



HEALTHY
RELATIONSHIPS

SEXUAL ABUSE
& DRUG FACILITATED
SEXUAL ASSAULT

SEXUAL HEALTH TOOLKIT PART 2

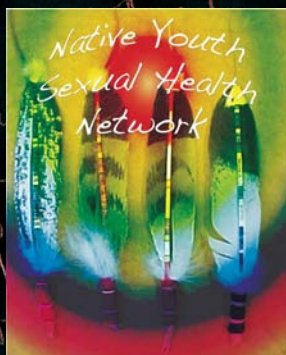


Sex·u·al·ity and
Re·la·tion·ships

BODY IMAGE &
SEXUAL HEALTH

SEXUALITY

TRADITIONAL
VIEWS ON SEXUAL
HEALTH



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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?

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- 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/tablesite.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,

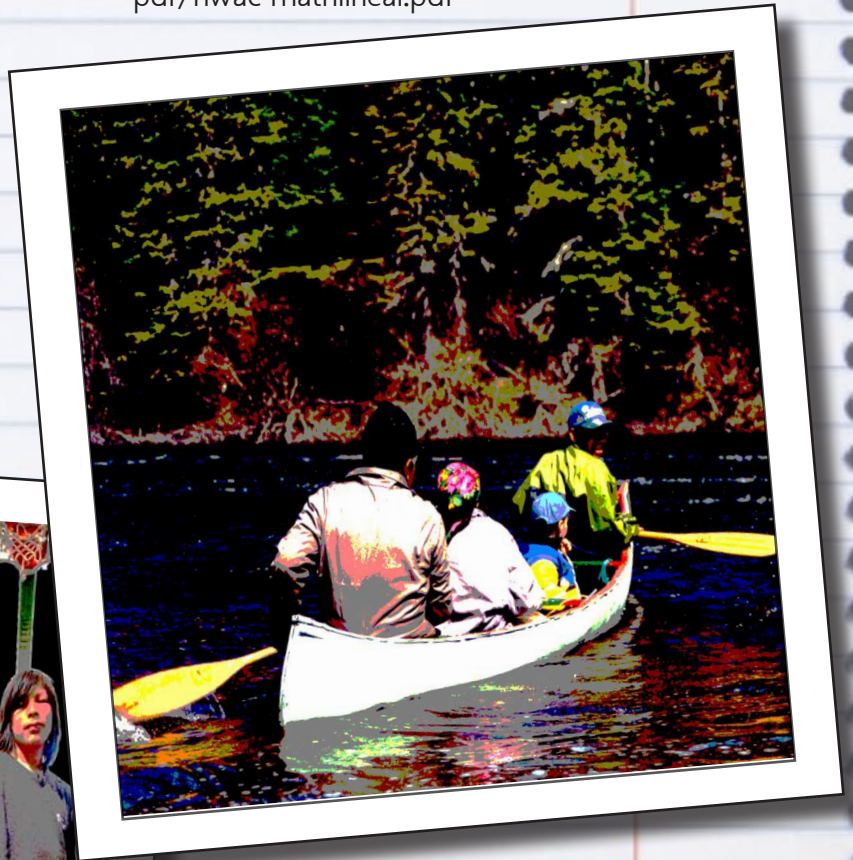
National Clearinghouse on Family Violence: <http://www.phac-aspc.gc.ca/ncfv-cnivf/>

Girls Action Foundation: www.girls-actionfoundation.ca

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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,

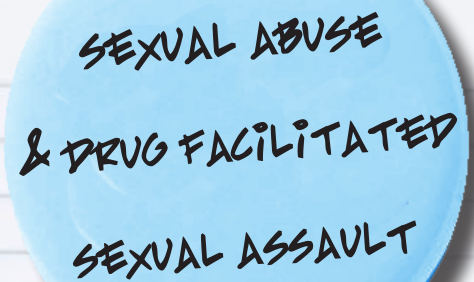
most drug-facilitated sexual assaults happen after a person has been using alcohol (Sexualityandu, 2006a). Alcohol use makes it more likely that a person will ignore or miss signs that he or she is in danger of sexual assault. Alcohol also makes it harder for a person to resist. Women are assaulted more 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.



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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>).

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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

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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.

