and addictions we have in our lives are often a result of unmet emotional pain, such as unresolved grief. It is important for young people to be open and willing to grow and move towards a consistent path of healing and liberation. The Land and Waters are medicine and will support that healing and that liberation.

Colby Tootosis, Life Skills Coach & Speaker, Poundmaker Cree Nation

Healing

If a youth is ready to deal with their addiction, a service provider can provide support and connect them to National Native Alcohol Drug Abuse Program (NNADP) workers, mental health workers, AFM workers, Lodges, treatment centres, etc. There are many pathways to addressing addiction. Seek out the resources in your community or check out the Resource section at the end of this chapter.

Traditional Healing

Excerpted from Winnipeg Regional Health Authority’s *The Culture of Well-Being: Guide to Mental Health Resources for First Nations, Métis and Inuit people in Winnipeg*.

Traditional healing may be used to address both physical and mental health issues. Many traditional healing practices are used today by Elders and Traditional Healers/Helpers and include the use of natural herbs, sacred ceremonies, song and dance, the vision quest, prayer, the sweat lodge, and the healing circle.

Healing practices may include traditional teachings to assist people in gaining wisdom for their experiences and regaining

their sense of balance and belonging.

A ceremony may be conducted, instructions given to the person and the person may be assisted in their healing journey. For some, their beliefs and practices form an integral part of their being and is a way of life. Some traditional practices include:

Smudging – a sacred ritual done to spiritually cleanse and be open and ready for positive healing energy. The smudge consists of one of the four sacred plants: tobacco, sweet grass, cedar and sage or a mixture of the plants.

Sharing/Talking Circles – a ceremony used by some people to discuss issues or share feelings in a safe climate of trust and cooperation. Equality and respect are encouraged and reinforced through the sharing circle
Sacred Items – many items may be used by traditional Indigenous communities for ceremonies and healing gatherings.

Tobacco Offering – tobacco holds a special significance and serves as a means of opening communication with the spirit world.

Sacred Teachings – sacred teachings or values are taught to promote healthy living. There are a variety of teachings. Some include: Respect, wisdom, love, bravery/courage, honesty, humility and truth. They are intended to help the community and environment live in harmony.

Spirit Names – names generally are given in the language of the individual being named. The name describes an individual's character and often comes with some responsibility of serving the community. These names are special. Only some Elders have the gift of name giving.

Sweat Lodge Ceremony – This ceremony may vary in how it is conducted as well as in the teaching that explains its origin. It is generally conducted in sacred lodges, dome

shaped structures often built from bent willow, for the purpose of prayer, cleansing and purifying body, mind and spirit.

Traditional Healers

Spiritualist – focuses on the spiritual well-being of a person and acts on his or her behalf to recommend lifestyle changes to the individual or family and offerings to various kind spirits. This person often serves as a counselor, mentor or teacher to individuals and families.

Herbalists – uses knowledge of traditional medicinal plants. Practice can be highly specialized in one area such as remedies for specific ailments or diverse for other illnesses.

Diagnosis specialist or Seer – communities with spirits, the supernatural and the physical entities that assist in the diagnosis. Diagnostics are often the seers or communicators through ceremony who identify ailments, remedies or ceremonies required to restore good spiritual, emotional and physical health and well-being.

Medicine People – engage in ritual, ceremonial activity and prayer. Medicine people may possess sacred items and the rite to rituals, songs and medicines that have inherited from parents, grandparents, or that they earned through apprenticeship with a respected medicine person. Depending on their nation, they are also conductors of community ceremonies. These individuals often sacrifice their daily lives to ritual, prayer and healing.

Healer – heals in a variety of ways, such as a gift of touch or energy work. A healer can be ritualistic, but also may have an ability to use a variety of therapies to heal people.

Midwife – has specialized traditional knowledge in prenatal care, childbirth and aftercare. They may use massage, diets,

medicines, ritual, prayers and counseling.

