



SEXUAL
HEALTH

SEXUAL HEALTH TOOLKIT PART I

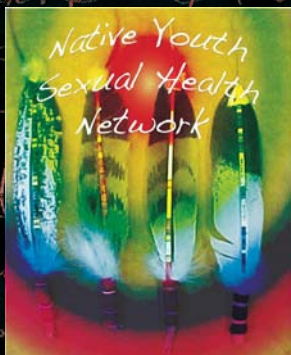


Sex·u·al·ly Trans·mit·ted
In·fec·tions (STIs)

SEXUALLY
TRANSMITTED
INFECTIONS

HIV/AIDS
(THE FACTS)

EXPLAINING
STI TESTS



Acknowledgements

The FNC would like to thank the Aboriginal Health Initiatives Committee of the Society of Obstetricians and Gynaecologists of Canada, Basic Critical Care Nursing Program of Saskatchewan Institute of Applied Science and Technology (SIAST) and the Public Health Agency of Canada, specifically the HIV/AIDS Policy, Coordination and Programs Division, the Sexual Health & STI Section, and the Centre for Communicable Diseases and Infection Control for their assistance in reviewing this document. This toolkit was created in collaboration with the Native Youth Sexual Health Network.

Report title: Sexual Health Toolkit: Sexually Transmitted Infections

© Copyright 2011 National Aboriginal Health Organization

ISBN: 978-1-926543-48-2

Translator:

Date Published: March 2011

OAAPH [now known as the National Aboriginal Health Organization (NAHO)] receives funding from Health Canada to assist it to undertake knowledge-based activities including education, research and dissemination of information to promote health issues affecting Aboriginal persons. However, the contents and conclusions of this report are solely that of the authors and not attributable in whole or in part to Health Canada.

The National Aboriginal Health Organization advances and promotes the health and well-being of all First Nations, Inuit and Métis through collaborative research, Indigenous Traditional Knowledge, building capacity, and community led initiatives.

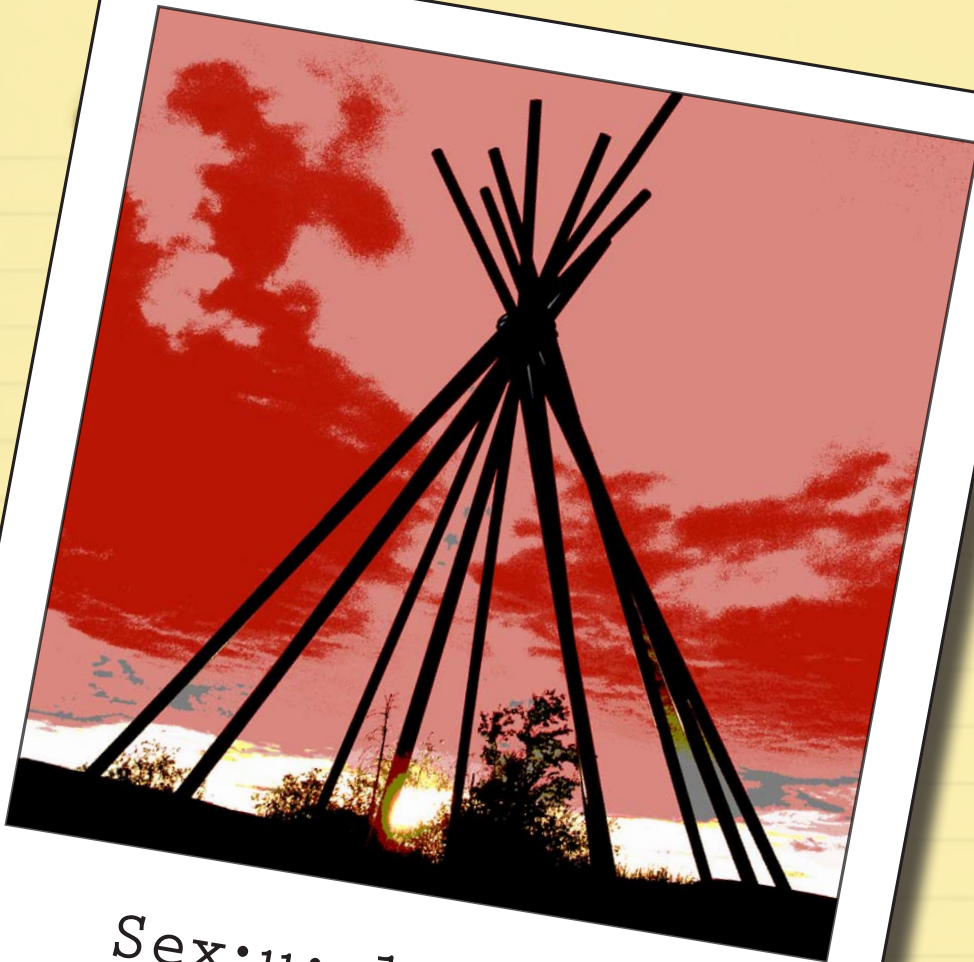
This report should be cited as: First Nations Centre/National Aboriginal Health Organization (2010) Sexual Health Toolkit: Sexually Transmitted Infections
Ottawa: National Aboriginal Health Organization.

For queries or copyright requests, please contact:

National Aboriginal Health Organization
220 Laurier Avenue West, Suite 1200
Ottawa, ON K1P 5Z9
Tel: (613) 237-9462
Toll-free: 1-877-602-4445
Fax: (613) 237-1810
E-mail: naho@naho.ca
Website: www.naho.ca

Under the Canadian Constitution Act, 1982, the term Aboriginal Peoples refers to First Nations, Inuit and Métis people living in Canada. However, common use of the term is not always inclusive of all three distinct people and much of the available research only focuses on particular segments of the Aboriginal population. NAHO makes every effort to ensure the term is used appropriately.

SEXUAL HEALTH



Sex·u·al Health

This toolkit has two parts. Part 1 has information on sexually transmitted infections, including HIV. It also has information on getting tested. Part 2 has information on sexuality and relationships. The purpose of the toolkit is to provide you with some of the basic information you need to keep yourself sexually healthy. It will also give you links to web sites that might have more information that you'll find useful. **This toolkit has been created in collaboration with the Native Youth Sexual Health Network (NYSHN).** NYSHN is a North-America wide organization working on issues of healthy sexuality, cultural competency, youth empowerment, reproductive justice, and sex positivity by and for Native youth.

You can find them at <http://www.nativeyouthsexualhealth.com/>.

Sexual Health

Sexual health doesn't just mean not having a sexually transmitted infection (STI). Sexual health is part of your overall health. Overall health includes your physical health as well as your mental and social health. Health means well-being. It doesn't just mean not being sick. Sexual health requires a positive and respectful approach to sexuality and sexual relationships. It also means having the possibility of pleasurable and safe sexual experiences - free of coercion, discrimination or violence (PHAC, 2003, p. 5). There are many benefits to sexual

health including better relationships, both sexual and non-sexual, and feelings of being involved and included in your community. Being sexually healthy can improve your self image and self worth, can help you respect yourself and others, and can help you better accept your own sexuality (Nova Scotia Department of Health, 1999, p. 45; PHAC, 2003, p. 8).

Sexual health includes a range of connected elements from sexual behaviour, attitudes, spirituality, and social factors, to biological risks. It is affected by society and what is considered “normal”. It is also affected by access to information and services as well as community factors like poverty, violence, isolation, and discrimination. Understanding sexual health requires considering many factors such as mental health, physical health, appreciation of sexuality, and understanding the influence of gender roles and power. To be sexually

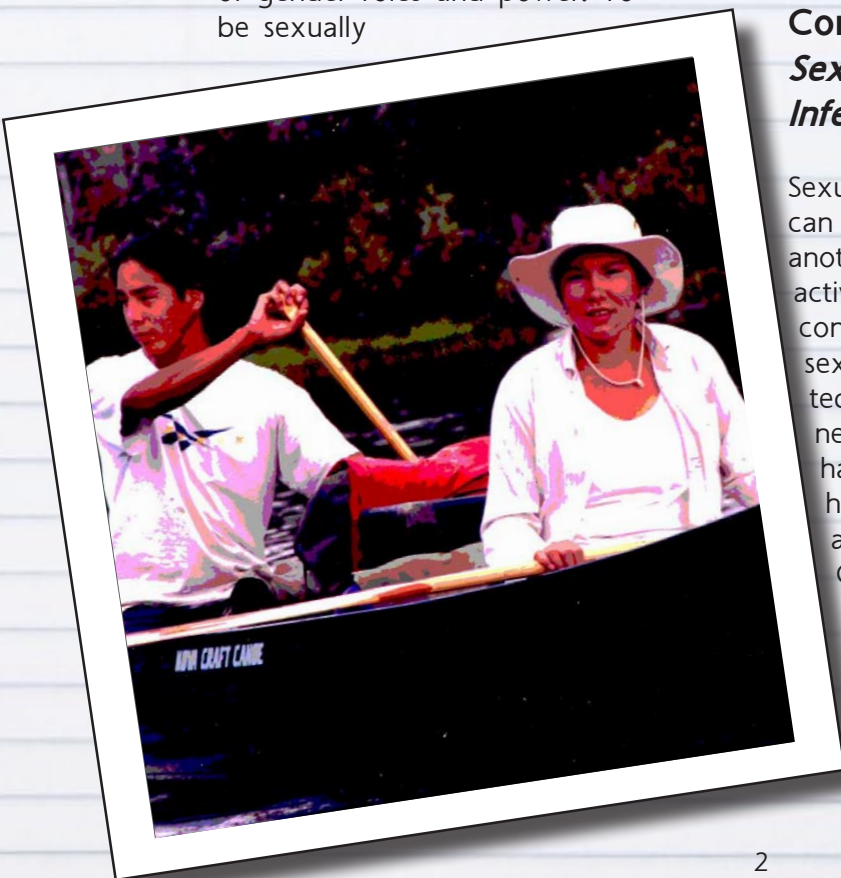
healthy, sexual rights must be respected, protected and fulfilled.

In historical First Nations views, sexuality was not shameful and children were taught openly about their bodies, sexual and reproductive passages, and moon time (ANAC, 2002). The loss of traditional knowledge, language, land, ceremonies and cultural practices, including gender roles and birthing ceremonies, has influenced sexual health and sexuality for First Nations.

Sexual health is a part of your overall well-being. The mind, body, and spirit are connected. But, this also means that the effects of unsafe and risky sexual behaviours can affect not only your body but also your mind and spirit.

Considerations for Sexual Health *Sexually Transmitted Infections (STIs)*

Sexually Transmitted Infections (STIs) can spread from one person to another during unprotected sexual activity, including genital to genital contact and oral, vaginal and anal sex. Since some STIs are transmitted by contact, penetration is not needed. You can't tell if a person has an STI because many people have no obvious symptoms. STIs are becoming more common in Canada. There are many types of STIs, including:



SEXUAL HEALTH

Parasites

- Pubic lice (crabs)
- Trichomonas
- Scabies

Bacteria

- Chlamydia
- Gonorrhea
- Syphilis

Viruses

- Genital herpes
- Human papilloma virus (HPV) (genital warts)
- Hepatitis B
- Human Immunodeficiency Virus (HIV). HIV is the virus believed to be the cause of Acquired Immunodeficiency Syndrome (AIDS).

- Some STIs can be cured with antibiotics, such as Chlamydia and gonorrhea.
- Some STIs can't be cured but are "managed" with treatment or medications, such as genital herpes and HIV.
- Some STIs can lead to cancer, such as HPV and hepatitis B.

Protect yourself from STIs: If you are sexually active the best protection from STIs are latex condoms, female condoms, or dental dams used during oral, vaginal and anal sex. These methods only work if used properly and only protect you in places they cover.

It's never too late for safer sex! Even if you haven't been safe in the past, there is no reason you can't be safe now and in the future. If you think you might have a STI get tested even if you don't have any symptoms. Testing is the only way to know for sure.

To get complete screening for STIs you have to ask for it. There are many places you can get tested including: general health clinics, sexual health or birth control clinics, nursing stations, or your usual health care provider. See the "explaining STI tests" section of this toolkit for more information. Your test and results will be confidential.

Pregnancy

If you are sexually active pregnancy can happen. Men and women are both responsible for planning when to have children and for preventing unplanned pregnancies. Using condoms combined with another method of birth control, such as the birth control pill, diaphragm or cervical cap, makes STI and pregnancy much less likely. Some birth control methods, such as "withdrawal" and the "calendar method", don't work well. They also don't prevent STIs. For a complete list of birth control methods visit: <http://sexualityandu.ca/adults/contraception.aspx>

Birth control pills are covered by the Non-Insured Health Benefits for Status First Nations women. Birth control pills require a prescription from a health care provider. **Birth control pills do not protect against STIs. Use a condom even if you or your partner use the pill.**

Emergency contraception is available if you've had unprotected sex, if the condom slipped or broke, if you or your partner forgot to take the birth control pill, patch or ring, or if you were forced or coerced into sex. There is a three day window in which the "morning after pill" can be effective. It should **not** be used as your regular method of birth control and **it does not protect against STIs**. Emergency contraception is covered by the Non-Insured Health Benefits for Status First Nations women. You don't need a prescription for emergency contraception pills. They are available over the counter in most drugstores. If used within 24 hours of unprotected sex, the emergency contraceptive pill prevents 95% of pregnancies.

If you are pregnant or think you might be, speak to a health care provider, an Elder, or someone you trust. You have options including: deciding to have an abortion, choosing to place the baby for adoption, or choosing to raise the child. Making a decision about your pregnancy is difficult and life-changing. Your health care provider or counsellor has a responsibility to give you all the information you need without judgement and to support the decision you make. Links to pregnancy and child birth information are provided at the end of this section.

SEXUAL ASSAULT OCCURS WHEN ONE PERSON APPLIES FORCE TO ANOTHER WITHOUT CONSENT AND SEXUAL ACTIVITY IS INVOLVED. SEXUAL ASSAULT HAPPENS MORE OFTEN TO WOMEN THAN MEN. MOST WOMEN WHO ARE SEXUALLY ASSAULTED ARE ASSAULTED BY SOMEONE THEY KNOW.

Sexual Abuse

Sexual abuse and drug-facilitated sexual assault occur more often than you may think. Men and women can be victims of abuse but it is more often directed towards women. Violence against women is often about power and control. Sexual abuse can affect a person's sexual health and self esteem. In a healthy relationship there should be safety, honesty, acceptance, respect, and enjoyment. For more information on sexual abuse or healthy relationships see Part 2 of this toolkit.

PROTECT



SEXUAL HEALTH

DID YOU KNOW? THE MOST COMMON DRUG USED IN DRUG-FACILITATED ASSAULTS IS ALCOHOL. LEGALLY, A PERSON CAN BE TOO DRUNK TO CONSENT TO SEXUAL ACTIVITY AND IT DOES NOT MATTER IF THE PARTNER IS ALSO DRUNK. FOR MORE INFORMATION, CHECK OUT SEXUALITYANDU: [HTTP://WWW.SEXUALITYANDU.CA/MEDIA-ROOM/MATTE-STORIES-4.ASPX](http://www.sexualityandu.ca/media-room/matte-stories-4.aspx)

Effects of Alcohol and Drug Use

Young people who drink alcohol are more likely to have multiple sex partners (Harrison & Kassler, 2000, p. 346). Alcohol is commonly viewed as a “sex facilitator” and its use is seen as a way to relax and improve communications. For women, drinking alcohol increases the risk of becoming victims of sexual violence and therefore increases the risk of STIs and pregnancy. About 1 of 4 rape victims reports that drugs or alcohol were a factor. But, many of these rapes are unreported so the number is probably much higher (Sexualityandu, 2008).