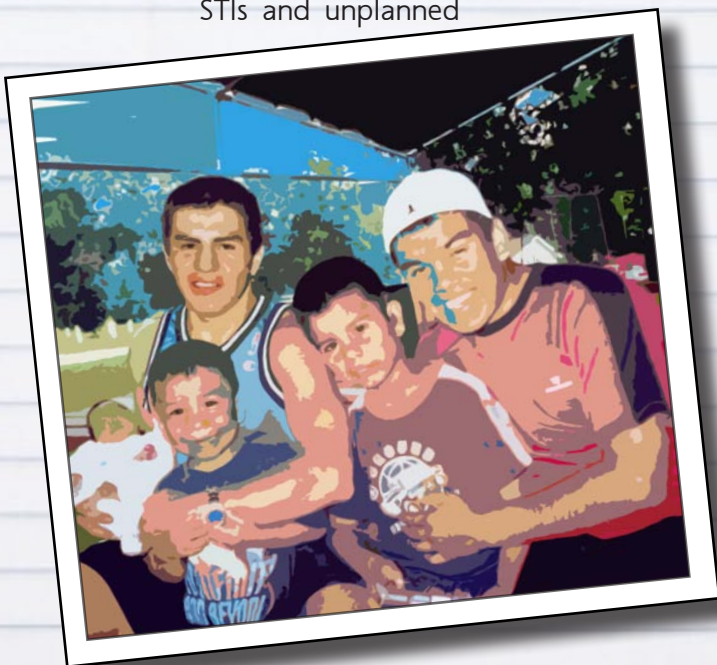
Body image and sexuality do not always have to involve partners. Part of having a positive or healthy body image and being comfortable with yourself is knowing what kind of touches and sensations feel good. Masturbation, or touching yourself, is one of the safest ways to explore your own body and find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

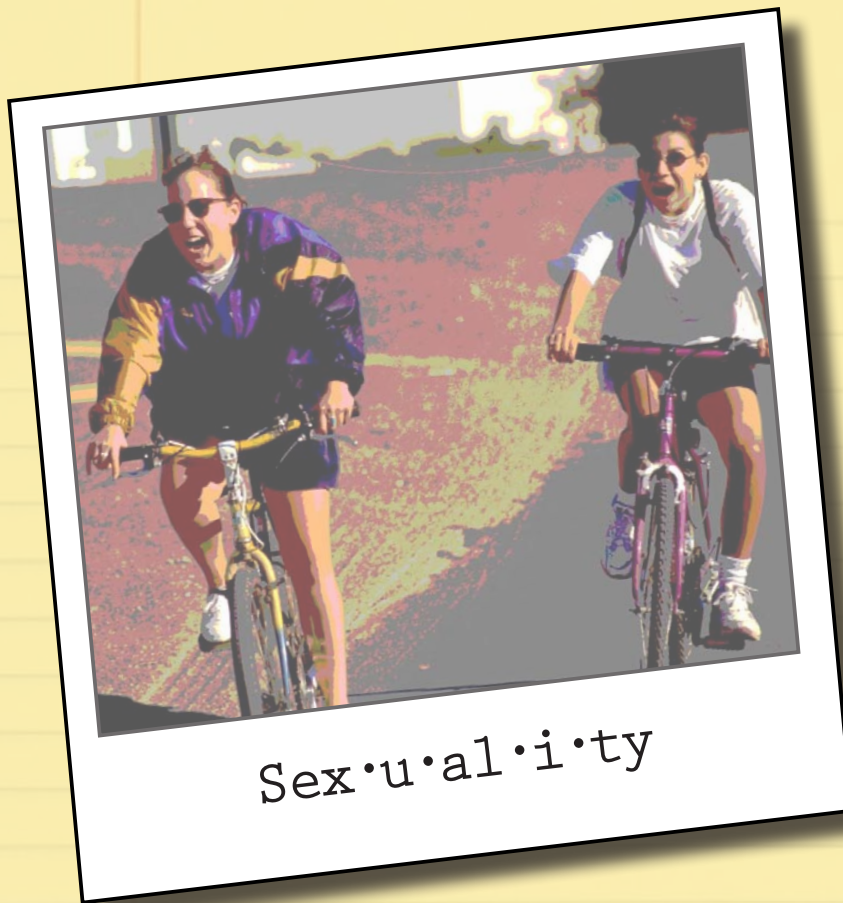
Media Awareness Network: http://www.media-awareness.ca/english/issues/stereotyping/women_and_girls/women_beauty.cfm