Elder – is exceptionally wise in the ways of culture and the Great Spirit teachings. They are recognized for wisdom, stability, humour and the ability to see what is appropriate in a particular situation. The community looks to Elders for guidance and sound judgment because Elders are caring and known to share fruits of their labours and experiences.

“I went to a couple of ceremonies, sweats mostly. Because you sweat so much, it takes out all the toxins. Then when you get out it feels like you’re reborn. It feels really good and all you have to do is pray and ask for help.”

*Wintersage Skywater, Dakota, Youth, Chankagha Otinta
(Birdtail Sioux)*

Spiritual Healing: Walk for Life¹¹⁵

Contributed by Sabina Ijaz, Medical Doctor, The Turtle Lodge, Sagkeeng Anicinabe Nation

A powerful approach is a spiritual one: Netamisagmik (Pic Mobert First Nation) used traditional teachings and a spiritual path to healing addiction. Nineteen of their youth who were addicted to prescription painkillers embarked on a Walk for Life after the Scared Fire was lit for four days. They quit using once they left the Fire detoxing on their journey. These youth walked relay style over a thousand kilometers to a Sundance Ceremony in Manitoba from their Northern Ontario Anishinaabe community. With the other youth supporting him, one youth participated in the Sundance. The Elders said, “The Land was healing them.”

Substance Use & Gambling Resources

Websites & Resources for Youth

Addiction Foundation of Manitoba Youth Services

afm.mb.ca/resources/publications/

Info on alcohol, drug or gambling issues and youth services.

Al-Anon and Alateen

al-anon-mbnwo.org

Support group if you are affected by someone else's drinking. Meeting schedules for Manitoba are listed.

Alcoholics Anonymous

aamanitoba.org

Support for problems due to drinking. Meeting schedules for Manitoba are listed.

Above the Influence

abovetheinfluence.com

How to deal with peer pressure and negative influences.

Trip Project

tripproject.ca/trip

Info on safer sex and drugs.

What's with Weed and You

whatswithweed.ca

Info on marijuana use.

Youth Addictions Centralized Intake Services Toll-Free Line

1.877.710.3999

Youth Gambling Facts

youthgamblingfacts.ca

Info on youth and gambling.

Websites & Resources for Service Providers

Addictions Foundation of Manitoba Youth Services

afm.mb.ca

Provides education, prevention, and treatment options.

Addictions Foundation of Manitoba Knowledge Exchange Centre

afm.mb.ca/resources/resource-collection

Comprehensive info source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up-to-date, reliable info on issues, trends and research in the addictions field.

Addiction Foundation of Manitoba Information pages

afm.mb.ca/resources/publications

Resources available for free.

Canadian Centre on Substance Abuse

ccsa.ca/eng/Pages/default.aspx

Drawing Hope, Healthy Aboriginal Network (HAN) (Comics, DVD, and view online)

thehealthyaboriginal.net/portfolio-item/living-with-fasd-drawing-hope

Government of MB

gov.mb.ca/health/cannabis/

Info on cannabis.

Health Canada's Preventing Substance Use Problems Among Young People: A Compendium of Best Practices.

hc-sc.gc.ca/hc-ps/pubs/adp-apd/prevent/index-eng.php#build

In the Realm of Hungry Ghosts: Close Encounters with Addiction

Gabor Maté M.D., 2008

An analysis of addiction issues in Canada.

Let's Talk FASD: Parent Driven Strategies in Caring for Children with FASD, 2007
von.ca/fasd/_fasdtool_fullproof_final.pdf

National Native Alcohol and Drug Abuse Program Manitoba
healthycanadians.gc.ca/anti-drug-antidrogue/funding-financement/hc-sc-nnadap-pnlaada-eng.php

Playing with a Great Heart

Blair Robillard, 2019

Buy at MB Aboriginal Sport and Recreation 204.925.5941

Comprised of traditional teachings, games and activities that incorporate strength based capacity building. Focus on reclaiming the original intent of play, games, sports etc.