Alcohol and drug abuse affect your ability to make good decisions and healthy choices. **Under the influence of alcohol and/or drugs people may be more likely to have unprotected sex or may engage in sexual activities they wouldn't normally do.**

REMEMBER:

- Alcohol and drug use affect our ability to make good decisions and healthy choices and make us less likely to pick up on cues or hints that assault may occur.
- Safer sexual activity includes the regular use of condoms to prevent pregnancy and STIs along with other forms of birth control.
- Understanding your sexual health includes regular visits to your doctor or nurse.
- Information about sex and your body will help you make more healthy decisions.
- Discussing your sexual health and sexuality with someone you trust will help you share your concerns, fears, answer your questions, and give you support.

The Native Youth Sexual Health Network works on issues related to healthy sexuality, cultural competency, youth empowerment, reproductive justice, and sex positivity by and for Native youth. <http://www.nativeyouthsexualhealth.com/>

This site has excellent resources for youth interested in finding out information about sexual health. www.teensource.org

The Canadian Federation for Sexual Health promotes sexual and reproductive health and rights in Canada and internationally. www.cfsh.ca

Finding Our Way: A sexual and reproductive health sourcebook for Aboriginal communities. <http://www.anac.on.ca/sourcebook/toc.htm>

Teachingsexualhealth.ca: <http://www.teachingsexualhealth.ca/index.htm>

For More Information

General Sexual Health Websites:

The Society of Obstetricians and Gynaecologists of Canada administers a website that provides up-to-date information and education about sexuality. www.sexualityandu.ca

BC Centre for Disease Control, Chee Mamuk Aboriginal Program: <http://www.bccdc.ca/prevention/Cheemamuk/EducMaterials/default.htm>

The World Health Organization provides international perspectives on sexual health and other issues regarding sexuality. <http://www.who.int/reproductive-health/gender/sexualhealth.ht>

The American Social Health Association website presents a comprehensive understanding of sexual health including a short video on how to properly use condoms. http://www.ashastd.org/condom/condom_introduction.cfm

“Spiderbytes” is a website produced by Planned Parenthood Toronto that provides excellent sexual health information for youth. www.spiderbytes.ca

Options for Sexual Health is a non-profit provider of clinics, education programs, and the 1-800 SEX SENSE information line. <http://www.optionsforsexualhealth.org/>

SEXUAL HEALTH

STI Information:

The Public Health Agency of Canada provides Provincial and Territorial helpline phone numbers for STIs. <http://www.phac-aspc.gc.ca/std-mts/phone-eng.php>

Health Canada gives a good overview of HIV and other STIs that can result from participation in sexual risk behaviours. <http://www.hc-sc.gc.ca/hc-ps/dc-ma/sti-its-eng.php>

Nine Circles Community Health Centre: HIV/STI section: <http://ninecircles.ca/services/hiv-testing.html>

Canadian Aboriginal AIDS Network: <http://www.caan.ca/english/>
The Canadian Aboriginal AIDS Network also has a site specific for youth: http://www.caan.ca/youth/html/index_e.html

Contraception Information:

The American Social Health Association website presents a comprehensive understanding of sexual health including a short video on how to properly use condoms. http://www.ashastd.org/condom/condom_introduction.cfm

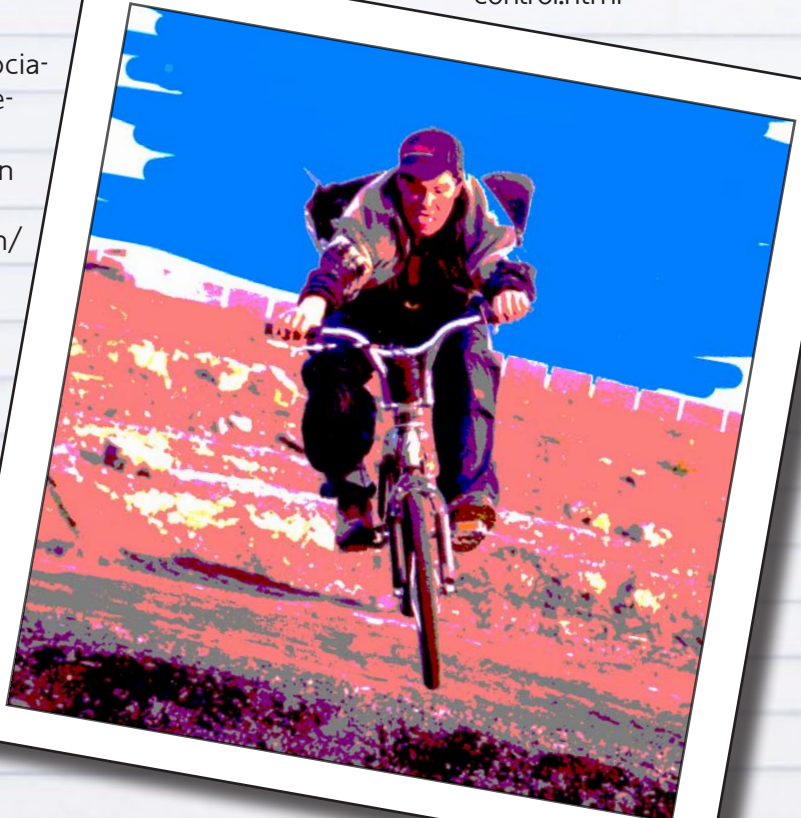
York University's Health Education Department provides a great list of contraceptive methods, what they are and how they work. http://www.yorku.ca/sclld/healthed/health-topics/birth_control.html

The Society of Obstetricians and Gynaecologists of Canada administers a website that provides up-to-date information and education

about sexuality including information on contraception for adults (<http://www.sexualityandu.ca/adults/contraception.aspx>) and teens (<http://www.sexualityandu.ca/teens/contraception.aspx>)

Sexuality and U also contains contraception information specific for Aboriginal communities: <http://www.sexualityandu.ca/acap/>

York University's Health Education Department provides a great list of contraceptive methods, what they are and how they work. http://www.yorku.ca/sclld/healthed/healthtopics/birth_control.html



Pregnancy and Child Birth:

National Aboriginal Health Organization – Birthing through First Nations midwifery care: <http://www.naho.ca/firstnations/english/documents/Midwifery.pdf>

National Aboriginal Health Organization – Gestational Diabetes Fact-sheet: <http://www.naho.ca/firstnations/english/gestationdiabetes.php>

National Aboriginal Health Organization – First Nations Families and Doulas: http://www.naho.ca/firstnations/english/documents/2009-02-09_DoulaBrochureEnglish_final.pdf

National Aboriginal Health Organization – Aboriginal Midwifery in Canada: http://www.naho.ca/firstnations/english/documents/2009-02-09_Midwiferypaper_English_final.pdf

Aboriginal Nurses Association – Birth Control and Pregnancy Options: http://www.anac.on.ca/sourcebook/part_2_unit_8.htm

Health Canada – Programs offered on-reserve for Children and Youth and Maternal Child Health: http://www.hc-sc.gc.ca/fniah-spnia/pubs/aborig-autoch/2007_compendium/1_commm_prog-eng.php#_1_1

Aboriginal Act Now – Health Choices in Pregnancy: http://aboriginalactnow.ca/s_23.asp

Sexual Abuse Information:

Along with many other helpful resources that consider various aspects of relationships and sexual health, the Native Women’s Association of

Canada has a checklist for women called “Am I in an Abusive Relationship?” <http://www.nwac-hq.org/en/youth/toolkit/yvptoolkit-domestic-5.html>

The Society of Obstetricians and Gynaecologists of Canada administers a website that provides up-to-date information and education about sexuality including information on sexual assault including drug facilitated sexual facilitated sexual assault for adults (<http://www.sexualityandu.ca/adults/assault.aspx>) and teens (<http://www.sexualityandu.ca/teens/assault.aspx>).

References

Aboriginal Nurses Association of Canada and the Canadian Federation for Sexual Health. (2002). Finding our Way: A Sexual and Reproductive Sourcebook for Aboriginal Communities.

Harrison, P. & Kassler, W.J. (2000). Alcohol policy and sexually transmitted disease rates – United States, 1981-1995. Morbidity and Mortality Weekly Report. 49(16), 346-349.

Nova Scotia Department of Health (1999). Nova Scotia Round Table on Youth Sexual Health – Just Loosen Up and Keep Talking. 2nd Edition. Retrieved December 23, 2010 from http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Just_loosen/index-eng.php

Public Health Agency of Canada (2003). Canadian Guidelines for Sexual Health Education.

SEXUALLY TRANSMITTED INFECTIONS



Sexually Transmitted Infections (Men & Women)

This toolkit will describe some of the common symptoms of sexually transmitted infections (STI).

STIs are spread through genital to genital contact, and through unprotected oral, vaginal, or anal sex. Some STIs can be spread from a mother to her baby during pregnancy and birth. Many infected people have no symptoms so they can spread the infection to other people without knowing it.

This information is not a substitute for medical advice. If you think you have an STI see a health care professional.

Bacterial STIs

STIs caused by bacteria can be cured with antibiotics.

WHAT IS THE DIFFERENCE BETWEEN STI AND STD? THE TERMS "SEXUALLY TRANSMITTED INFECTION" AND "SEXUALLY TRANSMITTED DISEASE" MEAN BASICALLY THE SAME THING. STI IS A BETTER TERM BECAUSE THE INFECTION IS WHAT IS TRANSMITTED FROM PERSON TO PERSON. THE DISEASE IS WHAT HAPPENS ONCE A PERSON HAS BECOME INFECTED.

Chlamydia

This is the most common bacterial STI among young people in Canada. Most infected people have no symptoms. If you do have symptoms in the genitals, they may include:

- a burning feeling when peeing
- a watery or milky discharge from your penis
- vaginal discharge
- burning or itching around the hole of your penis
- pain in your testicles
- pain in your abdomen
- pain during sex,
- bleeding between periods or after sex

HPV IS THE MOST COMMON STI IN THE WORLD...IT IS BELIEVED THAT UP TO 7 TO 10 PEOPLE IN CANADA WILL HAVE AT LEAST ONE INFECTION WITH HPV IN THEIR LIFE.

Untreated Chlamydia can lead to pelvic inflammatory disease* (PID) which can have life-long effects such as infertility. If a pregnant woman has untreated Chlamydia there can be effects on the baby such as eye infections or pneumonia.

- a thick greenish-yellow discharge from the penis
- burning or itching around the hole of the penis
- burning or painful urination
- a change or increase in vaginal discharge
- yellowish vaginal discharge
- bleeding when it is not your period or during or after sex
- pain in the testicles
- pain in the lower abdomen

* PELVIC INFLAMMATORY DISEASE (PID) IS AN INFECTION THAT CAN AFFECT YOUR WOMB, OVARIES, FALLOPIAN TUBES, AND THE SURROUNDING TISSUE. IT IS OFTEN CAUSED BY STIS. THE SYMPTOMS INCLUDE:

- LOWER ABDOMINAL PAIN
- FEVER
- PAIN DURING SEX
- LOWER BACK PAIN
- ABNORMAL VAGINAL BLEEDING OR DISCHARGE
- NAUSEA OR VOMITING

IF LEFT UNTREATED PID CAN LEAD TO INFERTILITY, ECTOPIC PREGNANCY (PREGNANCY THAT IMPLANTS OUTSIDE OF THE WOMB, USUALLY IN THE FALLOPIAN TUBES), AND CHRONIC PAIN.

Gonorrhea

This infection can affect the penis, cervix, rectum, throat, or eyes. It may have no symptoms, but possible symptoms are:

If a pregnant woman has untreated gonorrhea it can be passed to the baby at birth and can cause joint infections or blindness. Gonorrhea can also lead to PID.

UNTREATED CHLAMYDIA AND GONORRHEA INFECTIONS CAN SPREAD TO THE TESTICLES AND CAUSE SWELLING, PAIN AND IN RARE CASES INFERTILITY.

Syphilis

The first symptom of syphilis infection is a painless sore usually found on the genitals or in the mouth or rectum. Most people with syphilis will not notice the sore. The sore goes away without treatment but the person is still infected. Symptoms of the second stage of syphilis may include a body rash and flu-like symptoms. These symptoms will go away without treatment but the person is still infected. With-

SEXUALLY TRANSMITTED INFECTIONS

out treatment syphilis can cause heart, brain, and other organ damage. Syphilis can be cured with antibiotics, but antibiotics won't fix damage that has already been done to organs. After treatment with antibiotics you'll need a blood test to make sure the treatment worked.

LGV (lymphogranuloma venereum)

LGV has become more common in Canada. The first symptom of LGV may be a painless sore or lump where the bacteria enter the body. The sore could be on the penis, vagina, cervix, rectum, or mouth. The later symptoms are flu-like, such as fever, chills, and muscle aches. Without antibiotic treatment LGV can cause scarring and deformity of the genital area that may require surgery. In rare cases it can also cause "meningitis", which is swelling of the membranes of the brain and spinal cord.

Viral STIs

STIs caused by viruses are harder to treat. In most cases there is no cure available and some viral STIs can lead to cancer.

Genital herpes

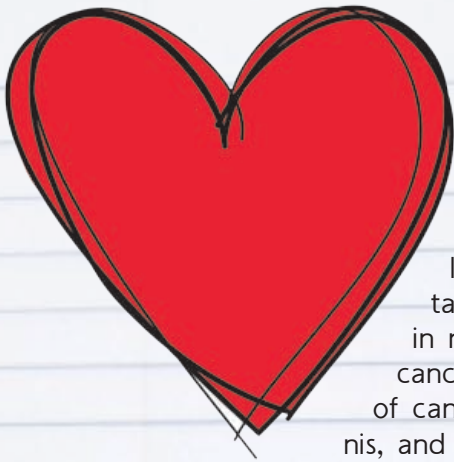
Herpes can cause painful sores on the mouth, called cold sores or on the genitals, called genital herpes. There are many types of herpes viruses. Some people with herpes infection will have no symptoms. For most people the first symptom is itching or tingling on the skin that develops into blisters or sores. Herpes can keep coming back, especially when you're tired or stressed, if you have a fever or you're sick, or if you get too much sun.

There is no cure for herpes but there are treatments to manage and prevent outbreaks.

Human papillomavirus (HPV)

HPV is the most common STI in the world. This virus causes genital warts. It is believed that up to 7 in 10 people in Canada will have at least one infection with HPV in their life. There are many different types of HPV. Some can cause genital warts and other types can cause cancer. Most HPV infections will go away on their own. There is no treatment to get rid of the virus but there are treatments for genital warts.





HPV causes cervical cancer in women, and is also linked to certain rare cancers in men. Most anal cancers, about half of cancers of the penis, and even some cancers of the mouth, head, and neck are caused by HPV. Cervical cancer screening, called the Pap test, can find changes to the cervix that might mean there is an HPV infection or cancer. Pap tests are recommended for all sexually active women over 18. There is no test available to detect HPV in men but men can be looked at by a health care provider if they notice any warts, blisters, or sores on their genitals. There is an HPV vaccine that can prevent some types of HPV. It is available for women and men between 9 and 26 years old. The vaccine is most effective if given before the start of sexual activity. The vaccine cannot cure HPV but it can give protection from the types of HPV that cause the most cases of cervical cancer, other cancers, and genital warts. The vaccine does not protect against all types of HPV so a Pap test is still needed for women who have been vaccinated.

