



Walking the RED Path

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Project

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The Native Women's Association of Canada

Mission

Advocate for, and inspire Indigenous Womxn, Girls & Families of many Indigenous Nations

Vision

An inclusive world that understands and respects the diversity and uniqueness of all Indigenous Womxn, Girls and their Families.

Re-forging connections

Empowering Indigenous women to heal, &

Driving change for a healthy future

What is Walking the RED Path?





Walking the RED Path Project

Project Aim: increase knowledge & awareness of STBBIs (HIV & HCV) to prevent transmission while improving access to health & social supports & services. **Project Goals:**

- 1. Share information about Sexually Transmitted & Blood Borne Infections (STBBIs), healthy relationships, sexuality, substance use & traditional healing.
- 2. Work together to improve educational material.
- 3. Identify needs, supports and recommendations to help you.

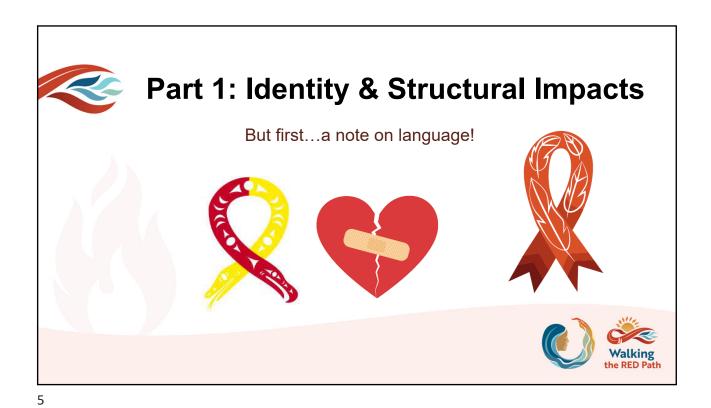
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Check In & Group Agreement

- 1. If the workshop upsets you AT ALL, you have the right to access:
 - an Elder for support
 - · a staff member to chat with, and/or
 - Leave (for some or all of the workshop)
- 2. Ask questions any time- NO wrong or silly questions
- 3. Understand that we are at different stages of our journey
- 4. Respect each other's space & voice
- 5. Have fun!







Power of Indigenous Women





Autumn Peltier
Water rights advocate
& Chief Water
Commissioner
Anishinabek Nation.



Shina Nova
Inuk model from Quebec &
well known for her throat
singing.



Christi Belcourt

Michif (Métis) community artist, environmentalist and advocate for the lands, waters and Indigenous peoples and lead organizer for the Onaman Collective.





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Who wants to share?

Think about a time when you felt proud about overcoming a challenge or difficulty.

- 1. How did it make you stronger?
- 2. How did you surprise yourself?
- 3. How did you find resiliency?
- 4. What changed about you because of it?







Indigenous Teachings & Values

Indigenous teachings vary but often emphasize living in harmony with both nature and community through key values that relate back to:

- 1. Unity with Nature & Each Other
- 2. Courage, Strength, & Balance
- 3. Wisdom through Community & Inclusion
- 4. Truth, Honesty, and Kindness





(Southern First Nations Network of Care, n.d.

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Nine Genders Teaching & Traditional Non-Binary Gender Identities

- Encompasses more than just sexual orientation
- Various identities embodying both masculine and feminine qualities, roles, spirits, etc.
- Traditional language reflects various non-binary gender categories
 - Male, Female & various combinations of 2 Spirit & Trans identities
 - i.e. Two Spirit Female, Two Spirit Male, Male spirit born as Female, etc.
- Each gender held specialized roles in community
 - Ceremonial duties, caregiving, healing, & storytelling

Creator had a DIVERSE vision for humanity!