Reclaiming Youth at Risk: Our Hope for the Future

Larry Brendtro, Martin Brokenleg, Steve VanBockern, 2009.

Offers educators strategies for reaching troubled youth.

Teen Talk

teentalk.ca

Check the "Service Provider" tab for handouts and the online Teen Talk Toolkit for Service Providers and Educators which has games and activities on substance use awareness and more.

Thunderbird Partnership Foundation

nnapf.com

The national voice advocating for Inuit and First Nations culturally-based addictions services.

What Early Childhood Educators/Educators Need to Know about FASD Healthy Child Manitoba, 2009

gov.mb.ca/healthychild/fasd/fasdearly_en.pdf

gov.mb.ca/healthychild/fasd/fasdeducators_en.pdf

Youth Addictions Centralized Intake Services Toll-Free Line

1.877.710.3999

**Treatment Centres in Manitoba
Behavioural Health Foundation
bhf.ca**

Provides long term residential addictions treatment programming for adults and families experiencing a variety of mental health and substance use problems.

**Compass Residential Youth Program
afm.mb.ca/programs-and-services/for-youth/compass-residential-youth-program**

Provides an eight-week program for youth 13-17 who are experiencing significant problems with their use of alcohol or other drugs.

Hope North Recovery Centre for Youth

Thompson, MB 204.778.9977

Provides a crisis stabilization unit for youth in crisis including youth at risk for suicide and an addictions stabilization unit for youth with substance use problems. A base for mobile crisis and outreach services.

Marymound Crisis Stabilization Unit

marymound.com/main/services/crisis-stabilization-unit/

Provides a crisis stabilization unit for youth and their families in crisis.

Whiskey Jack Treatment Centre

Norway House, MB 204.359.8995

Provides a four-month program for youth ages 12-17 and family programming.

Sagkeeng Mino Pimatiziwin Family Treatment Centre

sagkeengfamilytreatment.ca/

Fort Alexander, MB

Provides a seven-week treatment program for families that includes traditional teachings.

Endnotes

¹ www.cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education, accessed February 2018.

² Ibid. Page 17.

³ Phil Lane, Jr., Lee Brown, Judy Bopp, and Micheal Bopp and Elders. *The Sacred Tree*. Page 9 and 11. 1984.

⁴ This interactive map of Manitoba displays the traditional First Nation community names, described by a member of that community. mfnerc.org/community-map and the article of the significance of creating First Nation Traditional Names maps can be found at mfnerc.org/wp-content/uploads/2015/05/The-Significance-of-Creating-First-Nation-Traditional-Names-Maps.pdf.

⁵ *Adapted from Young Eagles Challenge: A Peer Education Training Manual for First Nations Youth on HIV/AIDS and Related Issues*. Assembly of First Nations Health Secretariat. Page 74, 2004.

⁶ For more information on curriculum for students on the history of Indian Residential Schools see projectofheart.ca.

⁷ The National Centre for Truth and Reconciliation.
nctr.ca/map.php, accessed March 2016.

⁸ For more information on a historical time line, see White Spotted Horse has the Canada and the Indigenous Historical Timeline and the Red River de Metis Historical Timeline whitespottedhorse.com, accessed March 2016.

⁹ In essence colonization is the forming of a settlement or colony by a group of people who seek to take control of a specific piece of land, territory, or country. It usually involves immigration of people on a large-scale to a 'new' location and the expansion of their civilization and culture into this area. When the land in question has already been settled, colonization involves displacing and/or dominating the original inhabitants of the area, the (I)ndigenous population.

In Canada, colonization resulted in the displacement of First Nations and Inuit peoples and the dispossession of vast amounts of land from the original inhabitants, and later the Métis people. In addition, through treaties, the Indian Act and other means, (I)ndigenous peoples were subjugated and dominated by the colonizers. The result of this displacement, dispossession, and domination has been institutionalized inequality and systemic cultural, economic, social, and political oppression of (I)ndigenous peoples. From Manitoba Education and Advanced Learning's Education for a Diverse, Equitable, Inclusive, & Sustainable Society Glossary (2011) in A Resource for Equity and Inclusion in Manitoba Schools. (MB MY GSA) edu.gov.mb.ca/k12/safe_schools/mygsa/index.html, accessed November 20, 2016.