Hepatitis B

Hepatitis viruses can cause serious liver disease and even liver cancer. Hepatitis B is spread through contact between body fluids like blood, saliva, semen and vaginal fluids. You can also get it through sharing needles with an infected person. You might have no symptoms

or you might feel tired, have dark urine, have yellowish skin, or have pain in your abdomen. A vaccine for hepatitis B is available.

Human Immunodeficiency Virus (HIV)

HIV is the virus that causes AIDS. A person with HIV might have it for years before developing AIDS. HIV makes it hard for your body's immune system to fight off other infections. You might get a mild flu between two and four weeks after being infected but then you might not have any other symptoms for years. To find out if you're infected you need to get tested. Some people may need to have another test at a later time to make sure they are not infected. More information on HIV is available in the "HIV" section of this toolkit.

Parasitic STIs

Pubic lice ("crabs") & Scabies

Lice look like tiny crabs and are grey or brownish-red. They lay eggs at the base of hair follicles so you might see whitish eggs on your pubic hair. Scabies are tiny mites that burrow under the skin and lay eggs. If you have pubic lice or scabies, you will feel itchy. Scabies may cause a rash that may not be on your genitals since scabies can travel to other body parts. Both infections are treated with special creams, lotions, or shampoos. You'll need to dry clean or wash all your clothing, bedding, and towels in hot water. If you can't wash them, you'll have to keep all blankets in closed plastic

IF YOU'RE UNSURE, GET TESTED!

containers for a week and you'll have to vacuum everything else, such as couches and rugs.

Trichomoniasis

If you have this STI you may not have any symptoms. If you do have symptoms, you might have:

- a burning sensation when you pee
- discharge from your penis
- a strange vaginal discharge
- an itchy vagina
- burning or itching around the hole of your penis
- pain during sex

Trichomoniasis can lead to PID. If a pregnant woman has trichomoniasis the baby may be born early or may weigh less than normal. Trichomoniasis can be treated with antibiotics.

SEXUALLY TRANSMITTED INFECTIONS

Protect yourself from STIs. If you are sexually active use condoms. Condoms are your best protection from STIs.

Talk to your health care provider about STI testing, Pap testing, and available sexual health services. Women over the age of 18 should have a Pap test every year until two tests in a row are clear. For more information on STI testing refer to the “explaining STI tests” section of this toolkit.

For more information:

First Nations Specific

The Native Women's Association of Canada – Sexually Transmitted Infections: <http://www.nwac.ca/programs/sexually-transmitted-infections>

The Native Youth Sexual Health Network works on issues related to healthy sexuality, cultural competency, youth empowerment, reproductive justice, and sex positivity by and for

Native youth. <http://www.nativeyouthsexualhealth.com/>

General

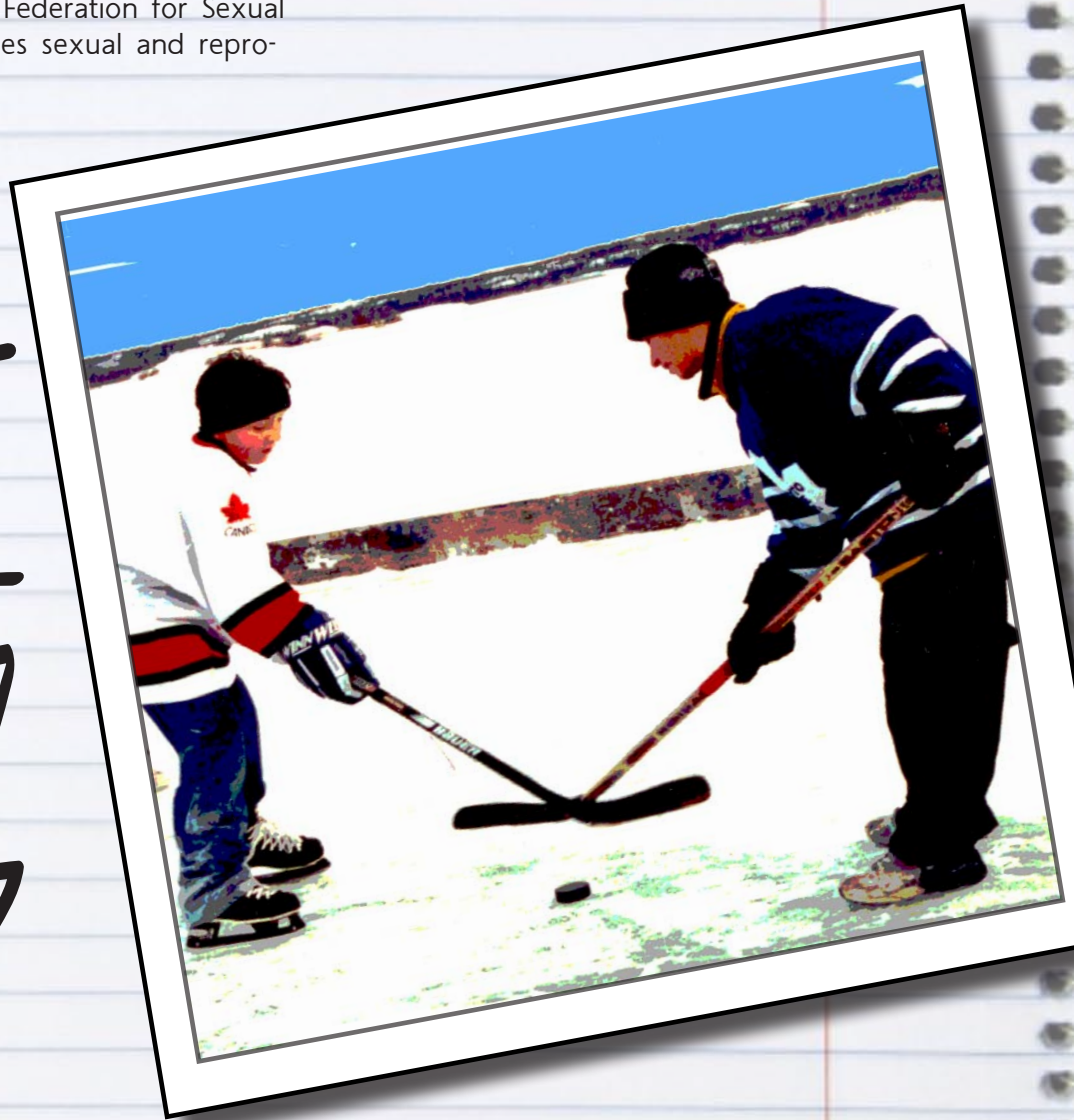
The Public Health Agency of Canada provides Provincial and Territorial helpline phone numbers for STIs. <http://www.phac-aspc.gc.ca/std-mts/phone-eng.php>



The Society of Obstetricians and Gynaecologists of Canada administers a website that provides up-to-date information and education about sexuality. www.sexualityandu.ca

HPV info has HPV information for teens, adults, and teachers. <http://www.hpvinfosite.ca/hpvinfo/home.aspx>
The Canadian Federation for Sexual Health promotes sexual and repro-

ductive health and rights in Canada and internationally. www.cfsh.ca
The Public Health Agency of Canada's Safer Sex and You website gives information about condoms: <http://www.phac-aspc.gc.ca/publicat/epiuaepi/std-mts/condom-eng.php>



SAFER
AND
SMART

condoms



What is HIV?

HIV stands for “human immunodeficiency virus”. It is the virus that causes AIDS. This virus affects your body’s immune system. HIV stops your body from being able to fight certain infections that most people without HIV can fight off easily. The immune system contains white blood cells which fight bacteria, viruses, and other germs when they enter your body. HIV affects a certain type of white blood cell called “CD4”.

HIV treatment is called “Highly Active Anti-Retroviral Therapy” (HAART). It helps a person’s immune system stabilize and build up their CD4 count and lowers the amount of virus in their blood, called the “viral load”. There is no cure or vaccine for HIV but there are treatments to stop or slow the progression to AIDS.

What is AIDS?

AIDS stands for “acquired immunodeficiency syndrome”. A person with HIV infection is considered to have AIDS when they develop an “AIDS defining illness”. AIDS can take many years to develop in a person with HIV. The average length of time from HIV infection to AIDS is about 10 years. There is no cure for AIDS.

What kinds of infections are AIDS defining illnesses?

AIDS defining illnesses are mostly uncommon in people who don’t have HIV or other conditions that might affect their immune system. People who do not have AIDS can also get these illnesses and it does not mean that they have AIDS. In most cases, these illnesses be-



come
 “AIDS defining” when
 they are chronic and do not clear up.
 A person must have HIV to be diag-
 nosed with AIDS.

Some examples of AIDS defining ill-
 nesses are (AIDS info, 2009; Health
 Canada, 2000, p. 61):

- **Pneumocystis pneumonia (PCP)**
 – this is a type of pneumonia
 caused by a fungus.
- **Candidiasis** – also called
 “thrush”, this is a yeast infec-
 tion. Yeast is a fungus that
 is commonly found in the
 mouth, vagina, skin, and stom-
 ach/intestines. When it infects
 the windpipe, lungs, or esoph-
 agus it is considered an AIDS-
 defining illness.
- **Recurrent bacterial pneumonia**
 – pneumonia that keeps com-
 ing back.
- **Herpes** – This could be gen-
 ital herpes or cold sores/fever
 blisters. This is an AIDS defin-
 ing illness when herpes sores
 last longer than 1 month.
- **Cryptosporidiosis** – this infec-
 tion causes stomach or intes-
 tinal symptoms and diarrhea.
 This infection is spread from
 person to person, from animals
 to people, or through contami-

nated food or water. It is an
 AIDS defining illness when a per-
 son has had it for over a month.

- **Cervical Cancer** – when the
 cancer is invasive and HIV has
 been confirmed this is an AIDS
 defining illness.
- **Cytomegalovirus** – this virus
 most often affects the eyes
 and can lead to blindness.
- **Histoplasmosis** – this infection
 is caused by a fungus that is
 inhaled into the lungs.
- **Kaposi’s Sarcoma** – this is a
 cancer that develops on the
 skin or in the body. On the
 skin, the cancer might look like
 bruises that do not fade over time.
- **Lymphoma - Burkitt’s, im-
 munoblastic, or primary lym-
 phoma in the brain** – Lym-
 phomas are cancers of the
 blood - specifically the white
 blood cells, the disease fight
 ing parts of the blood.
- **Tuberculosis** – this infection
 most often affects the lungs
 but can also affect the skin,
 bones, lymph nodes, liver,
 brain, and spinal cord.

People affected by HIV/AIDS

HIV can affect anyone regardless of
 sexual orientation, gender, gender ori-
 entation, ethnicity or race, or age.
 Aboriginal people in Canada have
 higher rates of HIV infection than the
 non-Aboriginal population (Govern-
 ment of Canada, 2005, p. 3). The
 rates are highest for people younger
 than 30, women, two-spirited people,
 and injection drug users. About 42%
 of reported AIDS cases between 1978
 and 2008 for First Nations occurred
 through injection drug use (Public
 Health Agency of Canada, 2010,



p. 4). About 19% of cases are in people younger than 30 (PHAC, 2010, p. 6).

People in prison are at increased risk of HIV because of certain high risk behaviours such as unprotected sex, and injection drug use without clean needles. Coerced sex can also occur. There is usually a lack of condoms and clean needles for drug use or tattooing which contributes to the spread of HIV (Canadian AIDS Society, 2004, p. 15). This is a concern, given that Aboriginal People are over-represented in the prison system (Perreault, 2009).

How is HIV transmitted?

You can get HIV when the virus enters your blood through contact with infected blood, or bodily fluids like vaginal fluids, semen, or breast-milk. The following is a list of ways the HIV can be spread:

- HIV can be transmitted through unprotected vaginal, anal, or oral sex or by sharing drug use needles and other equipment, razors, or toothbrushes that have infected blood on them. Unprotected sex and sharing drug use needles and equipment are high risk behaviours.
- HIV can be spread through unclean needles used for tattooing, piercing, acupuncture, and unsterile medical equipment.
- HIV can be spread through oral sex especially if the person receiving oral sex has HIV and the person giving it

has bleeding gums or tiny cuts or sores in their mouth.

- HIV can be passed from an infected mother to her baby during childbirth or through breastfeeding. **If a pregnant woman knows she has HIV there are drugs she can take so the virus may not be passed to the baby.** Proper HIV treatment and care can reduce the risk of the child being HIV-positive to less than 2% (CATE, 2010). Speak to a health care provider for more information.
- In the past HIV was transmitted through medical procedures such as blood transfusions. Now all blood products used in Canada are tested for HIV and other viruses before being given to another person so there is very little risk (Canadian Hemophilia Society, 2010).

The presence of another sexually transmitted infection, such as herpes, gonorrhea, or chlamydia increases the likelihood of HIV transmission during sex.

HIV is not transmitted through casual contact such as talking to, kissing, hugging, or shaking hands with someone who is infected with HIV. It is also not transmitted through towels, toilet seats, doorknobs, dishes, cutlery, swimming pools, or coughs and sneezes.

CANADIAN ABORIGINAL AIDS AWARENESS WEEK

IS DECEMBER 1ST TO 5TH.

[HTTP://ABORIGINALAIDSAWARENESS.COM](http://aboriginalaidsawareness.com)

How can I protect myself from HIV?

If you are sexually active, using condoms for anal and vaginal sex can provide you with the best protection against HIV. For oral sex condoms or dental dams can provide protection.

Get tested for STIs often. Having an STI can increase the risk of getting HIV (CATIE, 2010).

To reduce your risk of getting HIV from other non-sexual activities, such as injection drug use, visits the following websites for more information:

Canadian Aboriginal AIDS Network
www.caan.ca

Canadian AIDS Treatment Information Exchange: <http://www.catie.ca/eng/PreventingHIV/fact-sheets/epi-idu.shtml>

Canadian AIDS Society: <http://www.cdn aids.ca/web/backgrnd.nsf/pages/cas-gen-0097>

National Indian & Inuit Community Health Representatives Organization:
http://www.niichro.com/hiv/hiv_7.html

Health Canada: http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/injection/health_social-sante_sociales-eng.php

How can I find out if I have it?

HIV can only be detected through a blood test. An HIV test is not routinely offered in most cases, and if you want to be tested you have to ask your health care provider to test you. Where available a rapid HIV test can give an initial sign of whether you have been exposed to HIV. In this case, results are available within minutes. This kind of test still needs to be confirmed by a regular HIV blood test.

If you're unsure, get tested.

Treatment

If you test positive for HIV here are some links to information that you may find helpful regarding HIV treatment:

Canadian Aboriginal AIDS Network (CAAN) - HIV & the Non-insured Health Benefits (NIHB) Program for Aboriginal People in Canada:
<http://caan.ca/new/wp-content/uploads/2010/06/NIHB%20-%20Lg%20Fact%20Sheet.pdf>

Canadian AIDS Treatment Information Exchange – Treating HIV:
<http://www.catie.ca/eng/publications/publicationsIndex.shtml#fs-g>
Canadian AIDS Treatment Information Exchange - HIV/AIDS Information Support toll-free phone line: 1-800-263-1638.

Canadian AIDS Treatment Information Exchange – Free Subscriptions for AIDS information: <http://orders.catie.ca/subscription/subscribe.shtml>



WORLD AIDS DAY IS DECEMBER 1ST.
HTTP://WWW.WORLDAIDSDAY.ORG/



For more information:

Canadian Aboriginal AIDS Network
www.caan.ca

Canadian Aboriginal AIDS Network
– Listing of Aboriginal Readings:
<http://caan.ca/new/wp-content/uploads/2010/06/Aboriginal%20Readings.pdf>

Advocates for Youth: http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=439&Itemid=177

Canadian AIDS Society – A new look at homophobia and heterosexism in Canada: <http://www.cdn aids.ca/web/repguide.nsf/cl/cas-rep-0188>

Canadian Journal of Aboriginal Community-Based HIV/AIDS Research (CJACBR): <http://caan.ca/resources/caan-journal/?lang=en>. This journal is published once a year for anyone with an interest in Aboriginal Community-Based Research.