Two-Spirit Elder Ma-Nee Chacaby Image by: Ruth Kivilahti

- Embody both masculine & feminine spirit(s)
- · Gifts from the Creator.
- Healers, Mediators, & Keepers of Oral Traditions
- Can "see through the eyes of both genders"
- Took on unconventional roles
 - valuable spiritual guides, story keepers, mediators
- Adopting Orphans & Caring for Elders
- · Often filled essential nurturing roles
 - · adopting orphaned children
 - · caring for elders
 - Helping resolve conflict & support repair of family relationships





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History & Legacy of 2 Spirited Peoples

- Held integral and respected roles and contributions in many communities like spiritual guides or warriors.
- Colonial Suppression & Erasure
 - Settlers found gender diversity perplexing
 - Sought to eradicate 2 Spirit, and Non-Binary identities
 - Imposed binary on Indigenous Peoples
- Resurgence
 - Modern movements have rekindled pride in traditions, including 2spirit roles
 - 2 Spirit Pow Wows, Ceremonies







Indigiqueer: Indigenous Trans & Gender Diverse People

- Some prefer Indigiqueer
- Indigiqueer acknowledges both sexual/romantic orientation, and gender identity
- 2 Spirit Peoples are not necessarily Indigequeer & Indigiqueer People are not always 2-Spirited.

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Questioning

exploring gender or sexual orientation, evolving identity.

Queer

- umbrella term for diverse sexual orientations & gender identities
- · often self-identified.

Pansexual

are attracted to people regardless of gender.

Polysexual:

attracted to multiple, but not all, genders

Bisexual

· attraction to two genders

Non-Binary

- an identity existing outside of gender binary
- · fluid expression

Gender Expansive, Inclusive

- gender expression expands beyond norms
 - avoided unless chosen by individual







- Asexuality is a sexual orientation where a person experiences little to no sexual attraction.
- It exists on a spectrum:
 - Some may experience occasional attraction, others may not experience any at all.
- Asexuality does not mean a lack of romantic attraction—many asexual people:
 - Engage in relationships.
 - Experience intimacy.
 - May have sex for emotional or personal reasons.
- Falls under the Asexual Spectrum (Ace-Spec), which includes diverse experiences with sexual attraction.

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Asexual Spectrum (Ace-Spec) Identities





Fully Asexual Identities

- Asexual (Ace) A person who experiences little to no sexual attraction.
- Sex-Repulsed Asexual A person who is asexual and is uncomfortable with or repulsed by sexual activity.
- **Sex-Indifferent Asexual** A person who is asexual and feels neutral or indifferent about sex.
- Sex-Positive Asexual A person who is asexual but is open to engaging in sexual activity for personal or relational reasons.





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Graysexual Identities (Gray-Ace Spectrum)

- Graysexual (Gray-Ace) A person who experiences sexual attraction infrequently or under specific conditions.
- **Demisexual** A person who only experiences sexual attraction after forming a deep emotional connection.
- Fraysexual A person who experiences sexual attraction initially but loses it once emotional closeness forms.
- Acespike A person who is mostly asexual but occasionally experiences sudden, intense bursts of sexual attraction.







Specific Asexual Identities & Experiences

- **Lithosexual (Akiosexual)** A person who experiences sexual attraction but does not desire it to be reciprocated.
- **Reciprosexual** A person who only experiences sexual attraction if they know someone is attracted to them first.
- Quoisexual A person who finds the concept of sexual attraction difficult to understand or identify with.
- Aegosexual (Autochorissexual) A person who is asexual but enjoys sexual fantasies detached from themselves.
- Placiosexual A person who experiences sexual attraction but does not desire reciprocal sexual activity.

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Colonial Impact: Gender & Sexuality

- Europeans brought rigid gender & sexual norms
 - Clash with indigenous worldviews
- Colonizers deemed matriarchal structures & gender diversity inferior
 - Leading to suppression of roles, leadership and diverse expression
- Government & church enforced laws eliminating gender diversity and same sex relationships
 - Labelled immoral
- Status in community lost





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Settler-Colonial Impact

Settlers created systems and tactics to attack Indigenous Identity (language, culture, land, teachings, traditions).

- Language & culture- erasure and suppression
- Attacks on land & spirituality- forced land removal
- Ban on traditional practices- ceremonies, teachings, social structures
- Forced Assimilation







Forced Assimilation

- Residential & Day Schools- assimilation & abuse
 - Lasting trauma
- Indian Act & Disenfranchisement- control and displacement
 - Systematic Control
- Reserve System- forced onto reserves
 - Restricting access to land & resources while isolating them
- 60's Scoop & Millennial Scoop- new ways, old goals
 - Lasting impacts on Indigenous Families and Womxn





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Impact on Indigenous Womxn

- Disempowerment & Loss of Traditional Roles
 - Patriarchy disrupted traditional roles, reducing status of Indigenous Womxn
- Violence Increased
 - Policy & colonial attitudes contribute to violence against Indigenous Womxn & MMIWG2S