¹⁰ By Pamela Rose Toulouse. This book is for all teachers that are looking for ways to respectfully infuse residential school history, treaty education, Indigenous contributions, First Nation/Métis/Inuit perspectives and sacred circle teachings into their subjects and courses. It presents a culturally relevant and holistic approach that facilitates relationship building and promotes ways to engage in reconciliation activities.

¹¹ For more information on allyship, Groundwork for Change is a site that provides information to help non-Indigenous (settler) peoples grow relationships with

Indigenous peoples that are rooted in justice and solidarity. Ground work for Change. groundworkforchange.org, accessed March 3, 2016.

¹² *Application + Action TRC Reading Guide for non-Indigenous Organizations*. Manitoba Harm Reduction Network, 2018.

static1.squarespace.com/static/561d5888e4b0830a0f1ed08b/t/5a9dbe91085229900a9237b8/1520287391654/2018-MRHN-TRCGUIDE-FINAL-WEB.pdf. It supports non-Indigenous organizations in situating themselves in the context of ongoing oppressive systems and build the capacity of service providers who are interested in dismantling those systems.

¹³ In order for the sex education setting to remain safe for trauma survivors and all youth, it must be affirming of healthy sexuality and affirming of diversity. Situations that feel physically or emotionally unsafe can be triggering or re-traumatizing for someone with trauma history and can cause them to disengage or shut down. There are five pillars that reinforce safety in sex education settings which are the foundation of a trauma informed approach. They are trustworthiness and transparency, mutual collaboration, peer support, empowerment, voice and choice and cultural, historical and gender issues. For tips and strategies on how to incorporate each principle see *A Guide to Trauma Informed Sex Education 2016*, www.cardeaservices.org/resourcecenter/guide-to-trauma-informed-sex-education, accessed March 3, 2017.

¹⁴ cpmb.ca/documents/Reporting_Handbook.pdf, accessed March 3, 2018.

¹⁵ Humphreys, Terry. 2007. *Perceptions of Sexual Consent*. Journal of Sex Research. Vol. 44, No. 4, 307-315.
[researchgate.net/publication/5531365_Perceptions_of_sexual_consent_the_impact_of_relationship_history_and_gender/file/79e4151015d83ab574.pdf](https://www.researchgate.net/publication/5531365_Perceptions_of_sexual_consent_the_impact_of_relationship_history_and_gender/file/79e4151015d83ab574.pdf).

¹⁶ Humphreys, Terry. 2007. *Perceptions of Sexual Consent*. Journal of Sex Research. Vol. 44, No. 4, 307-315.
[researchgate.net/publication/5531365_Perceptions_of_sexual_consent_the_impact_of_relationship_history_and_gender/file/79e4151015d83ab574.pdf](https://www.researchgate.net/publication/5531365_Perceptions_of_sexual_consent_the_impact_of_relationship_history_and_gender/file/79e4151015d83ab574.pdf).

¹⁷ legal-info-legale.nb.ca/en/no_means_no, accessed January 2016.

¹⁸ Adapted from the *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

¹⁹ "Social Service and Health care Providers Working with Lesbian, Gay, Bisexual, Transgender, and Two-Spirit Youth." Rainbow Resource Centre. 2009.

²⁰ Horsefall, Two-Spirit People. All Nations Hope AIDS Network in the *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

²¹ Roscoe, 1998 in the *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

²² *Ibid*.

²³ Deschamps, 1998, in the *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

²⁴ His play "Agokwe" was winner of six Dora Mava Moore Awards; Agokwe is a tragic story of unrequited love between two teenage boys from neighboring reserves. Brave and revealing, this spectacular one-man show speaks to homophobia, social isolation

and the lost traditions of the Anishnaabe. Agokwe is still touring nationally across Canada.