Native Youth Sexual Health Network: <http://www.nativeyouthsexualhealth.com/index.html>
National Native American AIDS Prevention Centre: <http://www.nnaapc.org/>

The Red Circle Project: http://www.apla.org/native_american/RCP/

Sexuality and U: www.sexualityandu.ca

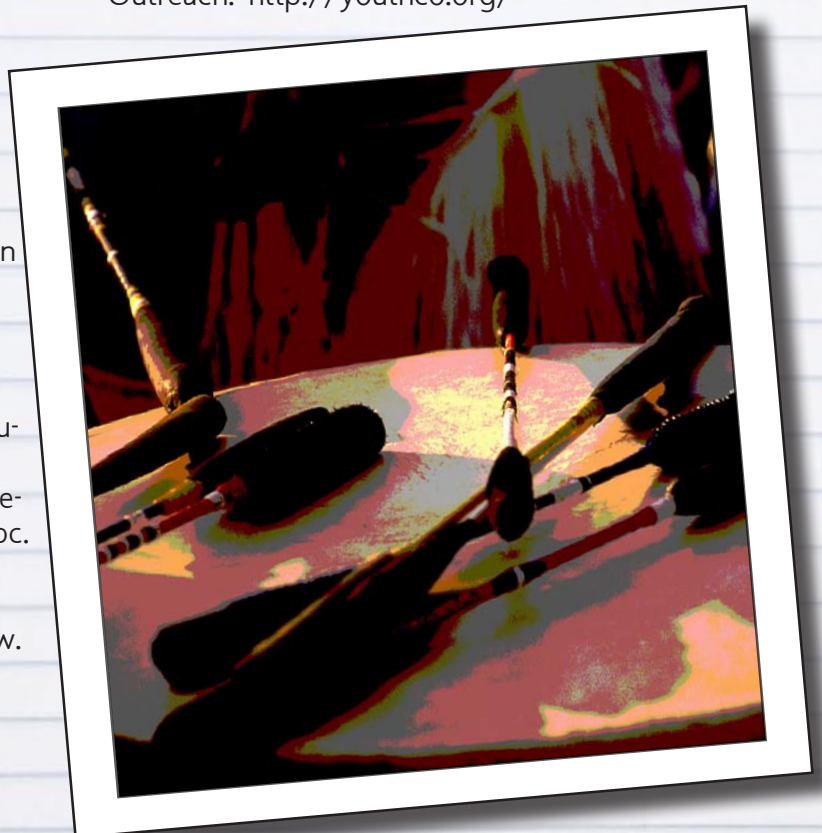
Canadian Federations for Sexual Health:
www.cfsh.ca

The Public Health Agency of Canada:
www.publichealth.gc.ca/sti

Canadian AIDS Treatment Information Exchange: <http://www.catie.ca/eng/Home.shtml>

Canadian AIDS Treatment Information Exchange - HIV/AIDS Information Support toll-free phone line: 1-800-263-1638.

YouthCo – HIV and Hep C Community Outreach: <http://youthco.org/>

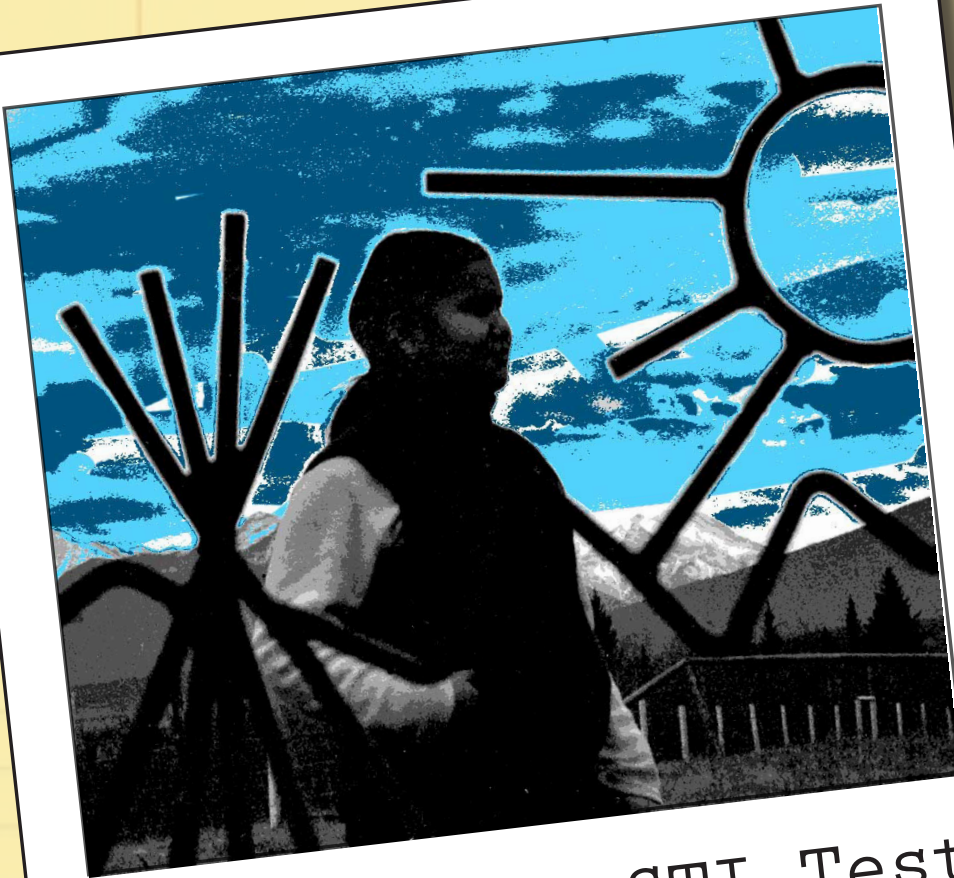


References

- Aboriginal Nurses Association of Canada and the Canadian Federation for Sexual Health (2002). Finding our Way: A Sexual and Reproductive Sourcebook for Aboriginal Communities. Retrieved October 22, 2010 from <http://www.anac.on.ca/sourcebook/toc.htm>
- AIDS Info (2009). Testing HIV positive – Do I have AIDS? Retrieved October 22, 2010 from http://www.aidsinfo.nih.gov/contentfiles/TestingPositive_FS_en.pdf
- Canadian AIDS Society (2000). Aboriginal men and HIV/AIDS. Retrieved December 22, 2010 from www.cdnaids.ca/web/backgrnd.nsf/pages/cas-gen-0115
- Canadian AIDS Society (2004). HIV Transmission: Guidelines for assessing risk. A resource for educators, counsellors, and health care providers. 5th Edition. Retrieved October 22, 2010 from <http://www.cdnaids.ca/web/repguide.nsf/pages/cas-rep-0307>
- Canadian AIDS Treatment Information Exchange (2010). HIV and AIDS Basic Facts. Retrieved December 21, 2010 from <http://www.catie.ca/eng/PreventingHIV/factsheets/HIV-basics.shtml#what>
- Canadian Hemophilia Society (2010). Safety of Blood Products. Retrieved October 22, 2010 from <http://www.hemophilia.ca/en/bleeding-disorders/von-willebrand-disease/living-with-von-willebrand-disease/safety-of-blood-products/>
- Government of Canada (2005). Strengthened Leadership: Taking Action Canada's Report on HIV/AIDS 2005. Retrieved October 22, 2010 from <http://www.phac-aspc.gc.ca/aids-sida/publication/reports/report05/index-eng.php>
- Health Canada (2000). Case Definitions for Diseases under National Surveillance: Case definition for Acquired Immunodeficiency Syndrome (AIDS). Canada Communicable Disease Report. 26(S3).
- Perreault, S. (2009). The incarceration of Aboriginal people in adult correctional services. Juristat. 29(3). Retrieved December 23, 2010 from <http://www.statcan.gc.ca/daily-quotidien/090721/dq090721b-eng.htm>
- The Public Health Agency of Canada (2007). HIV/AIDS among Aboriginal Persons in Canada: a continuing concern. HIV/AIDS Epi Update. November 2007.
- The Public Health Agency of Canada (2010). HIV/AIDS among Aboriginal People in Canada. HIV/AIDS Epi Updates. Centre for Communicable Diseases and Infection Control.

KNOW YOURSELF.

EXPLAINING STI TESTS



Ex·plai·ning STI Tests

Most people infected with a sexually transmitted infection will have no obvious symptoms. In many cases the only way you find out that you have an STI is by getting tested. Remember - even if you don't have symptoms you can still give the infection to your partner(s).

been sexually active and has not been tested. Encourage your partner to get tested as well.

Most health care providers don't automatically do a full screening for all STIs and HIV. If you want to be tested, you have to ask.

When should I be tested?

- If you have symptoms see your health care provider.
- If you don't have any symptoms but have had unprotected sex you should be tested.
- Before you have sex with a new partner.
- If you are forced to have sex or think you have been, you should be tested.
- If you have been sexually active but have not been tested or if your partner has

What happens during STI testing?

- The health care provider (HCP) may ask for a urine sample.
- The HCP may examine your genital area for sores and other signs of infection.
- The HCP may take a swab of the opening of the penis or may perform an internal examination to see your vagina and cervix.
- The HCP may take a swab from your anus or throat.
- You may have a blood test.

IT IS IMPORTANT THAT BOTH MEN AND WOMEN TO GET TESTED FOR STIS.

It may take up to two weeks to get the results of your test. Depending on your province or territory, a Pap test or HIV test may take longer. For an HIV test, your health care provider may ask you to come back at a later time to be retested to confirm the results. It is important to follow your health care provider's advice about follow up testing.



You can get tested for STIs at a general health clinic, including walk-in clinics, a sexual health clinic, or from your usual health care provider. Your visit and your test results will be confidential between you and your health care provider. If you are tested and do have an STI, your sexual partner(s) need to be notified so that they can be tested and treated as well. This can be done by you, your health care provider, or the local public health

office. It will be confidential. Some diseases are “reportable” so your health care provider or the local laboratory will have to report your positive test result to the local health authority. This is done so that your partner(s) can receive treatment and to stop the spread of the disease.

Clinic Locator: <http://www.sexualityandu.ca/teens/tips-9.aspx>

Most on-reserve health clinics offer STI testing. Speak to your health care provider about getting testing.

If you have a treatable STI do not have sex until you have completed your treatment because you will spread the infection. If your partner doesn't get treated you can be re-infected the next time you have sex.

Condoms are the only birth control method that can help to prevent STIs. They have to be used properly and you have to use them every time to be protected.

Why should I be tested?

1. Because many STIs don't have symptoms and testing is the only way to know for sure!
2. For your personal safety and your physical and mental well-being. For peace of mind!
3. To protect your partner from STIs.
4. Because untreated STIs can lead to serious health complications like pelvic inflammatory disease (PID) for women, and

EXPLAINING STI TESTS

- infertility for men and women.
5. If you become pregnant there could be serious health risks to your baby without appropriate care.
 6. Because many STIs can be treated and cured!

For More Information:

The Public Health Agency of Canada:
<http://www.phac-aspc.gc.ca/publicat/std-mts/redrisk-eng.php>

Province and Territory Health Line
Phone Numbers: <http://www.phac-aspc.gc.ca/std-mts/phone-eng.php>
SexualityandU.ca: <http://www.sexualityandU.ca/>

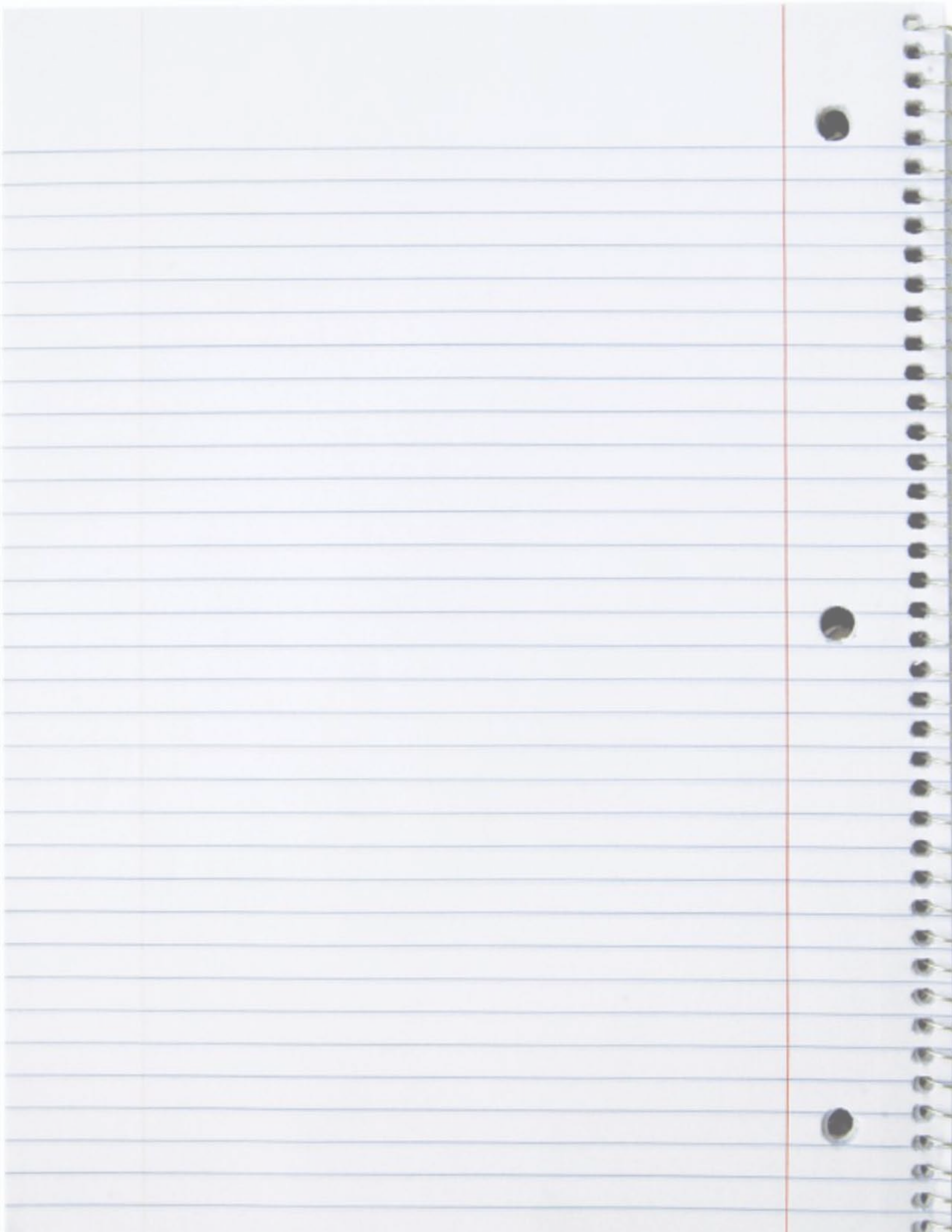
Options for Sexual Health (BC): <http://www.optionsforsexualhealth.org/>