- Rates of Incarceration
 - Disproportionate & increasing rates
- Foster Care to Prison Pipeline
 - 60's, Millennial Scoops
 - Disruption in teachings, parenting lessons and family norms/systems being passed down







Colonial Impacts: Family & Relationships

- Indigenous family systems & structures dismantled
- European ideas imposed: family & roles
- Disconnected from extended family
- Devaluation & relational trauma
- Numb to violence in the home/community
- Disconnection & desensitization
- Conflict & Trauma
- Intergenerational trauma
 - psychological & emotional effects
 - cultural disconnect & loss of identity

Pathway to Healing Families & Relationships

- Revitalize → cultural teachings, traditional roles, spirituality
- 2. Access community healing & supports
- 3. Address isolation

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Adverse Childhood Experiences (ACEs)

- Traumatic events or chronic stressors during childhood.
- Can have lasting impacts throughout a person's entire life.
 - Likelihood of health & social problems.
- Indigenous ACEs- connected to historical trauma from colonization, including targeting cultural identity.
- Intergenerational cycles of trauma are passed on from one generation to the next and ACE's occur to next generation.
 - Lack of healing from one generation to the next









Types of ACEs & Examples



- Historical & Intergenerational traumaloss of land, status, identity, Residential School Experiences
- Family separation & isolation- divorce,
 foster care, death of a loved one, bullied
- Financial issues- seeing financial hardship, getting eviction letter, not havingmoney for food, clothes, school trips, etc.
- Violence or conflict- domestic violence, parents arguing, being in a fight, constant yelling/ swearing, parents/partners with a short fuse, being on edge all the time, seeing a fight/death
- Loss of cultural access- loss of an elder, moving to a place without ceremony or culture, not being able to access traditional medicine
- Substance use- Using substances, parents/guardians/adults drinking/using

Lack of security- moving a lot, parents changing jobs/routines often





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Long-Term Health Effects of ACEs

The accumulation of ACEs increases the risk of long-term health challenges, impacting physical, mental, and emotional well-being.







Physical Health Impacts of ACEs

- Chronic Illnesses –diabetes, heart disease, and liver disease due to long-term stress and its impact on the body.
- Obesity & Metabolic Disorders Early trauma can disrupt hormone regulation, increasing the likelihood of obesity and metabolic issues.
- Autoimmune Disorders Chronic stress weakens immune system, leading to increased susceptibility to conditions like lupus, rheumatoid arthritis, and other autoimmune diseases.
- Higher Cancer Risk –individuals with high ACE scores have a greater risk of developing certain cancers, possibly due to increased inflammation and unhealthy coping mechanisms.

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Mental Health Impacts of ACEs

- Mental Health Disorders ACEs are strongly linked to depression, anxiety, PTSD, and other mental health conditions.
- Sleep Disorders & Chronic Fatigue Childhood trauma affects sleep patterns, leading to insomnia, chronic fatigue, and long-term sleep disturbances.
- Substance Use –higher risk of self-medicating to cope with trauma.
- Self-Harm & Suicide Risk Individuals with multiple ACEs are significantly more likely to engage in self-harming behaviors and have a higher risk of suicide.



Social, Cognitive & Spiritual Health

Cognitive & Developmental Effects

- Developmental & Learning Challenges —can impair brain development, leading to difficulties with memory, focus, problem-solving, and learning disabilities.
- Social Isolation & Relationship Struggles Early trauma affects attachment and trust, often leading to difficulties forming and maintaining healthy relationships.

Spiritual & Identity Effects

 Spiritual Health & Identity Issues – ACEs can cause disconnection from cultural, spiritual, or personal identity, leading to struggles of self-worth & belonging.

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Pathways to Healing from ACEs for Indigenous Peoples

Healing from ACEs does not require perfect conditions—every small act of reclaiming culture, connecting with support, and practicing self-care can make a difference.

Every step is a step toward healing.







1. Reconnecting with Culture & **Identity (Even in Limited Spaces)**

Indigenous Approaches:

- Smudging & Traditional Prayer & Ceremony- Learn traditional songs, prayers, or create personal ceremonies that can be practiced alone or in groups.
- Elders & Knowledge Keepers Seek out Elders, spiritual advisors, or cultural liaisons
- Language Revitalization Use Indigenous words, phrases, or names to reclaim cultural identity.
- **Reclaiming Traditional Parenting & Family** Roles - Learn or reclaim traditional ways of parenting, family care, and kinship structures.