²⁵ Action Canada for Sexual Health & Rights. *Beyond The Basics: A Resource for Educators on Sexuality and Sexual Health*. January 2017.

²⁶ A Resource for Equity and Inclusion in Manitoba Schools. (MB MY GSA) edu.gov.mb.ca/k12/safe_schools/mygsa/index.html, accessed September 2016.

²⁷ "Social Service and Health Care Providers Working with Lesbian, Gay, Bisexual, Transgender, and Two-Spirit Youth". Rainbow Resource Centre. 2009.

²⁸ International Day Against Homophobia is held every year May 17. For more information visit homophobiaday.org.

²⁹ Anti-Bullying Day is a day when people wear mainly a pink shirt to symbolize a stand against bullying, an idea that originated in Canada. For more information, visit pinkshirtday.ca.

³⁰ Aboriginal Nurses Association of Canada. *Finding Our Way: a sexual and reproductive health sourcebook for Aboriginal communities*. 2002.

³¹ Adapted from turtlelodge.org/?post_type=dd_events&p=3586, accessed, March 23, 2018.

³² sirc.org/publik/mirror.html.

³³ *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

³⁴ Adapted from the *Sexual Health Toolkit, part 2*. National Aboriginal Health Organization and the Native Youth Sexual Health Network. 2011.

³⁵ Editor of Without Reservation: Indigenous Erotica.

³⁶ Adapted from Action Canada for Sexual Health & Rights's *Beyond the Basics: A Resource of Educators on Sexuality and Sexual Health*. actioncanadashr.org/beyondthebasics/, 2017, accessed June 2018. Media Smarts mediasmarts.ca/digital-media-literacy/digital-issues/pornography/responding-online-pornography, accessed, February 2018.

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ *Responding to Sexual Assault Disclosures, Practice Tips for Support Workers* provides tips using a trauma-informed approach and helps survivors feel empowered by identifying options and resources. clinic.mb.ca/wp-content/uploads/2017/05/RESPONDING-TO-A-SEXUAL-ASSAULT-DISCLOSURE-Support-Workers-Revised-Draft-May-2017.pdf, accessed May 2018. *You have Options: Help After Sexual Assault* is a resource on next steps for anyone who has been sexually assaulted. gov.mb.ca/justice/victims/pubs/helpafter.pdf, accessed May 2018.

⁴⁰ Calgary Sexual Health Centre, calgarysexualhealth.ca/2013/04/sex-without-regret-checking-in-with-head-heart-body/, accessed August 2016.

⁴¹ Kirby, D., Laris, B. A., & Rolleri, L. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, 206-217. Retrieved from [jahonline.org/article/S1054-139X\(06\)00601-X/fulltext](http://jahonline.org/article/S1054-139X(06)00601-X/fulltext).

⁴² “Oral sex” refers to mouth on penis/vagina/anus sex, “vaginal sex” refers to vagina and penis/vagina/sex toy sex, “anal sex” refers to anus and penis/sex toy sex.

⁴³ sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510.pdf, accessed December 2015.

⁴⁴ Action Canada For Sexual Health and Rights, cfsh.ca/Your_Sexual_Health/Contraception-and-Safer-Sex/Contraception-and-Birth-Control/Pill.aspx, accessed December 2015.

⁴⁵ sogc.org/wp-content/uploads/2015/11/gui329Pt1CPG1510.pdf, accessed December 2015.

⁴⁶ planb.ca, accessed March 2016.

⁴⁷ gov.mb.ca/healthychild/mcad/had_yourchoice.pdf, accessed, November 2016.

⁴⁸ access@actioncanadashr.org, accessed June 2018.

⁴⁹ womenshealthclinic.org, accessed February 2018.

⁵⁰ fqpn.qc.ca/?attachment_id=4006, accessed June 2018.