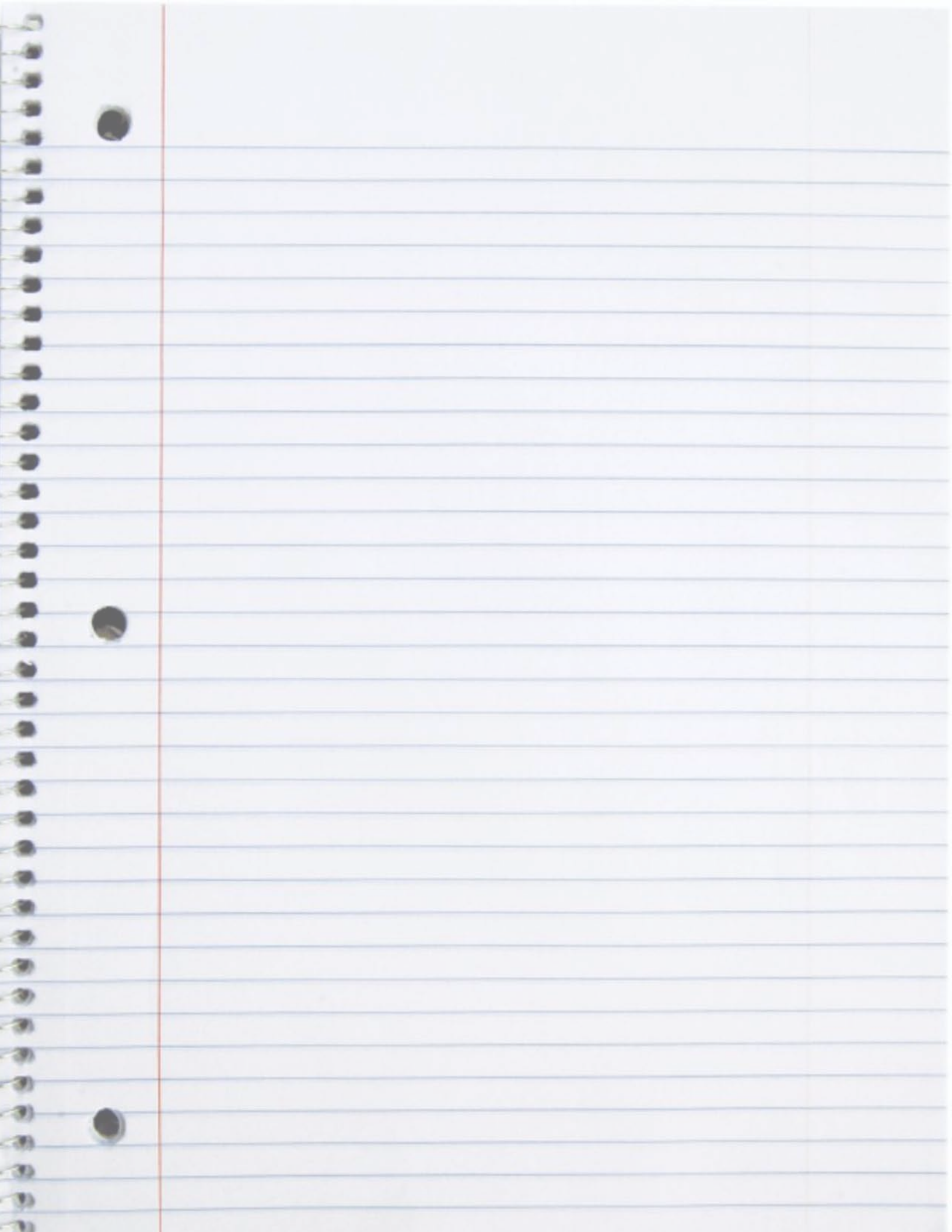
Teachingsexualhealth.ca: <http://www.teachingsexualhealth.ca/index.htm>

References

McKay, A. (2004). Adolescent sexual and reproductive health in Canada: A report card in 2004. *The Canadian Journal of Human Sexuality*. 13(2), 67-81.

PEOPLE WHO HAVE MANY EXCLUSIVE SEXUAL RELATIONSHIPS IN A ROW, CALLED "SERIAL MONOGAMY", HAVE A HIGH RISK OF STIs. THIS IS BECAUSE IN MANY OF THESE RELATIONSHIPS NEITHER PARTNER IS TESTED FOR STIs. YOU DON'T KNOW IF YOU OR YOUR PARTNER HAS AN STI BUT BECAUSE YOU'RE BOTH HAVING SEX ONLY WITH EACH OTHER YOU MIGHT STOP USING CONDOMS. IF YOU HAVE MANY RELATIONSHIPS LIKE THIS WITHOUT BEING TESTED YOU ARE STILL AT HIGH RISK OF GETTING AN STI (MCKAY, 2004, P. 76).







SEXUAL HEALTH TOOLKIT PART I



National Aboriginal Health Organization (NAHO)
Organisation nationale de la santé autochtone (ONSA)
ba.CF .aa'bb'bb'LLd'c' d'c'd'e'f'g'h'i'j'c' b'c'd'e'f'g'c



HEALTHY
RELATIONSHIPS

SEXUAL ABUSE
& DRUG FACILITATED
SEXUAL ASSAULT

SEXUAL HEALTH TOOLKIT PART 2

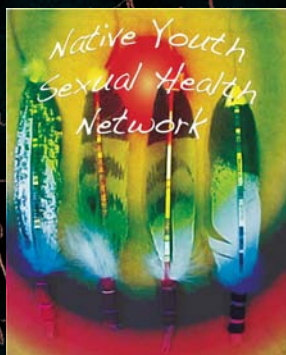


Sex·u·al·ity and
Re·la·tion·ships

BODY IMAGE &
SEXUAL HEALTH

SEXUALITY

TRADITIONAL
VIEWS ON SEXUAL
HEALTH



Acknowledgements

The FNC would like to thank the Aboriginal Health Initiatives Committee of the Society of Obstetricians and Gynaecologists of Canada, Basic Critical Care Nursing Program of Saskatchewan Institute of Applied Science and Technology (SIAST) and the Public Health Agency of Canada, specifically the HIV/AIDS Policy, Coordination and Programs Division, the Sexual Health & STI Section, and the Centre for Communicable Diseases and Infection Control for their assistance in reviewing this document. This toolkit was created in collaboration with the Native Youth Sexual Health Network.

Report title: Sexual Health Toolkit: Sexuality and Relationships

© Copyright 2011 National Aboriginal Health Organization

ISBN: 978-1-926543-48-2

Translator:

Date Published: March 2011

OAAPH [now known as the National Aboriginal Health Organization (NAHO)] receives funding from Health Canada to assist it to undertake knowledge-based activities including education, research and dissemination of information to promote health issues affecting Aboriginal persons. However, the contents and conclusions of this report are solely that of the authors and not attributable in whole or in part to Health Canada.

The National Aboriginal Health Organization advances and promotes the health and well-being of all First Nations, Inuit and Métis through collaborative research, Indigenous Traditional Knowledge, building capacity, and community led initiatives.

This report should be cited as: First Nations Centre/National Aboriginal Health Organization (2010) Sexual Health Toolkit: Sexuality and Relationships

Ottawa: National Aboriginal Health Organization.

For queries or copyright requests, please contact:

National Aboriginal Health Organization
220 Laurier Avenue West, Suite 1200
Ottawa, ON K1P 5Z9
Tel: (613) 237-9462
Toll-free: 1-877-602-4445
Fax: (613) 237-1810
E-mail: naho@naho.ca
Website: www.naho.ca

Under the Canadian Constitution Act, 1982, the term Aboriginal Peoples refers to First Nations, Inuit and Métis people living in Canada. However, common use of the term is not always inclusive of all three distinct people and much of the available research only focuses on particular segments of the Aboriginal population. NAHO makes every effort to ensure the term is used appropriately.



Heal·thy Re·la·tion·ships

HEALTHY
RELATIONSHIPS

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.

Traditionally in most First Nations communities, women played equally important roles in the survival of their people. Women were traders, farmers, artisans, and healers (Green, 1992, p. 14). Rape and sexual aggression against women were not an element of native culture, even among women who

were taken by enemy tribes during times of war (Green, 1992, p. 24-26). Colonization and its effects have impacted First Nations laws, beliefs, and traditions (NWAC, 2007, p. 2). This has resulted in First Nations women becoming targets for violence and discrimination (NWAC, 2007, p. 2).

Violence isn't the only thing that makes a relationship unhealthy. Violence definitely indicates an unhealthy relationship, but other types of abuse, such as emotional and mental abuse, as well as other factors such as those discussed later in this section, are also unhealthy.

Qualities of a healthy relationship

The following qualities of healthy relationships apply to romantic relationships but also apply to relationships



we have with friends and family.

Safety – Both people are safe to express their thoughts and feelings. There is no fear of the other person.

Respect – Both people value the others' opinions and each is viewed as an equal. Decisions are made together. You support each other in bad times and in good times.

Trust – Each person is respected as an individual with unique qualities. You encourage each other to have friends and activities outside of the relationship. It is natural to feel jealous sometimes, but how you react to those feelings is what is important.

Communication – Includes verbal and non-verbal communication as well as listening skills and the ability to resolve conflicts in ways that are satisfying to both people. Communication can increase trust, openness, and closeness.

Enjoyment – Both people have fun and enjoy the relationship.

Fairness – Both people are willing to compromise and accept change.

Healthy relationships also include boundaries. Each person in a relationship needs to establish and maintain boundaries. Boundaries are set in regards to physical boundaries, like how close you want people to be to you and how you want to be touched, but also include boundaries in how we want to be spoken to and how much we want to tell about ourselves to another person. In all relationships, the other person

should respect your boundaries and you should respect theirs.

Unhealthy relationships may involve mean, disrespectful, controlling, or abusive behaviour. In abusive relationships one partner may threaten the other or use name calling, jealous questioning, intimidation, or blaming. Unhealthy relationships can affect the way you feel about and see yourself and can have real effects on your health.

In a relationship, you shouldn't give up who you are or become so involved with the other person that you lose yourself or don't know who you are separate from the other person. Your relationship shouldn't define who you are.

Signs that your relationship may be unhealthy

- Does your partner get angry when you have other plans, or won't drop every thing for him/her?

HEALTHY RELATIONSHIPS

- Does your partner criticize the way you look or dress or make you feel bad about yourself?
- Does your partner ask you to stop doing something you like or ask you to stop talking to other girls/boys/women/men?
- Does one of you make all the decisions or set all the rules for your relationship?
- Do you hide things because you're worried they may upset your partner?
- Are you afraid to say 'no' to sexual activities or sex?
- Do you know that your partner was abusive in a previous relationship?
- Has your partner ever threatened you, or grabbed, pushed, or hit you?

This is not a complete list of warning signs. Any behaviour that is controlling, makes you feel bad about yourself, separates you from your friends and family, or results in physical or sexual harm is NOT okay.

Remember:

- Victims of abuse or drug-facilitated sexual assault are **NEVER** at fault.
- Women are more often assaulted by their partners than strangers.
- A jealous partner is not showing his/her love but is being possessive and controlling.
- Abuse isn't just physical. Emotional abuse, such as name calling, has health effects too – like lowering your self esteem.

No one is perfect. No relationship will be perfect. All relationships require work, sharing, and communication. It's important for you to understand the qualities of a healthy relationship and recognize that most real life relationships are not fairy tales like the ones you see on television and in movies.

For more information:

Sexualityandu: www.sexualityandu.ca
Love You Give – a hip hop music video developed by Inuit, Métis and First Nation youth to prevent violence and promote healthy equal relationships: <http://www.loveyougive.org/tablesites.html>

Sexual Health Centre Saskatoon: www.sexualhealthcentresaskatoon.ca
Women's Health Matters: http://www.womenshealthmatters.ca/centres/sex/expression/healthy_relationships.html

Options for Sexual Health: <http://www.optionsforsexualhealth.org/>

Mayo Clinic – signs of domestic violence against men: <http://www.mayoclinic.com/health/domestic-violence-against-men/MY00557>

Mayo Clinic – signs of domestic violence against women: <http://www.mayoclinic.com/health/domes->

tic-violence/WO00044

Za-geh-do-win Information Clearinghouse – information about health, healing and family violence for

Aboriginal communities in Ontario:
<http://www.za-geh-do-win.com/>
Public Health Agency of Canada,

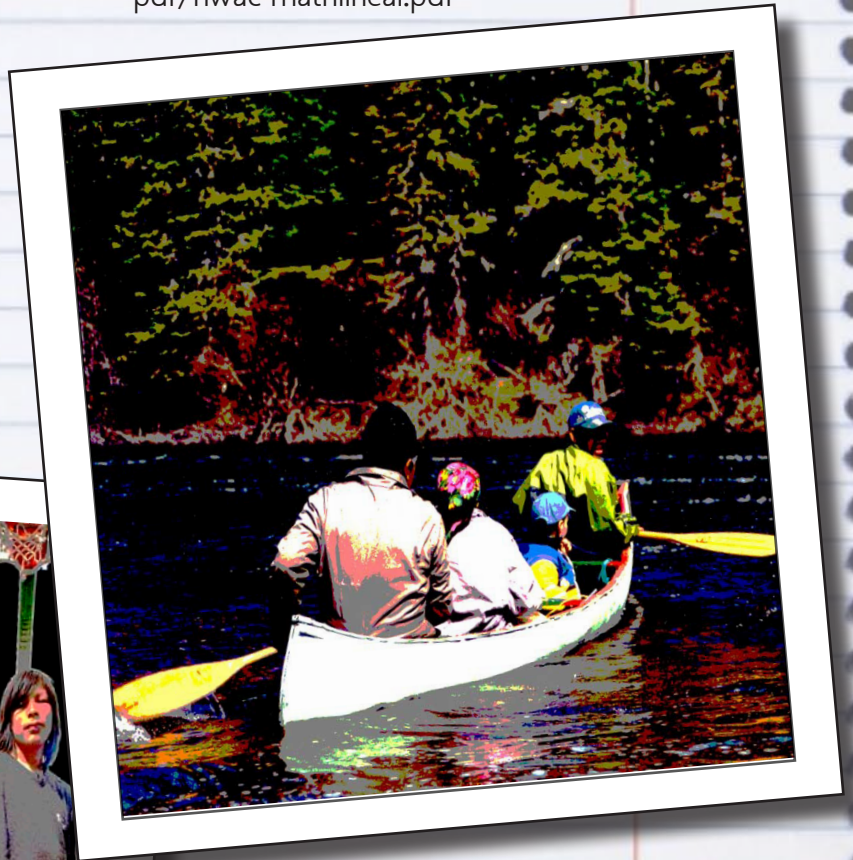
National Clearinghouse on Family Violence: <http://www.phac-aspc.gc.ca/ncfv-cnivf/>

Girls Action Foundation: www.girls-actionfoundation.ca

References

Green, R. (1992). Women in American Indian Society. Chelsea House Publications.

Native Women's Association of Canada (2007). Revitalization of Matrilineal/Matriarchal/Egalitarian/Egalitarian Systems, an Issue Paper. Retrieved July 23, 2010 from <http://www.laa.gov.nl.ca/laa/naws/pdf/nwac-matrilineal.pdf>





Sex·u·al A·buse and Drug- Fac·il·i·ta·ted Sex·u·al A·ssault

SEXUAL ABUSE
& DRUG FACILITATED
SEXUAL ASSAULT

Traditionally, rape and sexual aggression against women were not a part of native culture, even among women who were taken by enemy tribes during war (Green, 1992, p. 24-26). Unfortunately, in today's society it has become more common. The long lasting effects of colonization have contributed to social problems including sexual abuse. Other factors may include loss of identity, loss of traditional beliefs and values, and the continuing effects of residential schools (Department of Justice, 2010). Violence is more common toward Aboriginal women than other women in Canada (Statistics Canada, 2001). Abuse is often about power within a relationship. Many incidents of abuse are related to drugs and alcohol by the abuser, the victim, or both people. Violence in dating relationships is more likely to happen if the "abuser" has been drinking. In fact, some abusers blame alcohol for the problem and

use it as an excuse for being violent. Sexual abuse and drug-facilitated sexual assault are crimes.