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

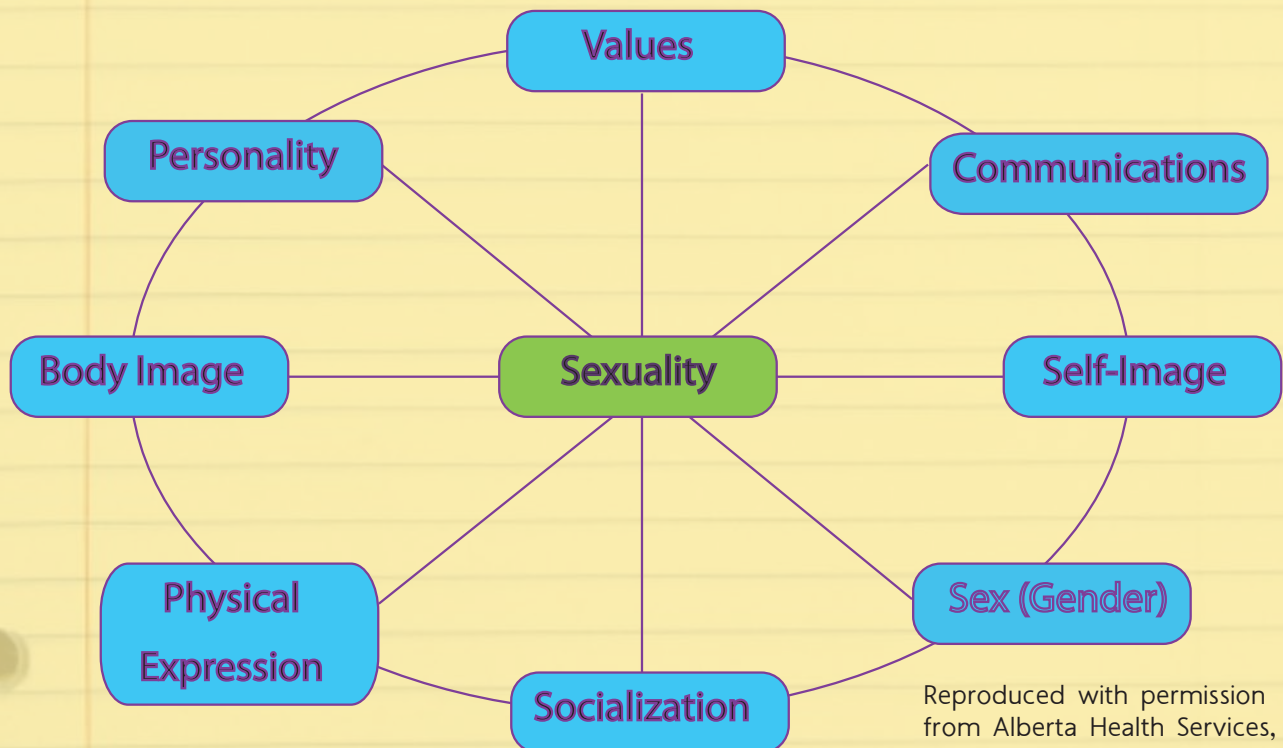




SEXUALITY

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.