⁵¹ The current term for venereal disease and STDs is Sexually Transmitted Infection. The acronym STI will be most often used in this chapter. The terms STI and STBBI will be used interchangeably throughout this manual.

⁵² Province of Manitoba. *EpiReport Sexually Transmitted Infections in Manitoba: A focus on bacterial sexually transmitted infections. 2014.* gov.mb.ca/health/publichealth/surveillance/docs/stim2014.pdf, accessed June 2018.

⁵³ Canadian Guidelines for Sexual Health Education, (2008) Public Health Agency of Canada 36-44.

⁵⁴ For more information on Louis Riel check out the National Film Board.

⁵⁵ Province of Manitoba. *EpiReport Sexually Transmitted Infections in Manitoba: A focus on bacterial sexually transmitted infections. 2014.* gov.mb.ca/health/publichealth/surveillance/docs/stim2014.pdf, accessed June 2018.

⁵⁶ *Ibid.*

⁵⁷ <http://phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-3-eng.php>, accessed December 2015.

⁵⁸ plannedparenthood.org/health-topics/stds-hiv-safer-sex/herpes-4271.htm, accessed December 2015.

⁵⁹ plannedparenthood.org/health-topics/stds-hiv-safer-sex/hpv-4272.htm, accessed December 2015.

⁶⁰ cancercare.mb.ca/resource/File/CervixCheck/CervixCheck_Screening_Guidelines_2013.pdf, accessed December 2015.

⁶¹ *Ibid.*

⁶² For more on how HIV is transmitted, please visit CATIE’s HIV and AIDS Basics page, catie.ca.

⁶³ nakazdli.wordpress.com/departments/youth/
A 10 min video sharing facts about HIV and decolonization.

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- ⁶⁴ CATIE, Hep C Fact Sheet. catie.ca/fact-sheets/hepatitis/hepatitis-c, accessed December 2015.
- ⁶⁵ For more information please visit CATIE's Hep C Basics page, catie.ca.
- ⁶⁶ Canadian Center for Disease Control, 2006.
- ⁶⁷ The Manitoba HIV Program is a provincial program run out of Nine Circles Community Health centre, nicescircles.ca.
- ⁶⁸ For more information on testing positive, check out: catie.ca/en/practical-guides/just-diagnosed-hiv.
- ⁶⁹ For more information check out aidslaw.ca.
- ⁷⁰ Adapted from 9 Circles Community Health Center.
- ⁷¹ National Aboriginal Health Organization and the Native Sexual Health Network. (2011) Sexual Health Toolkit, part 2.
- ⁷² Shannon Buck, Red Road Healing. canadianwomen.org/3circles, accessed September 2016.
- ⁷³ *Indigenous Communities and Family Violence: Changing the Conversation*. Holmes, C. and Hunt S. www.ccsa-nccah.ca/docs/emerging/RPT-FamilyViolence-Holmes-Hunt-EN.pdf, accessed February 2018.
- ⁷⁴ wherearethekids.ca, accessed January 2016.
- ⁷⁵ For more information, see the fact sheet from Equay-wuk on lateral violence. equaywuk.ca/HFHNDVT/WhatIsLateralViolence.pdf, accessed January 2016.
- ⁷⁶ justice.gc.ca/eng/pi/fv-vf/facts-info/fv-vf/fv1-vf1.html.
- ⁷⁷ Statistics Canada. <http://statcan.gc.ca/pub/85-224-x/2010000/aftertoc-aprestdm2-eng.htm>, accessed January 2016.
- ⁷⁸ klinik.mb.ca/wp-content/uploads/2017/05/RESPONDING-TO-A-SEXUAL-ASSAULT-DISCLOSURE-Support-Workers-Revised-Draft-May-2017.pdf, accessed May 2018.
- ⁷⁹ gov.mb.ca/justice/victims/pubs/helpafter.pdf, accessed May 2018.
- ⁸⁰ In collaboration with Jessica Danforth.
- ⁸¹ Vivian Weitzner, *Free, Prior, and Informed, Consent: A Brief Overview*, The North-South Institute, Toronto, 2006.
- ⁸² *Ibid.*
- ⁸³ Sylvia Maracle in Judie Bopp, Micheal Bopp, & Phil Lane. (2006) The Aboriginal Healing Foundation. Aboriginal Domestic Violence in Canada, ahf.ca/downloads/domestic-violence.pdf
- ⁸⁴ *Cultural Continuity as a Hedge Against Suicide in Canada's First Nations*. Michael J. Chandler & Christopher Lalonde, The University of British Columbia.
- ⁸⁵ *MB Youth Health Survey report*. 2012-2013. www.partners.healthincommon.ca/wp-content/uploads/2014/11/2012-13-Manitoba-YHS-Report_FINAL.pdf, accessed January 2016.
- ⁸⁶ *Ibid.*
- ⁸⁷ mooddisordersmanitoba.ca/resources/information-sheets, accessed January 2016.