Western Approaches:

- Therapy & Counseling -Trauma-informed therapists or Indigenous counselors. If access is limited, self-help books, online therapy, or journaling can help.
- Cognitive Behavioral Therapy (CBT) Learn ways to reframe thoughts and manage trauma responses.
- Self-Reflection & Goal-Setting Writing down personal goals and steps to healing can help create a sense of control.





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2. Finding Strength in Peer & **Community Support**

Indigenous Approaches:

- Joining Talking Circles (or Creating Your Own) - Informal spaces for sharing experiences, • healing, and learning from each other.
- **Creating Safe Support Networks** Connect with people who share lived experiences, whether inside or through harm reduction programs.
- Seeking Peer-Led Services Engage with organizations -street-based outreach teams, or peer-support groups.
- Support for Families Stay connected to supportive family when possible or build family

through community connections.

Western Approaches:

- Support Groups (In-Person or Online) -Engage in harm reduction groups, trauma survivor networks, or mental health support spaces.
- Recovery, Harm reduction & Rehabilitative Services: NA/AA/SMART Recovery, Recovery Coaches, trauma-informed recovery groups.
- Social Services & Case Management Seek out organizations that provide housing, food assistance, and mental health resources.







3. Healing Through Storytelling & Expression

Indigenous Approaches:

- Journaling & Letter Writing –
 Expressing thoughts, struggles, and healing journeys through writing.
- Sharing Your Story Talking with others about experiences in safe spaces, whether in talking circles, peer groups, or creative writing.
- Recording Family Teachings –
 Documenting cultural teachings, even if they were disrupted, and creating new personal teachings for healing.

Western Approaches:

- Trauma Writing Therapy Writing about past experiences in a structured way to process emotions.
- Memoirs & Self-Help Books Reading about others' experiences and learning tools for healing.
- Creative Expression Therapy Using music, poetry, or writing prompts to process emotions.



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4. Using Art & Creativity as Healing

Indigenous Approaches:

- Beadwork & Crafting Designing and creating jewelry, regalia, or other traditional crafts.
- Drumming & Singing Using music, songs, or drumming to express emotions and connect spiritually.
- Drawing & Tattooing Using art to express identity, history, and healing.
- Artistic & Cultural Expression Engaging in dance, theater, storytelling, or cultural performances.

Western Approaches:

- Art Therapy Using drawing, painting, or sculpting to process emotions.
- Music Therapy Listening to or creating music to regulate emotions and promote relaxation.
- Vision Boards & Affirmations Creating visual representations of personal healing and goals.
 - Appropriated from Indigenous Culture







5. Practicing Land-Based Healing in **Small Ways**

Indigenous Approaches:

- Connecting with Nature When Possible • If outdoors access is limited, sit by a window, touch the ground, or visualize being on the land.
- **Using the Elements for Healing Let** water, sun, wind, or even fresh air be moments of connection.
- **Growing or Caring for Plants -** If possible, start a small plant, care for a communal garden, or engage with nature when given the chance.

Western Approaches:

- Mindfulness & Grounding Exercises Using deep breathing, visualization, and mindfulness to stay present.
- Forest Therapy (Shinrin-Yoku) Walking in nature and noticing the sights, sounds, and smells to promote relaxation.
- Outdoor Physical Activity Walking, stretching, or exercising outside when possible to reduce stress.





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6. Taking Control of Personal **Healing**

Indigenous Approaches:

- **Breathing & Meditation** Practicing deep breathing or focusing on breathwork * & meditation for emotional regulation.
- **Developing Leadership & Empowerment** – Supporting others, reclaiming confidence, and making healing a personal journey.
- **Learning & Education** Participating in learning opportunities related to healing, cultural knowledge, or harm reduction.