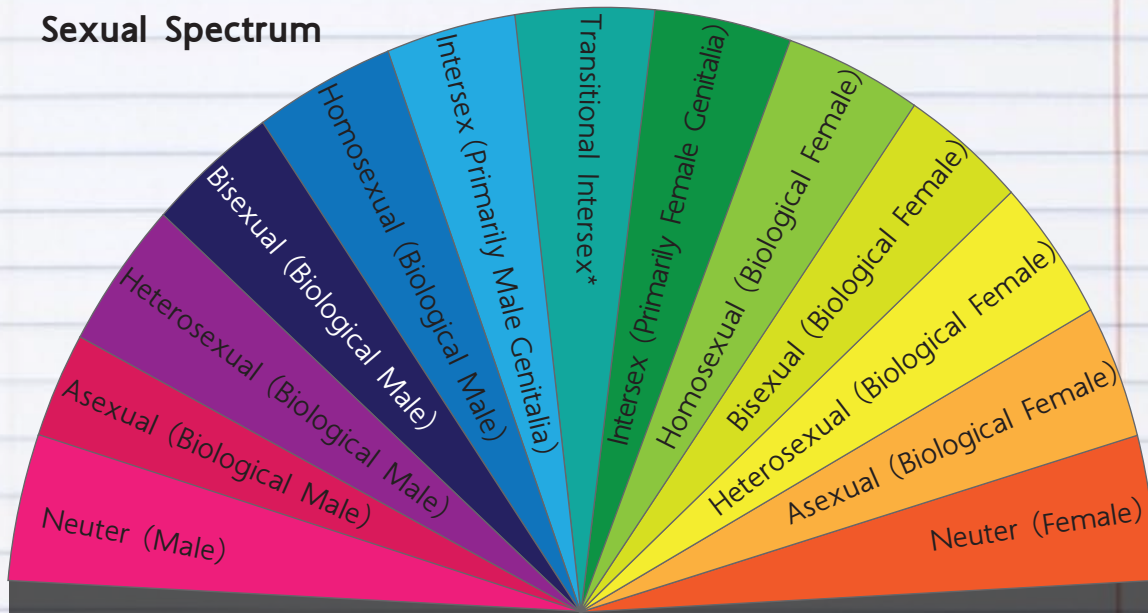
Reproduced with permission from Alberta Health Services, teachingsexualhealth.ca

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,

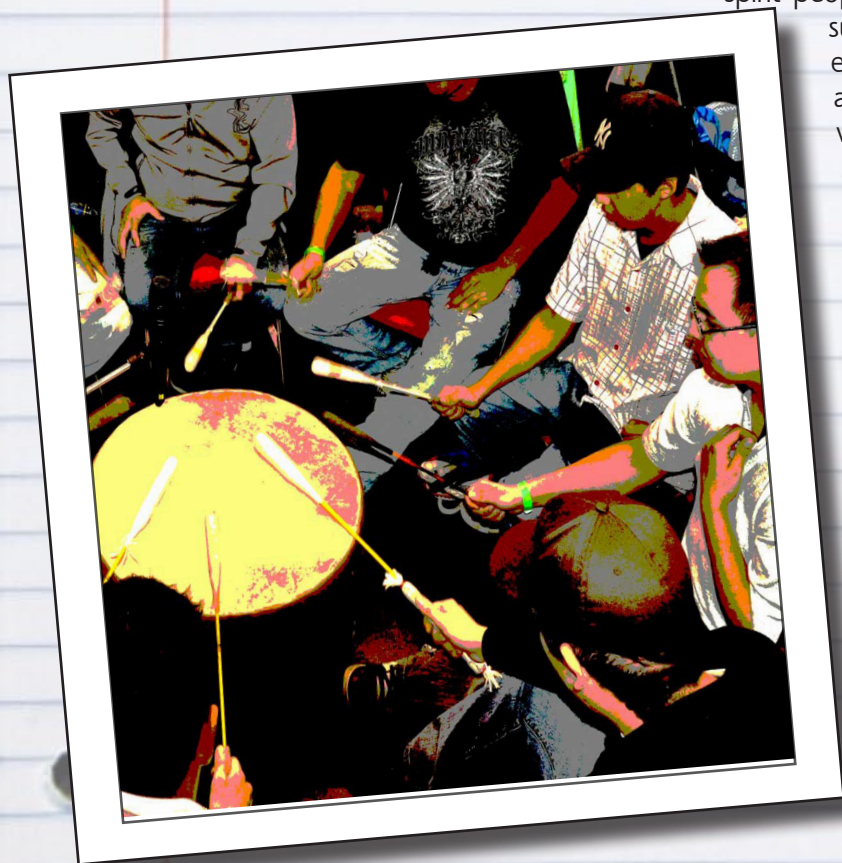
2006, p. 21). Facing ongoing discrimination and feelings of isolation is stressful (CAMH, 2008). Some people may use alcohol and drugs to cope with these feelings. Gay, lesbian, bisexual, transsexual, transgender, and two-spirit people may have higher rates of substance abuse because of experiences with 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>

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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

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