Sexual Abuse

Sexual assault is any incident where force is intentionally applied to a person without their consent and sexual activity is involved. It can happen between acquaintances, people in a relationship, date rape, or by a stranger. It is believed that only about 6% of sexual assaults are reported to police (Canadian Federation for Sexual Health, 2007, p. 4). Many instances of sexual abuse and sexual assault involve alcohol (WHO, 2006).

Young people have a higher risk of sexual assault but dating violence can happen to people of any age, race, sexual orientation, social class or socio-

DATING VIOLENCE MEANS ABUSE, INCLUDING SEXUAL ABUSE, WITHIN CASUAL OR COMMITTED RELATIONSHIPS.

status, and place of residence. Sexual abuse within relationships occurs as often in same sex relationships as in heterosexual relationships.

Dating violence is less likely when a couple shares decision-making and power. Sexual abuse is more common in casual relationships while other forms of abuse, such as psychological and physical abuse, are more common in long-term relationships.

Sexual violence can have physical effects but it can also cause mental and emotional harm to a person. It can cause depression, anxiety, sadness/hopelessness, and suicidal thoughts and attempts. It can also lead to lower self esteem and confidence and more concerns about physical appearance. Survivors of sexual violence may abuse drugs, alcohol, or tobacco to cope. They may withdraw from other healthy relationships. They are also more likely to engage in risky sexual behaviours, such as unsafe sex and have unplanned pregnancies. Survivors may drop out of school or stop performing well at work.

Drug Facilitated Sexual Assault

Drug-facilitated sexual assault involves substances, like drugs and alcohol. These substances may be used willingly by the victim or may be given to a victim without consent. **Sexual activity that occurs when one person is unable to give consent to the activity is assault even if the victim was willingly using drugs or was drinking.**

Most people think that drug-facilitated sexual assaults happen most often if a person is "drugged". In fact,

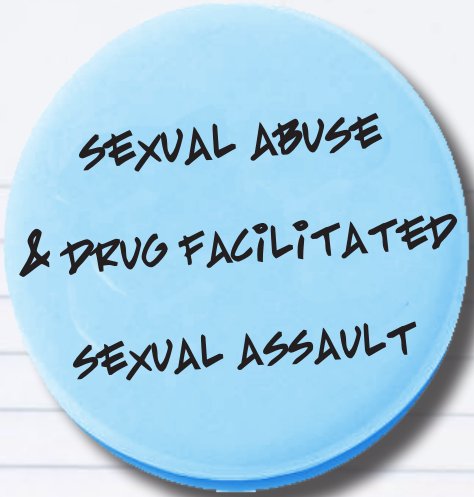
most drug-facilitated sexual assaults happen after a person has been using alcohol (Sexualityandu, 2006a). Alcohol use makes it more likely that a person will ignore or miss signs that he or she is in danger of sexual assault. Alcohol also makes it harder for a person to resist. Women are assaulted more often than men, usually after drinking. An abuser may take advantage of a woman's intoxication and inability to fight back or the abuser may assault a woman after she has passed out. An abuser may also pressure a woman to drink or make her drinks extra strong. The second most commonly used drug in drug-facilitated sexual assault cases is marijuana (Sexualityandu, 2006b).

Other than alcohol and marijuana, there are many types of drugs that might be used in a drug facilitated sexual assault including Rohypnol® (often called roofies), GHB, or ketamine. These drugs have similar effects to alcohol and can cause tiredness and blur the victims memory. Young women between 16 and 24 are at the greatest risk for this kind of sexual assault. The abuser is most often a date or an acquaintance. About 25% of rape victims report that drugs were a factor but since drug-facilitated sexual assaults are often not reported this is probably much higher (Sexualityandu, 2008). Most of these types of crimes are committed by a friend or acquaintance of the victim and not by a stranger (Sexualityandu, 2008).

Try to prevent drug facilitated sexual assault:

- Be aware of your surroundings and listen to your gut feelings. If something feels

IF YOU ARE EXPERIENCING ABUSE, TELL SOMEONE YOU TRUST, LIKE AN ELDER, A COUNSELOR, OR A FRIEND. YOU MAY WANT TO CONTACT AN ABUSE HELPLINE. LINKS AND PHONE NUMBERS ARE PROVIDED AT THE END OF THIS SECTION.



**SEXUAL ABUSE
& DRUG FACILITATED
SEXUAL ASSAULT**

off it probably is.

- Do not accept drinks from someone you don't know or don't trust.
- Never leave your drink unattended and don't drink it if it looks, smells, or tastes weird.
- If you are drinking and you feel like you need to sleep or might pass out, get a sober friend you trust to take you home.
- Have a buddy system so you can look out for each other. Be aware of your friends' behaviour. If they seem more drunk than expected for what they have had to drink they might be at risk.
- If you feel like you've been drugged or think a friend has been drugged get help. Call 911.

It is never a person's fault that he or she was assaulted after drinking. **Being drunk is not an invitation for sex.**

If you have been the victim of sexual abuse or sexual assault there are people you can talk to. You can call:

- National Clearinghouse on Family Violence at 1-800-267-1291
- National Domestic Violence Hotline at 1-877-799-7233 or 1-800-787-3224 (TTY)
- for children, call the Kids Help Phone 1-800-668-6868

To report sexual assault or sexual abuse call 911 (or have a friend call 911). If you are treated at the hospital you can also ask the staff there to call to report it for you.

If you know or think a friend or acquaintance is a victim of sexual abuse, provide support. Help your friend get help. Help your friend protect themselves by reporting the violence or speaking to a counselor or Elder.

For More Information

First Nations Specific

Love You Give – a hip hop music video developed by Inuit, Métis and First Nation youth to prevent violence and promote healthy equal relationships: <http://www.loveyougive.org/tablesite.html>

National Aboriginal Circle Against Family Violence - Listing of Aboriginal Shelters: <http://nacafv.ca/en/shelters>

National Aboriginal Circle Against Family Violence: <http://nacafv.ca/en/mandate>

The Native Women's Association of Canada – Sexual Exploitation: <http://www.nwac.ca/programs/sexual-exploitation>

The Native Women's Association of Canada – Violence Prevention: <http://www.nwac.ca/programs/violence-prevention>

Za-geh-do-win Information Clearinghouse – information about health, healing and family violence for Aboriginal communities in Ontario: <http://www.za-geh-do-win.com/>

General

Canadian Association of Sexual Assault Centres: <http://www.casac.ca/content/anti-violence-centres>

Girls Action Foundation: www.girlsactionfoundation.ca

Mayo Clinic – signs of domestic violence against men: <http://www.mayoclinic.com/health/domestic-violence-against-men/MY00557>

Mayo Clinic – signs of domestic violence against women: <http://www.mayoclinic.com/health/domestic-violence/WO00044>

National Clearinghouse on Family Violence at 1-800-267-1291
Public Health Agency of Canada,
National Clearinghouse on Family Violence: <http://www.phac-aspc.gc.ca/ncfv-cnivf/>

The National Domestic Violence Hotline Website: <http://www.thehotline.org/>

The Society of Obstetricians and Gynaecologists of Canada administers a website that provides up-to-date information and education about sexuality including information on sexual assault including drug facilitated sexual facilitated sexual assault for adults (<http://www.sexualityandu.ca/adults/assault.aspx>) and teens (<http://www.sexualityandu.ca/teens/assault.aspx>).

References

Canadian Federation for Sexual Health (CFSH). (2007). Sexual Health in Canada: Baseline 2007. Ottawa, ON.

Department of Justice (2010). What factors play a role in sexual abuse and exploitation of children and

youth? Retrieved December 21, 2010 from http://www.justice.gc.ca/eng/pi/fv-vf/facts-info/sex_abu.html#tphp

Green, R. (1992). Women in American Indian Society. NY: NY.

Medline Plus (2010). Child Sexual Abuse. Retrieved October 22, 2010 from <http://www.nlm.nih.gov/medlineplus/childsexualabuse.html>

Sexualityandu.ca (2008). Myths and facts about drug-facilitated sexual assault. Retrieved October 22, 2010 from <http://www.sexualityandu.ca/media-room/matte-stories-4.aspx>

Sexualityandu.ca (2006a). Drug facilitated sexual assault. Retrieved October 22, 2010 from <http://www.sexualityandu.ca/adults/assault-3.aspx#>

Sexualityandu.ca (2006b). Drug facilitated sexual assault: the hard facts. Retrieved November 12, 2010 from <http://www.sexualityandu.ca/teens/assault-1.aspx>

Statistics Canada (2005). Family Violence in Canada: A Statistical Profile 2005. Retrieved October 22, 2010 from <http://dsp-psd.pwgsc.gc.ca/Collection/Statcan/85-224-X/85-224-XIE2005000.pdf>

Statistics Canada (2001). Family Violence in Canada: A Statistical Profile 2001. Retrieved October 22, 2010 from <http://dsp-psd.pwgsc.gc.ca/Collection/Statcan/85-224-X/0000185-224-XIE.pdf>

The World Health Organization. (2006). Intimate partner violence and alcohol. Retrieved April 23, 2010 from www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fem-whoms-alco-eng.pdf



Bo·dy Im·age & Sex·u·al Health

“Good health is a balance of physical, mental, emotional and spiritual elements. All four interact for a strong healthy person. If we neglect one, we get out of balance and our health suffers in all areas. Good health is achieved when we live in a balanced relationship with the earth and the natural world. Everything we need is provided by our common mother earth; whole foods, pure water and air, medicines, and the laws and teachings which show how to use things wisely. Combined with an active lifestyle, a positive attitude, and peaceful and harmonious relations with people and the spiritual world, good health will be ours.”

- Leslie Malloch, 1989, in *A Guide for Health Professionals Working with Aboriginal Peoples*, Janet Smylie, Society of Obstetricians and Gynecologists of Canada, Ottawa, 2001, p. 21

Body image is closely connected to our relationships with people who are important to us, like friends,

family and community members, as well as how we communicate. These relationships and communication are also part of our sexuality. Sexuality is more than just having sex. As First Nations people, we have a lot to be proud of. However, we also see many negative images of ourselves and our bodies and that sometimes makes feeling proud confusing and hard.

It is normal for your body image to change from day to day. Some days you might feel better or worse about your body than others. You may feel happy with certain body parts but be unhappy with others. What is important is your overall satisfaction with your body - how you see it and how you feel about it. A very negative body image can have serious effects on your health and wellbeing.

What is a “healthy” body image?

A “healthy” body image means, for some people, that most of the time you feel comfortable with your body and that you feel good and comfortable about the way you look. It also

**BODY IMAGE
& SEXUAL
HEALTH**

means having feelings of strength, attractiveness, and control without trying to have an unrealistic "perfect" body. A person with a healthy body image is proud of the way he or she looks. Healthy body image is not associated with the number of pounds you weigh or an "ideal" body size or shape. A healthy body image is possible at any size. Trying to gain or lose weight can actually do more harm than good if you don't have advice or supervision from a health care provider. You might not get healthy, nutritious food, and there can be effects on your mental and emotional health or underlying health conditions.

The way you feel about your body has effects on your sexuality and your sexual behaviour. Feeling comfortable in your body is an important part of your sexuality. If we are uncomfortable with our bodies, it can be hard to know what feels good during sex and how to talk about it with partners. If we can't discuss sex openly, it's hard to set boundaries and feel satisfied with the sex we are, or are not, having. If we develop a more positive body image, it becomes easier to reduce our risk of STIs and unplanned

pregnancy through the use of condoms, dental dams, or the birth control pill or shot. A positive body image also makes it easier to talk to a nurse or doctor if you want to get tested for STIs, or need more information about preventing pregnancies.

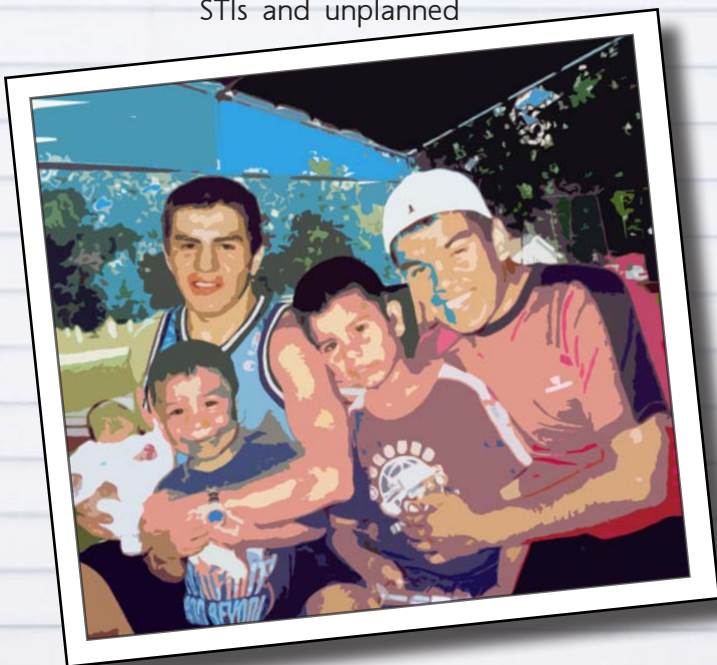
Body image and sexuality do not always have to involve partners. Part of having a positive or healthy body image and being comfortable with yourself is knowing what kind of touches and sensations feel good. Masturbation, or touching yourself, is one of the safest ways to explore your own body and find out what you like!

What is a negative body image?

"Colonization and racism go hand in hand. Racism has provided justification for the subjugation of Aboriginal peoples ... Over time, racial stereotypes and societal rejection may be internalized by the colonized group."

- Emma D. LaRocque

A person with a negative body image may not be happy with the way they look. They may not see themselves the way they really look to other people. When they look in the mirror they may see certain body parts as bigger, smaller, or different than they really are. They may feel self-conscious or awkward and may be ashamed of their bodies. These feelings happen often in a world where stereotypes describe First Nations people as "easy", Native women as looking like Pocahontas, and "stoic" Native warrior men who can't express emotions. These stereotypes have real effects on the way we feel comfortable or not in our



own skin and bodies. We can work towards challenging these stereotypes through discussions with each other and reclaiming culture.

We know that as First Nations people, we are considered “at risk” for many health issues. We are experiencing very high suicide rates, especially amongst youth. It is important that we recognize the effects that negative body image can have on people who may be thinking about self-harm or suicide. Take a look at the resource section below to see how communities are building networks to support each other through these tough issues.

How do I know if my friend or I have a negative body image?

The following list has some warning signs that may point to a number of issues, including negative body image. The causes may be personal, or related to situations in your community, such as isolation, effects of residential schools, or poor access to health care and healthy food. It is important to talk about these things openly to people you trust. Warning signs that you or your friend might have a negative body image are:

- having anxiety, depression, or low self-esteem or other serious mental health problems such as eating disorders or exercise disorders
- abusing drugs and/or alcohol
- having low self esteem, which may relate to how “worthy” a person feels
- engaging in risky sexual behaviours, such as not always using protection like condoms and/

or other forms of
contraception

- avoiding social situations

Again, these signs can point to many things and it is important not to label someone else’s behaviour without speaking to them about it first. See what they need and want in terms of support, and respect their decisions.

Everyone feels bad about or uncomfortable with certain body parts sometimes but if you always feel bad about your body you may have a negative body image. It can have serious effects on your health. Speak to a health care provider or professional counselor. You can also speak to someone else that you trust like an Elder, family member or a friend.