Western Approaches:

- Physical Health & Nutrition –balanced meals, staying hydrated, moving body to improve well-being.
- Sleep Hygiene Prioritizing sleep, creating a bedtime routine, reducing stressors before rest.
- Mind-Body Practices -yoga, breathwork, stretching (regulate emotions & pain).
 - **Self-Advocacy** Asking for help, seeking resources, small, intentional steps toward healing. Walking



- Sacred Connection to Spirit and Creator
 - People with mental health issues traditionally considered sacred & believed to have a connection to Spirit
- Modern labels don't align with Indigenous beliefs
 - This label as sacred reduces stigma & fosters acceptance & inclusion
- Reclaiming Indigenous Perspectives
 - Acknowledging mental health challenges result from unbalanced mind, body & spirit can help alleviate false anxieties and understand inherent gifts from creator.

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Impact of Medicalized View of Mental Health **Erosion of** Barriers Loss of cultural supportive Effects of ACEs & Increased to understanding, roles & intergenerational stigma & culturally pathologizing, trauma communit -relevant isolation intensified medicalization care acceptance

Trauma: Impact on Mental Health & Behavior

Healing through connection to community, identity, & ancestral knowledge/spiritual connection (Wholistic)

Leads to **mental health issues** & risky behaviors (e.g., drug use, promiscuity).

ACEs (Adverse Childhood Experiences) + Intergenerational Trauma = Cycle (unhealed pain).

Losing **identity & culture** worsens mental health & substance use.

Shame, stigma, & judgment prevent people from seeking help.

Internalized shame + discrimination create **cycle of trauma**.





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Generation gap in Mental Health knowledge

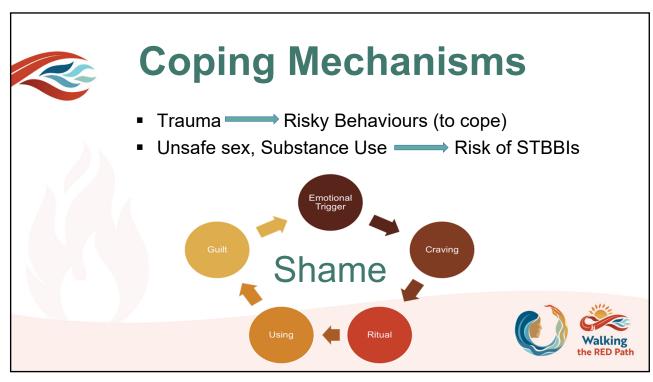
many people over 25 masked (suppress traits) not knowing why they were NEURODIVERGENT

What happens when we don't have access to understanding or care for mental health?

Not having understanding causes selfdoubt, isolation, self-rejection, peer pressure, & feelings of unworthiness

Stigma, isolation & community misunderstanding amplify the effects of ACEs & intensify disconnection

This can cause substance use & other challenges



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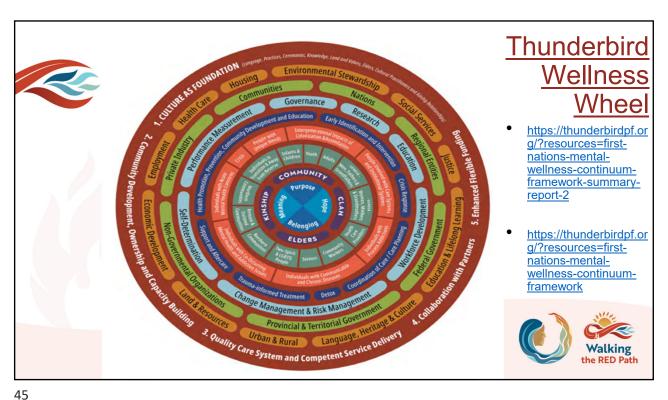


Who Wants To Share?

- What are some ways you've seen people cope with hard feelings, good or bad?
- 2. What are some healthy ways to cope with emotions or challenging situations?
- How can unhealthy coping lead to STBBI's in your environment?









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Part 2:

Sexual Health & Healthy Relationships: Sex is Ceremony & You Are Sacred







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Sex Positivity

- Sexual health is **health-** wholistic health
- A positive and respectful approach to sexuality, sexual relationships and to ourselves is important.
- Removing shame allows for better sexual health & experiencesmore pleasure.























Sex is Sacred, Sex is Ceremony



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1. Sexuality in Creation Stories

- Sky Woman (Haudenosaunee) Represents fertility, balance, and life's renewal through her connection to the land.
- The First Couple (Blackfoot) Teaches that love and intimacy should be mutual and respectful.
- Sedna (Inuit) Highlights the importance of trust, respect, and the dangers of betrayal in relationships.







