



Native Women's
Association of Canada

L'Association des
femmes autochtones
du Canada

Increasing Safety and Quality

in the Prevention, Testing, and Treatment of STBBIs
Experienced By Indigenous Women, Girls, Two-Spirit,
Transgender, and Gender-Diverse People.



NWAC'S
STBBI TOOLKIT

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Culturally Safe and Trauma-Informed Knowledge Hub

for more information and resources!



Healthcare providers are responsible for ensuring the quality and affirming care of all Indigenous Peoples across Turtle Island and Inuit Nunangat.

Sexually transmitted and blood-borne infections (STBBI) include infections such as human immunodeficiency virus (HIV), hepatitis B (HBV) and C (HCV), chlamydia, gonorrhea, syphilis, and human papillomavirus (HPV) (Government of Canada, 2018). STBBIs are increasing among Indigenous populations across Canada, with treatable infections leading to severe consequences when left untreated (McKay, 2021). This factsheet is a way for health care providers to understand their role in assuring the culturally relevant, trauma-informed, and consensual treatment and prevention of STBBIs among Indigenous Peoples.

Health care providers must focus on trauma-informed, strengths-based, and empowering sexual and reproductive health. It is critical that connection to culture is supported and encouraged throughout the relationship, which must be developed by building trust rather than exchanging information.

Sexual and reproductive health education and interventions will have far more success when service providers learn to address the possibility of traumas, such as sexual abuse or violence, only after building a trusting relationship. As a result of processes of colonization, Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People face multiple forms of stigma and discrimination, such as sexism, racism, classism, and ableism. Colonial assimilation strategies, such as the Indian Act, the residential school system, and the Sixties Scoop, attempted to eliminate Indigenous languages, cultural practices, Traditional Knowledge, and kinship systems. The trauma from this history and ongoing colonial policies is still felt generations later; this is commonly referred to as intergenerational trauma.

The reality is that instances of STBBIs experienced by Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People are not individual failings but rather the result of decades of structural failures to adequately address how Indigenous lives have been impacted by trauma, whether it is experienced firsthand or intergenerationally.



Why Might Indigenous People Not Seek Care?

- The health outcomes of Indigenous populations in Canada have been unfavourably shaped by decades of systemic anti-Indigenous racism (AIR) and assimilation policies, chronic illness, food insecurity, and mental health crises in Indigenous communities.
- Understanding and integrating historical knowledge into trauma-informed care can improve relationships between health care providers and Indigenous patients.
- These health inequities cannot be addressed without considering the role of settler-colonial policies.
- The reserve system has intensified these conditions in Indigenous communities by providing minimal financial support and few economic opportunities—a situation escalated by a lack of access to essential goods and services.



Factors into STBBI care

- 1 **Anti-Indigenous racism**, based on harmful stereotypes associated with having sexual partners and drug and alcohol use, is a critical factor in the mistreatment that Indigenous Peoples receive when accessing health care services.
- 2 **Mistreatment by health care providers** in the past due to a lack of trauma-informed, consent-based, and empathetic practices can lead Indigenous Peoples to fear and mistrust health care settings.
- 3 **Geographic location** is another crucial factor. Some Indigenous People live in remote places where they cannot seek health care or have a consistent health care provider, leaving some STBBIs untreated and undertreated. This can lead to severe consequences and additional health care issues in the future.
- 4 **Clinics, hospitals, and medical offices** remain harmful and traumatic environments for Indigenous Peoples due to the historical and ongoing legacies of colonialism that have led to the experimentation, sterilization, racism, discrimination, abuse, and death.
- 5 **The remoteness** of many Indigenous communities can also lead to gaps in education, lack of access to safe sex practices, and a skewed understanding of safe sexuality.

Understanding and integrating historical knowledge into trauma-informed care can improve relationships between health care providers and Indigenous patients.



Key approaches to STBBI health care

ACCESSIBILITY



Language barriers and lack of interpretation services undermine the ability of Indigenous patients to give free and informed consent. This is especially relevant for patients who speak predominantly in Indigenous languages and have limited fluency in English and French.

- **Use multiple languages** wherever possible, including Indigenous languages based on the communities you serve – a greeting in the language of the Traditional Territory you practise upon can be a quick way to show respect.
- **Ensure all materials** and brochures are at the grade 6 level so all patients can understand.
- **Ensure that interpretation** services are available.

ACCOUNTABILITY



Recognize the mistreatment and violence that Indigenous Peoples continue to face within the Canadian health care system as a direct result of historical and ongoing systemic racism and colonial violence against Indigenous communities.

- **Support disseminating awareness** and information on patient's rights, including free and informed consent.
- **Make reporting mistreatment** easy in your clinic or health care practice (we recommend using our Healthcare Provider Post-visit Survey to measure AIR in your practice).
- **Have resources readily** available for all patients (for resources, check out our Culturally Safe and Trauma Informed Knowledge Hub).
- **Establish a mechanism** for monitoring cases of discrimination and violence against Indigenous People in health care settings that does not put the onus on the patient.





CULTURALLY RELEVANT CARE



A Culturally relevant gender-based analysis perspective is one way of minimizing the potential for harm.

For Indigenous Peoples, health includes spiritual and cultural cohesion and physical and mental well-being. This means that effective Indigenous policies must be culturally sensitive.