Factors affecting body image

Body image is influenced by many factors. It is affected by what ‘society’ considers attractive and unattractive. Often, First Nations culture is overshadowed by Canadian “ideals”. This in





cludes the idea that beauty is skinny, tall, white and blonde. Our people come in all shapes, sizes and shades which are not represented in Canadian culture but are no less beautiful. Your body image begins to develop at a young age. It is affected by the words of your parents/guardians, family and community members and the way they talk about you, other people, and about themselves and their bodies. As we get older our friends influence our body image. Our age plays a role in body image as well as the stage we're at in our life.

Both positive and negative experiences can affect the way we see ourselves. Feeling respected and liked or loved by other people may make you feel more positive about your body. Racism can also affect your body image. Gender and sex also play a role in how we are treated and how we feel about our bodies. Sometimes these factors are connected and affect us all at the same time. Factors affecting body image are linked to many other parts of our community, and talking about it is relevant to many situations.

The Media

The media plays a big role in what we think we "should" look like and what we think is attractive. It is important that you remember that most people can't get to or stay at the size and shape of models. Not only do models have teams of hair and makeup people working on them for their photo shoots, they also have someone to make sure the lighting is perfect and then someone else might touch up or enhance the photos. So the final picture in a magazine is not at all a real photo of the model.

For First Nations people, we are rarely shown in the media in a positive way. Take some time with your friends or classmates to look at the ways we are shown in the media. Ask yourselves, what is missing? Are these depictions accurate? Who is writing this? There are also many examples of good role models. These are First Nations people who are working for their communities. For example, see the NAHO National Aboriginal Role Model program in our resources section. There is also media that is made for us, by us. You can consider contributing to your community's radio station, newspaper or other media.

Sometimes it is hard to reject the images we see in magazines, and we might think that they are true. This is also normal, and takes support from friends and family to understand what is true about yourself and about your community. This can be especially confusing when

we are experiencing negative things like suicide in our lives. Talking about it is always the first step to supporting each other and looking for solutions.

What can I do to improve my body image?

Body image is more about how you feel than how you look. You don't have to do anything to change your physical appearance to improve how you feel about your body.

- Try talking to someone you trust about your negative feelings about your body.
- Figure out what situations make you feel bad about your body and be aware of these triggers.
- Find out what situations make you feel good about your body and encourage yourself and others to create more space like that
- Avoid looking at or buying fashion magazines or other similar magazines if they make you feel bad about your body. (Or have fun cutting them up and making art!)
- Find a positive body image role model. This will be someone who feels happy with and proud of the way they look. You can try to take on their positive attitude towards yourself.

There are many layers that affect how we live in our bodies. Sometimes



these are very physical things relating to health, such as diabetes, but they can also involve very personal issues, like experience with sexual abuse or other abuse. 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 that we break the silence around these topics and talk about them, even when it is uncomfortable or confusing.

As First Nations peoples, we can look to our rich cultures and histories for examples of how to have healthier relationships with our bodies and communities. There are many examples below of people doing exactly that and we encourage you to check them out!

Remember that bodies come in all different shapes, shades, and sizes and there is no such thing as the "perfect" body type. We can talk about the bad stuff while also celebrating and sharing the good stuff.

For more information:

First Nations Specific

Honouring Life Network – Aboriginal youth suicide prevention: www.honouringlife.ca

Lead your Way! National Aboriginal Role Model program: www.naho.ca/rolemodel

Kahnawake Schools Diabetes Prevention Project: www.ksdpp.org

Native Youth Sexual Health Network: www.nativeyouthsexualhealth.com

General

The National Eating Disorder Information Centre: <http://www.nedic.ca/knowthefacts/statistics.shtml>

Healthy at Every Size - www.haescommunity.org

Canadian Women's Health Network: www.cwhn.ca

Health Canada: Positive Self/Body Image: http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/leaders_image-chefs_image-eng.php

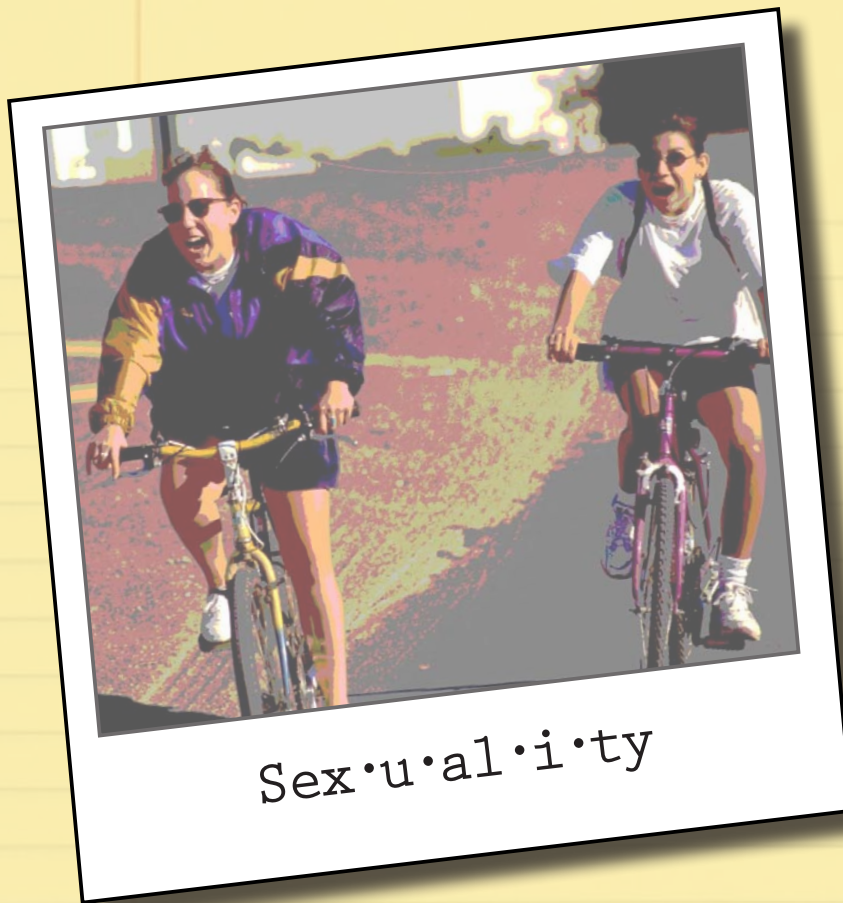
Media Awareness Network: http://www.media-awareness.ca/english/issues/stereotyping/women_and_girls/women_beauty.cfm

Planned Parenthood: www.plannedparenthood.org

Sexual Health Centre Saskatoon: www.sexualhealthcentresaskatoon.ca
Lesbian Gay Bi Trans Youthline: www.youthline.ca

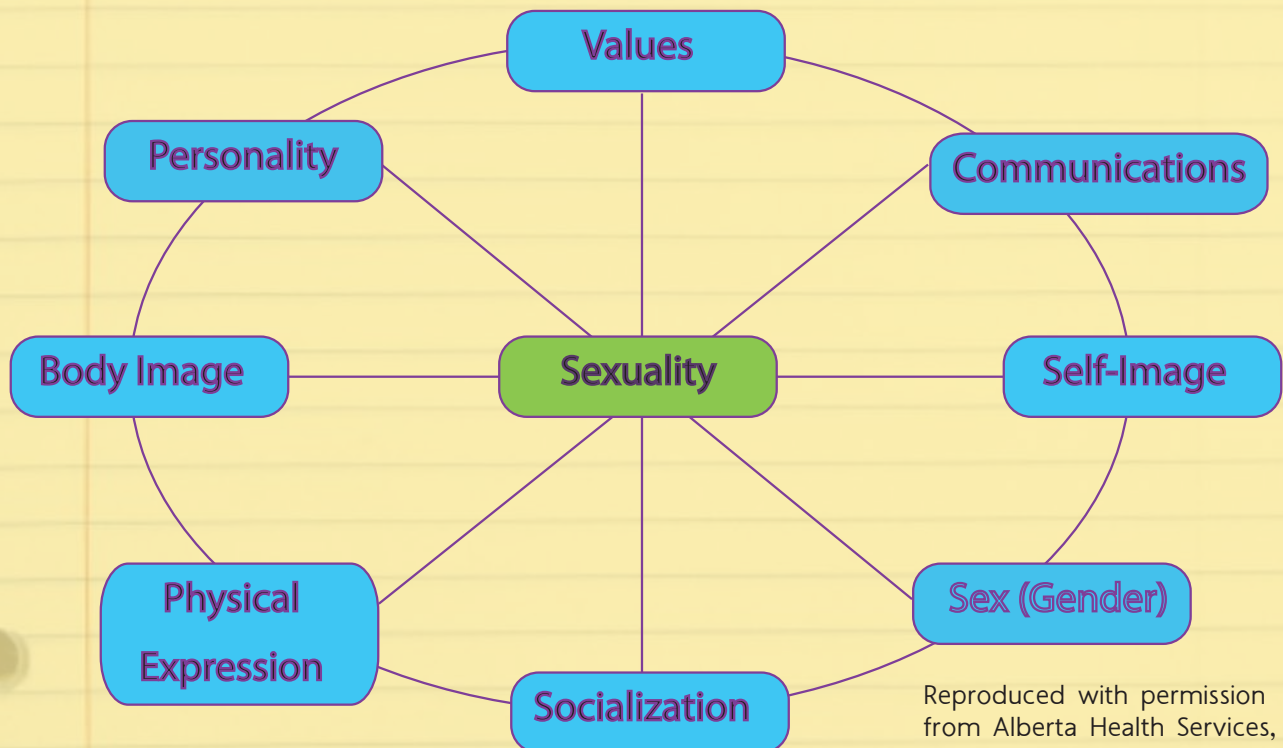
Canadians for Choice Pregnancy info line: www.canadiansforchoice.ca





Sexuality is about more than just sex or sexual orientation. It involves who we are, our identity, how we see ourselves in the world, and what we believe about our abilities. It is about

biology and our bodies, but it is also about psychology and our values. The following diagram shows the factors that affect sexuality and how they are all connected.



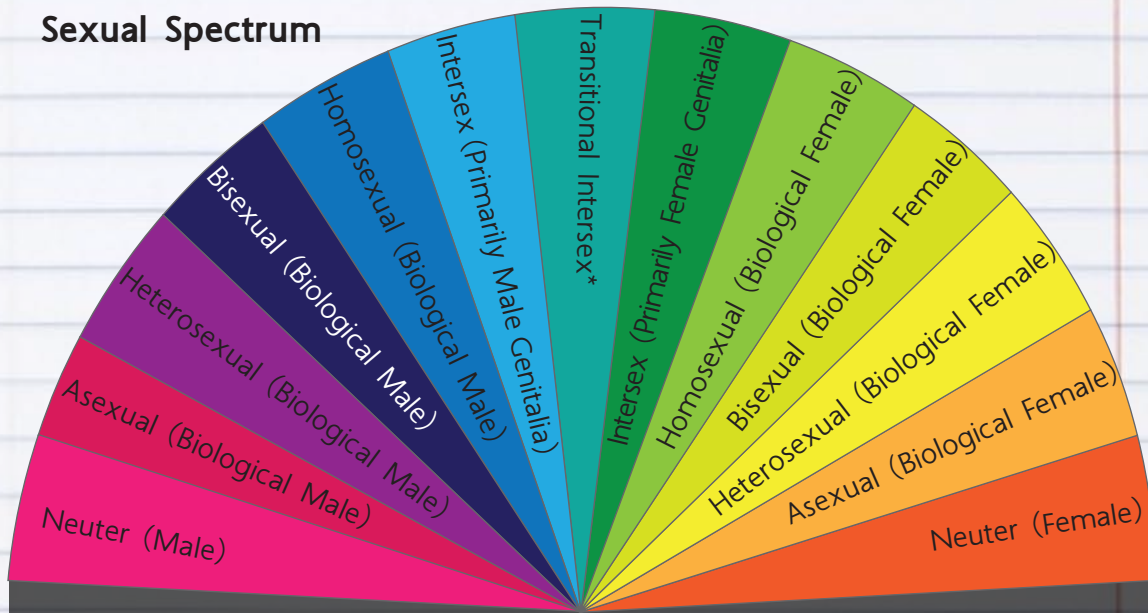
Reproduced with permission from Alberta Health Services, teachingsexualhealth.ca

Sexuality is connected to who you are and how you live. Whether you are sexually active or not, sexuality is a trait that all humans share (Nova Scotia Department of Health, 1999, p. 45). Sexuality involves knowing your body, developing the ability to be intimate, and the ability to share relationships.

Do “gender” and “sex” mean the same thing?

Although we sometimes use these words interchangeably, they actu-

ally have different meanings. “Sex” refers to differences in biology and physiology. For example, men have testicles and women do not and women can get pregnant and men cannot. Gender usually refers to duties and responsibilities that are considered “masculine” or “feminine”. For example, some stereotypes would be that women are caregivers and men are hunters and protectors. 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 spectrum below.



*Can be natural or the result of medical procedures

Adapted from O’Brien-Teengs, 2008, 2spirits.com Sexual Orientation

Sexual orientation refers to the way you feel about other people of the same and the opposite sex and who you are attracted to. It refers not only to your feelings towards other people sexually but also emotionally (SOGC, 2009). Most experts believe that a per-

son does not choose their sexual orientation.

Some people may identify with one of these categories and others may feel that they don't fit entirely into any of these categories.



Heterosexuality

Heterosexual individuals are attracted to members of the opposite sex. For example, men attracted to women.

Homosexuality

Homosexual individuals are attracted to members of the same sex. For example a woman attracted to women or a man attracted to men. A man attracted to men may identify as “gay” and a woman attracted to women may identify as a “lesbian”.

Asexual

An asexual person may be attracted to men or women but does not experience sexual attraction.

Bisexuality

Bisexual individuals are attracted to both men and women.

Gender Variation/Transgender/Transsexual

Most people are assigned a gender at birth based on their physical characteristics. For many people this feels right, but for others it does not match with how the person feels about him/herself.

Gender variation includes transgender and transsexual as well as third or fourth genders. Gender variation refers to people who do not identify with the gender assigned to them and people who do not follow the stereotypical gender roles and responsibilities. A person who identifies as transgender or transsexual might want to change their gender by having a sex change operation (Yee et al., 2010, p. 10).

Intersex

An intersex person has a body that is not considered typically male or female. Most intersex people identify as male or female rather than transgendered or transsexual.

Queer

This is a term that was used against gay, lesbian, bisexual, transgendered, transsexual, and two-spirited people by homophobic people in the past because it means “different” or “odd”. It is now used by some people to show a sense of pride in being different.

Third and Fourth Genders

In many native North American societies there was a formal status for a man who took a woman’s lifestyle and a woman who took a man’s (Roscoe, 1998, p. 7). Sometimes the same term was used to describe both and sometimes there were separate terms. These were culturally accepted gender categories and were therefore a third and sometimes fourth gender in addition to male and female (Roscoe, 1998, p. 127).

There is no set definition on the characteristics of third or fourth gender individuals. Some would dress like and perform the work of the “opposite sex” and some would combine the roles of men and women (Roscoe, 1998, p. 8). Similarly, some might have sexual relationships but some might

not. In general they were accepted and integrated in society and had important roles such as successful warriors or shamans (Roscoe, 1998, p. 9 & 11).

Two-Spirited

The term "two-spirited" was developed in 1990 at a North American and First Nations gay and lesbian conference in Winnipeg (Jacobs, Thomas, & Lang, 1997, p. 2). It refers to people who aren't considered to be male or female and instead have both a male and a female spirit within the same body.