2. Seven Grandfather Teachings & Sexuality

- Love Honoring relationships built on genuine care.
- Respect Treating our bodies and sexuality as sacred.
- Courage Setting boundaries and standing in our truth.
- Honesty Communicating openly about desires and consent.
- Wisdom Understanding the emotional, spiritual, and physical aspects of sex.
- Humility Recognizing sexuality as a gift to be honored.
- Truth Expressing sexuality authentically and without shame.



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3. Sexuality as a Ceremony

- · A sacred exchange of energy, like a ceremony.
- Compared to natural cycles—the moon, tides, and seasons.
- Menstruation was honored as a connection to the Earth, not something shameful.







4. Healing from Colonial Harms

- Colonization brought shame, gender violence, and rigid sexual norms.
- Reclaiming traditional teachings restores healthy, consensual, and spiritual relationships.

Sexuality is sacred because it connects us to creation, the land, our ancestors, and each other.

It strengthens our relationships and families by providing an intimate bond that centers around creation.



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Moon Time is Ceremony

- Rest & reflection
- Connection to nature & the moon
- Time of power, second only to life-giving ability.
- Community bonding & rituals







Menopause



 Perimenopause: means around menopause, typically a few years

- Menopause: a time of freedom, self-discovery & self-reflection
- Menopause is not a bad thing.
 - If you are feeling stressed, fearful or apprehensive, know that it is a natural process.

Image by: Blake Lepine





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Indigenous Teachings on Menopause

- In many Indigenous cultures, menopause is not seen as an ending but as a transition into a new stage of wisdom, power, and spiritual connection.
- Traditional teachings often honor this life stage.
- A time of transformation, deeper connection to ancestors, and a shift into a more respected leadership role within the community.







1. The Grandmother Stage: Stepping Into Wisdom

- Many Indigenous teachings view menopause as a time when a person transitions from a life-giver to a knowledge-keeper.
- The loss of a menstrual cycle does not mean a loss of power but a shift into a new form of spiritual energy—no longer tied to the moon's cycles but now carrying the wisdom of all cycles.
- Elders and Grandmothers are highly respected in many nations for their ability to guide younger generations and provide healing.
- In Anishinaabe teachings, the Grandmother Moon (Nookomis Dibik-Giizis)
 represents both the menstruation cycle and the wisdom carried by those who
 have passed beyond it.

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2. The Connection Between Moon Cycles & Menopause

- Many nations see menstruation as a connection to the moon cycle (Grandmother Moon). When a person no longer bleeds, they are believed to carry all the moon's knowledge within them.
- In some teachings, menopause is called "The Second Moon"—a time when one's energy no longer ebbs and flows with the lunar cycle but remains steady, allowing for deeper wisdom and clarity.
- This shift is honored as a time when one **moves into the role of healer, mentor, and guide**.
- Some Inuit teachings describe how older women, free from the responsibilities of childbirth, become more powerful guides and protectors of their communities.





3. Fire, Heat & Power: Hot Flashes

- Many Indigenous nations compare hot flashes and the warmth of menopause to the power of the sacred fire.
- Rather than seeing them as uncomfortable symptoms, some teachings view them as a reflection of the body's inner fire growing stronger.
- This fire represents resilience, strength, and the burning away of past burdens, allowing the person to step fully into their next role.
- In Lakota teachings, the fire within women is linked to the power of the sun and the life-giving force of the earth, showing that this stage of life is a time of renewal, not decline





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4. The Role of Elders & Post-Menopausal Women in Ceremony

- In some nations, those who have gone through menopause take on new ceremonial roles. They may become water carriers, knowledge keepers, or help lead rites of passage for youth.
- Many teachings hold that post-menopausal people are no longer affected be moon cycles and can now carry stronger spiritual medicine.
- They become advisors, storytellers, and wisdom keepers, passing down knowledge about land, medicine, and relationships.
- Among the Cree and Métis, Grandmothers are considered the keepers of medicines, with the ability to teach plant knowledge and healing practices.