You can advocate that all policies, programs, and initiatives impacting Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People be developed under a culturally relevant and gender-based analysis.

Culturally relevant gender-based analysis (CRGBA) considers the historical and current issues that Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People face, including the impacts from colonization and intergenerational trauma. When policy work lacks a CRGBA, there is a risk of perpetuating further marginalization, oppression, and violence against Indigenous Peoples. A CRGBA perspective is one way of minimizing the potential for harm.

- 1 **Consider how sacred teachings** could be incorporated into your health care setting. Consult a local Indigenous Community for examples.
- 2 **For example, traditional ways of sharing information,** such as storytelling and sharing circles, can be powerful for Indigenous People to reclaim and share their stories of misconception, pain, trauma, and stigma while reconnecting to culture. Sharing circles have the potential to heal and can take a trauma-informed approach. They are a crucial way to help Indigenous People learn and unpack their perceptions of sexual and reproductive health and to help destigmatize conversations about healthy sexuality, sexual health, and harm reduction. Through these conversations, we will begin to turn shame into resilience.





FREE, PRIOR, INFORMED CONSENT



Free and informed consent rests on four pillars:

- » **CAPACITY**
- » **A FULL DISCLOSURE** of risks and consequences
- » **PATIENTS AFFORDED** the proper time to assess and consider the information that's been provided
- » **ABSENCE OF COERCION**

- 1 **Consent must be informed:** it is the patient's right to have adequate information before either agreeing to or rejecting a given medical course of action.
- 2 **Consent must relate** to the proposed intervention: consent for one intervention does not necessarily mean consent for another.
- 3 **Consent must be provided** independently and voluntarily: the consenting individual should not feel pressured or forced into making a decision.
- 4 **Consent must not be obtained** through misrepresentation or fraud; the information must be accurate and unbiased.

RIGHTS



Be aware of the rights of Indigenous Peoples and their rights to affirming, culturally relevant, and trauma-informed reproductive and sexual health care.

- **Adopt a declaration** to promote and protect the health care rights of Indigenous Peoples.
- **Address the various issues** related to health care communication, including the use of specialized terminology or jargon, to give free and informed consent.
- **Inform Indigenous patients** of their rights before any visit.

Tip: Continue to emphasize article 24 of the UNDRIP, which stipulates that Indigenous Peoples have the right to access health services without experiencing discrimination.





TRAUMA-INFORMED CARE



A trauma-informed approach is emphasizing the strengths developed from surviving trauma and how that resiliency can foster healing.

A trauma-informed approach to care recognizes how common trauma is and how it affects all aspects of a person's life, including their interactions with service providers. When working with Indigenous Women, Girls, Two-Spirit, Transgender, and Gender-Diverse People, a trauma-informed approach acknowledges how colonization continues to impact their lived experiences and their social determinants of health.

A trauma-informed approach does not mean reliving or reflecting on a traumatic experience but instead emphasizing the strengths developed from surviving trauma and how that resiliency can foster healing. Failure to take a trauma-informed approach can cause re-traumatization, leaving the patient feeling unsupported or blamed and discouraging them from seeking your services or similar services again.

- **Prioritize education and training** in cultural competency and cultural safety.
- **Recognize the impacts** of colonialism on sexuality.
- **Reflect on how your values** and beliefs influence your patient interactions.
- **Recognize and respect** that Traditional Knowledge and allopathic can coexist and be integrated into sexual and reproductive health interventions.





TRAINING



Review, update, and make any necessary adaptations to training offered to medical professionals on free and informed consent, including information specific to Indigenous communities.

Facilitate the creation of culturally safe spaces by instituting mandatory training for health professionals on the realities and rights of Indigenous Peoples.

- 1 **Be transparent** about the training provided to staff and ensure all staff members complete the training.
- 2 **Revise training** and have staff members engage in training exercises whenever a situation for learning appears.
- 3 **Promote implementing** a holistic approach to health and wellness that directly addresses the culturally specific needs of Indigenous Peoples.

Tip: Have all health care providers and staff read Indigenous content that addresses AIR and health care, such as **Sacred Bundles Unborn**.

SERVICES



Provide resources for health and legal counselling services to Indigenous patients who have been victims of discrimination and negligence within health care settings.

Ensure you inform your patients of their rights at every step of the process and advocate for them throughout your relationship.

Care providers and advocates are encouraging the adoption of an informed choice model rather than just informed consent. Informed choice is when an individual is given options for several interventions, educated about the details, risks, benefits, and outcomes of each option, and asked to choose the one that best fits their needs. This model promotes an individual's right to direct what happens to their body. This allows them only to undergo interventions that align with their needs, values, and preferences. Control is thus given back to the individual in the care setting.



Resources

Government of Canada. (2018). *“Reducing the health impact of sexually transmitted and blood-borne infections in Canada by 2030: A pan-Canadian STBBI framework for action.”*

Morningstar Mercredi and Fire Keepers. (2021). *Sacred Bundles Unborn.*

McKay, Pat. (2021). *“‘Shocking’ jump in STI rates among Indigenous people in Sask. is ‘an emergency’: Indigenous Services top doc.”* CTV News.

Native Women’s Association of Canada (2020). *A Culturally Relevant Gender-Based Analysis (CRGBA) Starter Kit: Introduction, Incorporation, and Illustrations of Use.*



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