The term two-spirited is described as acknowledging the gender inclusiveness of traditional First Nations cultures and the balance between the male and female spirit, or "those who walk between genders" (Horsefall, n.d.; Minwaashin Lodge, 2006-2009). This term aligns with many traditional cultures and allows individuals who identify with this term

to represent their traditional culture (Roscoe, 1998, p. 111). Before colonization, two-spirit individuals were recognized as having the special responsibility of carrying two spirits and this was considered a gift. Two-spirited people were respected and often became medicine people, healers, and visionaries and held important roles in many ceremonies (Deschamps, 1998, p. 1). The roles of two-spirit individuals would be different depending on the community and the First Nation. Because of colonization, two-spirit people have lost their role in the community.

The term two-spirit does not refer to homosexuality but instead to the way the different genders are embodied. It is not about sexual preferences or practices (Laframboise & Anhorn, 2008). It emphasizes the spiritual aspect of life with less emphasis on sexuality (Jacobs, Thomas, & Lang, 1997, p. 3).

The term is not accepted by all cultures and by all individuals (Jacob, Thomas, & Lang, 1997, p. 3). Some individuals choose to describe themselves as gay, lesbian, bisexual, transsexual, transgendered, or third (or fourth) gendered depending on their preference.

Gay, lesbian, bisexual, transgendered, transsexual, two-spirit, and questioning youth are at increased risk for suicidal thoughts and suicide attempts (Centre for Suicide Prevention, 2003). If you are feeling hopeless or are thinking about suicide get help. Speak to a health care provider, someone you trust, or reach out to a support group. You'll find support group and hotline information at the end of this section.

THERE IS A STORY OF A KOOTENAY WOMAN WHO GAVE UP HER HOUSEWORK TO HUNT AND FIGHT WITH THE MEN (HUNGRY WOLF, 1980, P. 69). SHE ALSO TOOK A MAN'S NAME, WORE MEN'S CLOTHING, AND TOOK A WIFE. ANOTHER WOMAN, A BLACKFOOT WOMAN NAMED RUNNING EAGLE, WAS A WOMAN WARRIOR WHO GAVE UP THE WORK OF THE HOUSEHOLD FOR THE WAR TRAILS OF MEN. MANY MEN CALLED HER A CHIEF AND FOLLOWED HER (HUNGRY WOLF, 1980, P. 62-63). RUNNING EAGLE TOOK ON THE WORK OF THE HOUSEHOLD WHEN HER MOTHER BECAME SICK. BUT, FOLLOWING THE DEATH OF HER FATHER SHE HAD A VISION THAT GAVE HER THE POWER NECESSARY FOR BEING A SUCCESSFUL WARRIOR. SHE DID NOT TAKE A HUSBAND.

HOMOPHOBIA, TRANSPHOBIA AND HETEROSEXISM

HOMOPHOBIA OR TRANSPHOBIA IS A FEAR OR HATRED OF ANYONE ASSUMED TO BE GAY, LESBIAN, BISEXUAL, TRANSEXUAL, TRANSGENDERED, TWO-SPIRITED, OR INTERSEX OR ANYTHING RELATED TO THESE CULTURES. IT CAN BE DIRECTED AT SOMEONE ELSE OR OCCUR WITHIN A PERSON. IT CAN RANGE FROM MAKING "JOKES", AVOIDING PEOPLE BELIEVED TO BE GAY, LESBIAN, BISEXUAL, INTERSEX, TRANSGENDERED, TRANSSEXUAL, OR TWO-SPIRITED TO VERBAL AND EVEN PHYSICAL ABUSE.

HETEROSEXISM IS THE BELIEF OR ASSUMPTION THAT HETEROSEXUALITY IS THE ONLY NORMAL AND ACCEPTED SEXUAL ORIENTATION OR THAT HETEROSEXUALITY IS SUPERIOR TO OTHER SEXUAL ORIENTATIONS (RYAN, 2003, P. 8).

Gay, lesbian, bisexual, transsexual, transgender, and two-spirit people have higher rates of depression (Family Services a la famille Ottawa,

2006, p. 21). Facing ongoing discrimination and feelings of isolation is stressful (CAMH, 2008). Some people may use alcohol and drugs to cope with these feelings. Gay, lesbian, bisexual, transsexual, transgender, and two-spirit people may have higher rates of substance abuse because of experiences with discrimination and the feelings that go along with it (Canadian Centre on Substance Abuse, 2009).

If you need help dealing with your emotions speak to your health care provider or Elder or ask about counseling services available at your local health clinic or nursing station. You have the right to ask if there are services that are specialized for lesbian, gay, bisexual, transgendered, or two-spirited people (CAMH, 2008).



International Day Against Homophobia is held every year on May 17. For more information visit <http://www.homophobia-day.org/>.



The Honouring Life Network website offers information on suicide prevention, resources, and a directory of organizations working on suicide prevention: <http://www.honouringlife.ca/about/hln>.

Where to get support:

Nationwide: Kids Help Phone 1-800-668-6868 (24hrs)

Online support: <http://www.suicideinfo.ca/csp/go.aspx?tabid=40>

Check your local phone book for the number of the local distress centre.

In Alberta

- Alberta Mental Health Board Help Line: 1-877-303-2642
- Distress Centre Calgary: 403-266-1605

In Ontario

- The Centre for Addictions and Mental Health: 1-800-463-6273
- Lesbian Gay Bi Trans YOUTH LINE: <http://www.youthline.ca/> or call the Youth Line 1-800-268-9688 (free confidential peer support)
- Ontario Crisis Intervention Centre: 1-888-757-7766 (24hrs)

In Manitoba

- Manitoba Suicide Line: 1-877-435-7170 (24hrs)

In British Columbia

- BC Crisis Line: 1-800-784-2433 (24hrs)
- List of support services: <http://transhealth.vch.ca/re/sources/transgroups.html>

In New Brunswick

- New Brunswick Help Crisis Line: 1(506)859-HELP (4357) (24hrs)

In Nova Scotia

- Nova Scotia Mental Health Mobile Crisis Team: 1-888-429-8167 (24hrs)

In Newfoundland and Labrador

- Newfoundland Mental Health Crisis Centre Health and Community

Services: 1-888-

737-4668 (24hrs)

- Nain Help Line: 1(709)922-2277

In Prince Edward Island

- PEI Help Line: 1-800-218-2885 (24hrs)

In Saskatchewan

- Saskatchewan North East Crisis Intervention Centre: 1-800-611-6349 (24hrs)

In the Yukon

- Kaushee's Place Crisis Line: 1-867-668-5733 (24hrs)

In the NWT/Nunavut

- Helpline Western Arctic: 1-800-661-0844 (7pm-11pm)

For more information:

First Nations Specific

2spirits.com: <http://2spirits.com/>

Honouring Life Network: <http://www.honouringlife.ca/about/hln>

Dancing to Eagle Spirit Society: <http://www.dancingtoeaglespiritsociety.org/index.php>



Native Youth Sexual Health Network:
www.nativeyouthsexualhealth.com

Native Youth Sexual Health Network - Healthy Sexuality and Fighting Homophobia: Native Youth Photography Project: <http://www.nativeyouthsexualhealth.com/youth-photoproject.html>

The Native Women's Association of Canada – Suicide Prevention: <http://www.nwac.ca/programs/suicide-prevention>

General

Egale Canada: <http://www.egale.ca/>

Gay, Lesbian, Bisexual and Transgender National Hotline toll-free phone: 1-888-THE-GLNH (1-888-843-4564)

GLBT National Help Centre Online Chat: <http://www.volunteerlogin.org/chat/index.html>

GLBT National Youth Talkline toll-free phone: 1-800-246-PRIDE (1-800-246-7743)

AlbertaTrans.org: <http://www.albertatrans.org/support.shtml>

The Asexual Visibility and Education Network: <http://www.asexuality.org/home/>

Canadian AIDS Society – A new look at homophobia and heterosexism in Canada: <http://www.cdnaids.ca/web/repguide.nsf/cl/cas-rep-0188>

Lesbian Gay Bi Trans YOUTHLINE: <http://www.youthline.ca/>

Parents and Friends of Lesbians And Gays (PFLAG) Canada provides information for people struggling with gender identity and sexual orientation: <http://www.pflagcanada.ca/en/index-e.asp>

The Canadian Federation for Sexual Health – Gender Identity and Sexual Orientation: http://www.cfsh.ca/Your_Sexual_Health/Gender-Identity-and-Sexual-Orientation/

The Sexuality Education Resource Centre, Manitoba: www.serc.mb.ca
Women's Health Matters: <http://www.womenshealthmatters.ca/centres/sex/index.html>

References

Family Services a la famille Ottawa (2006). Around the Rainbow: Toolkit for GLBTTQ parents/guardians. Retrieved November 25, 2010 from http://www.aroundtherainbow.org/index.php/resource_centre/parent_toolkit

Canadian Centre on Substance Abuse (2009). LGBTTTIQ Overview. Retrieved November 25, 2010 from <http://www.ccsa.ca/Eng/Topics/Populations/LGBTTTIQ/Pages/LGBTTTIQOverview.aspx>

Centre for Addiction and Mental



Health (2008). Substance Use: Issues to consider for the lesbian, gay, bisexual, transgendered, transsexual, two-spirit, intersex and queer communities. Retrieved November 25, 2010 from http://www.camh.net/About_Addiction_Mental_Health/Drug_and_Addiction_Information/substance_use_lgbttiq.html

Centre for Suicide Prevention (2003). Suicide among gay, lesbian, bisexual or transgendered youth.

Deschamps, G. (1998). We Are Part of a Tradition: A Guide on Two-Spirited People for First Nations Communities. Toronto, ON.
Horsefall, R. (n.d.) Two Spirit People. All Nations Hope AIDS Network. Retrieved from: www.allnationshope.ca

Hungry Wolf, B. (1980). The Ways of My Grandmothers. Morrow and Company, New York: NY.

Jacobs, S., Thomas, W., & Lang, S. [Eds.] (1997). Two-Spirit People: Native North American Gender Identity, Sexuality, & Spirituality. University of Illinois.

Laframboise, S. & Anhorn, M. (2008). The way of the two-spirit-

ed people. Retrieved from: <http://www.dancingtoeaglespiritsociety.org/index.php>

Minwaashin Lodge (2006-2009). Two-Spirit Services. Retrieved July 21, 2010 from <http://www.minlodge.com/programs/twoSpirit/>

Native OUT: <http://www.nativeout.com/>

Nova Scotia Department of Health (1999). Nova Scotia Round Table on Youth Sexual Health – Just Loosen Up and Keep Talking. 2nd Edition. Retrieved December 23, 2010 from http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Just_loosen/index-eng.php

O'Brien-Teengs, D. (2008). Two Spirit Women 2nd Edition. Retrieved December 22, 2010 from <http://www.2spirits.com/>

Roscoe, W. (1998). Changing Ones: 3rd and 4th Genders in Native North America. New York: NY.

Ryan, B. (2003). A new look at homophobia and heterosexism in Canada. Canadian AIDS Society. Retrieved December 22, 2010 from <http://www.cdnaids.ca/web/repguide.nsf/cl/cas-rep-0188>

The Society of Obstetricians and Gynaecologists of Canada (2009). Sexual Orientation and Gender Identity. Retrieved May 10, 2010 from <http://www.sexualityandu.ca/adults/orientation.aspx>

Yee, J., Heaslip, A., Proudfoot, D., Smillie, C., & Flicker, S. (2010). Taking Action: Youth Coordinator Manual. Retrieved December 23, 2010 from <http://www.takingaction4youth.org/resources/publications/>



Trad·i·tion·al Views on Se·x·ual Health

TRADITIONAL VIEWS ON SEXUAL HEALTH

Sexuality is an expression of the life-creating force (FNC, 2005, p. 121). In the past, sexuality was not shameful and children were taught openly about their bodies, sexual and reproductive passages, and moon-time (ANAC & CFSH, 2002). Sex was about the birth of a child, considered the most sacred ceremony (FNC, 2005, p. 121). It is a gift from the Creator (FNC, 2005, p. 208). Every First Nation has different stories and teachings about sexual health.

To recognize the transition from childhood to adulthood, most cultures have coming-of-age ceremonies or naming ceremonies. The traditions and protocol at these ceremonies are different for each Nation and some families may have their own traditions as well. To learn more about your Nation's ceremonies, speak to your Elders and your family.

Before colonization, women were recognized as having a great power because of their ability to have children. Men and children had knowledge about women's reproductive roles (C. Reading, CPHA conference, 2010). The ability to have and raise children was honoured within the communities.

Before colonization there was acceptance of sexual diversity (C. Reading, presentation CPHA 2010). First Nations people recognized the existence of male-females and female-males. The term "two-spirit" is a recent term developed to describe individuals who don't identify as males or females but carry both a male and female spirit or "walk between the genders" (Horsefall, n.d.; Minwaashin Lodge, 2006-2009).

In some communities a different term would be used to describe a man who took on the roles of a woman or a woman who took on the roles of a man (Roscoe, 1998, p. 7). These culturally accepted categories were third and fourth genders, in addition to male and female (Roscoe, 1998, p. 127). Two-spirited people and those of third or fourth genders were respected and often became medicine people, healers, and visionaries and held important roles in many ceremonies (Deschamps, 1998, p. 1).

There are stories about men and women from different First Nations who took on the roles of the “opposite sex”. This was accepted within the community (Roscoe, 1998, p. 108). Many First Nations had rituals for children who were recognized as acting differently than expected based on their birth gender (Laframboise & Anhorn, 2008). The childhood of these children was based on acceptance and understanding from the whole community.

Colonization changed the traditional views on sexuality and sexual roles (C. Reading, presentation CPHA 2010). In European societies, at the time of colonization, women were considered second class citizens and sex was considered



sinful. Traditional acceptance of alternate genders and homosexuality were undermined since neither was accepted by the colonizing society (Roscoe, 1998, p. 101). These ideas were in complete contrast to traditional First Nations views. First Nations communities, First Nations women, and two-spirited individuals are working hard to bring these traditional views back to the community. For more information, refer to the Sexuality section of this toolkit.

For More Information:

Native Youth Sexual Health Network: <http://www.nativeyouthsexualhealth.com/>

Aboriginal Nurses Association of Canada: http://www.anac.on.ca/sourcebook/part_1.htm

TRADITIONAL VIEWS ON SEXUAL HEALTH

References

Aboriginal Nurses Association of Canada and the Canadian Federation for Sexual Health (2002). Finding our Way: A Sexual and Reproductive Sourcebook for Aboriginal Communities.

Deschamps, G. (1998). We Are Part of a Tradition: A Guide on Two-Spirited People for First Nations Communities. Toronto, ON.

First Nations Centre (2005). First Nations Longitudinal Health Survey (RHS) 2002/03. Chapter 11: Sexual Health Practices (Adult), and Chapter 23: Sexual Health Practices (Youth).

Horsefall, R. (n.d.). Two-Spirit People. All Nations Hope AIDS Network. Retrieved from: www.allnationshope.ca

Hungry Wolf, B. (1980). The Ways of My Grandmothers. Morrow and Company, New York: NY.

Laframboise, S. & Anhorn, M. (2008). The way of the two-spirited people. Retrieved from: <http://www.dancingtoeaglespiritsociety.org/index.php>

Minwaashin Lodge (2006-2009).

Two-Spirit Services. Retrieved July 21, 2010 from: <http://www.minlodge.com/programs/twoSpirit/>

Roscoe, W. (1998). Changing Ones: 3rd and 4th Genders in Native North America. New York: NY.