5. Healing from Colonial Narratives& Reclaiming Teachings

- Colonization imposed Western ideas of menopause as a "decline", disconnecting Indigenous people from honoring this stage.
- Many are now reclaiming menopause as a time of empowerment and leadership, rather than seeing it as a loss.
- Restoring traditional practices—such as talking circles, ceremonies, and intergenerational storytelling—helps return this transition to its rightful place as a time of wisdom, not invisibility.
 - They are often the keepers of ancestral histories and knowledge- share that knowledge by passing stories down intergenerationally- restores status in community.
- The Navajo (Diné) view aging as a time when a woman's power grows stronger, making her a more respected figure in the community.

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Signs & Symptoms of Menopause

Permanent or temporary emotional, physical, mental, spiritual and/or sexual changes such as:

Irregular menstrual cycles, changes in libido (sex drive), vaginal dryness

Night sweats, hot flashes, sleep disturbances

Brain fog/ fatigue/memory and concentration issues

Depression, low energy, mood changes (irritability, increases in stress and anxiety)

Changes in hair and skin, weight gain





5 MIN BIO BREAK!



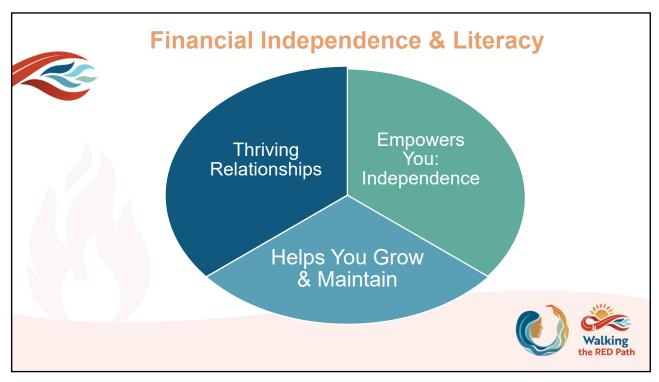
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Self-Confidence Builds Strength

Building self-confidence helps us grow mentally, emotionally, and spiritually.

- Here are strategies to boost your confidence:
 - Stop comparing yourself to others—your journey is unique.
 - Set and honor your boundaries, your experiences, and trauma.
 - Take care of your body, mind, and spirit—practice self-care.
 - Surround yourself with people who lift you up.
 - Replace negative thoughts with empowering ones.
 - Act as if you already feel confident—confidence grows with practice.





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Financial Independence

- Financial independence is key to gaining freedom, confidence, and control over your life.
- It helps avoid unhealthy relationships and rebuild after difficult experiences.
- Reduces control by others: Taking control of your finances reduces dependency on others.
- Increases self-worth and confidence: Supporting yourself helps rebuild your identity.
- Opens doors to a new life: Financial independence gives you choices about where to live and how to care for yourself.





Challenges to Financial Independence

- Feeling overwhelmed by your financial situation
- Lack of stable housing
- · Relying on others to survive
- Fear of dealing with banks or bills *
- Unawareness of financial rights
- Feeling discouraged from seeking employment or education
- Threats or punishments related to money

- Difficulty obtaining identification needed to open accounts
- Partners controlling or withholding money
 - Debt taken out in your name without your knowledge
- Lack of access to personal bank accounts





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Financial Abuse in Relationships

- Partners controlling or withholding money
- · Debt taken out in your name
- Being told you are "bad with money"
- Having financial decisions made for you (with/without your input)
- Lack of/denied access to information or accounts

- Receiving an allowance or restricted access to funds
- Having your income taken by a partner or family member
- Fear of leaving a relationship due to financial dependence
- Being pressured into joint financial decisions you don't agree with

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Steps Toward Financial Independence

1. Learn to Spot Financial Abuse 4. Get Support from Community

Recognize control over your money, limited access, or financial decisions without you.

Resources

 Reach out to programs that offer financial literacy help.

2. Open Your Own Bank Account 5. Learn Basic Financial Skills

control.

Small savings can help take back · Budgeting, managing debt, and building credit are essential.

3. Start With What You Have

Budget your current funds and plan for the future.





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6. Set Realistic Savings Goals

Start small by setting aside a manageable amount each month. Building an emergency fund creates financial security.

7. Track Your Expenses

Keep a simple record of your spending. This will help you identify where you can cut back and save more.

8. Learn About Credit and Debt

Understanding how credit works can help you rebuild your financial life. Learn about managing debt and improving your credit score.









9. Protect Your Financial Privacy

 Ensure bank accounts and financial documents are secure.
 Use strong passwords, keep details private.