⁸⁸ *After A Suicide: A Toolkit for Schools*. American Foundation for Suicide Prevention & the Suicide Prevention Resource Centre, 2011. Page 28.

⁸⁹ ontario.cmha.ca/mental-health/mental-health-conditions/recovery/, accessed January 2016.

⁹⁰ *Ibid.*

⁹¹ trauma-informed.ca, accessed January 2016.

⁹² *How People Learn to Become Resilient*. Maria Konnikova. newyorker.com/science/maria-konnikova/the-secret-formula-for-resilience accessed July 10, 2016.

⁹³ Transphobia: the intense dislike of or prejudice against transsexual or transgender people.

⁹⁴ *Every Class in Every School: Final Report on the First National Climate Survey on Homophobia, Biphobia, and Transphobia in Canadian Schools*. Catherine Taylor (Principal Investigator), Ph.D., University of Winnipeg and Tracey Peter (Co-Investigator), Ph.D., University of Manitoba. Winnipeg, MB. 2011.

⁹⁵ Sources of Strength: Connecting Peers and Caring Adults..., "National Peer Leader Study" PowerPoint, sourcesofstrength.org.

⁹⁶ *Reclaiming Youth at Risk*. Larry Brendtro, Martin Brokenleg, and Steve Van Bockern. Source: Reclaiming Youth Network. "The Circle of Courage Philosophy." 2007. reclaiming.com/about/index.php?page=philosophy, accessed January 2016.

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⁹⁸ *Adapted from a Suicide Attempt: A Guide for Family and Friends* klinik.mb.ca/wp-content/uploads/2015/07/Klinik-After-Suicide-Attempt.pdf, accessed January 2016.

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¹⁰⁰ Klinik Community Health has resources such as Suicide Postvention Education Awareness and Knowledge at klinik.mb.ca/in-person-counselling/ and the post trauma counseling at klinik.mb.ca/in-person-counselling/post-trauma-counselling/, accessed, January 2016.

¹⁰¹ trauma-informed.ca, accessed January 2016.

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¹⁰⁴ *The Culture of Well-being. Guide to Mental Health Resources for First Nations Metis, & Inuit People in Winnipeg*. Winnipeg Regional Health Authority. Edition 4, 2014.

¹⁰⁵ Adapted from *Are You Okay? A 4-Step Approach to Being Mentally Healthy*. Klinik Community Health and the Winnipeg Regional Health Authority.

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¹⁰⁹ Healthy Child Manitoba. FASD Strategy. gov.mb.ca/healthychild/fasd/index.html, accessed January 2016.

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¹¹³ Lewis et al, 2011. Predictors of hooking up sexual behaviors and emotional reactions among US college students. *Archives of Sexual Behaviour*; Kiene, Barta, Tennen and Armeli, 2009. Alcohol, helping young adults to have unprotected sex with casual partners. *Journal of Adolescent Health*, 44, 73-80.

¹¹⁴ *Ibid.*

¹¹⁵ Walk For Life. thesharingcircle.com/shows_sc15.html, accessed September 2016.