10. Know Your Legal Rights

- Learn laws about financial abuse & joint accounts.
- Can help make informed decisions.

11. Create a Simple Budget

- List income and expenses to see where your money is going.
- Adjust your spending to prioritize savings and necessities.

12. Seek Employment or Income Opportunities

 Look for job training, part-time work, other income sources to increase your financial stability.





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Resources for Financial

Independence

Financial Literacy, Budgeting & Debt Management:

- Financial Consumer Agency of Canada (FCAC)
- CPA Canada Financial Literacy Program
- ABC Life Literacy Canada
- Credit Counselling Canada
- · Equifax Canada
- TransUnion Canada

Abuse, Crisis, Legal & Community Support:

- ShelterSafe
- Canadian Women's Foundation
- 211 Canada
- Community Legal Education Ontario (CLEO)
- Legal Aid Canada
- · Pro Bono Canada

Job Training & Employment Support:

- Canada Job Bank
- YMCA Employment Services
- YWCA Canada







In Conclusion...

- Financial independence takes time but is achievable through small, simple steps.
- Taking control of your finances leads to a more secure & confident future.
- You deserve control over your life & money.
- One piece of the pie- together with access to, and information about, healthcare, wellness, culture and spirituality, you can empower yourself and build your own independence and healing





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YOU ARE POWERFUL









Part 3:

Sexually Transmitted Blood Borne Infections (STBBIs), Human Immunodeficiency Virus (HIV) & Hepatitis C (HCV)







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Common STBBIs

- Most common STBBIs in Canada are chlamydia, gonorrhea and syphilis. In the past decade, all have increased (33%, 181% and 393%).
- Fortunately, these are preventable through safe sex and can be treated.
- Herpes is common, and, like many other STBBIs many people don't know they have it.
 - Two types of herpes (Oral/simplex 1 and Genital/simplex 2)







Common Symptoms

- STBBI's: Abdominal or genital pain, change in discharge, burning while urinating, abnormal itching, pain during or after intercourse, abnormal bleeding or swelling.
- **HIV**: fever, rash, chills, rapid weight loss, headaches, not feeling hungry.
- HCV: fever, fatigue, poor appetite, yellowish discoloration of their eyes and skin, dark urine, and weight loss.

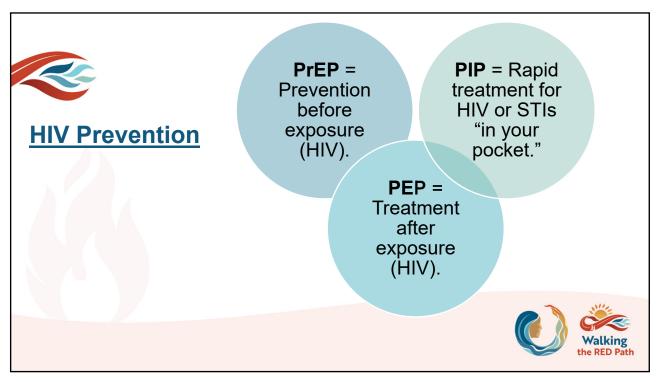


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HIV Prevention: Condom Use

- Consistent and correct use prevents HIV transmission during sexual activity.
- Free condom distribution programs in provinces like Ontario and BC.



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How to Access HIV Treatment

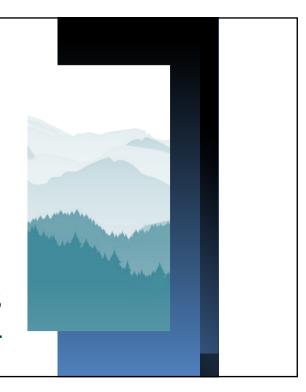
- Consult your healthcare provider.
- CSC covers cost of treatment while inside corrections.
- NIHB covers treatment for status First Nations and Inuit People outside of CSC.
- There are other government-funded programs that allow others to access treatment regardless of income.
- There are also community organizations that can supply referrals to services and provide resources such as pamphlets, condoms, dental dams, PrEP & PeP.





Community-Based Support Groups

- Peer-led groups provide a safe space for sharing experiences and accessing resources.
- Peer Work or Lived Experience Work
- Supported by the Canadian AIDS Society and regional AIDS service organizations near you.

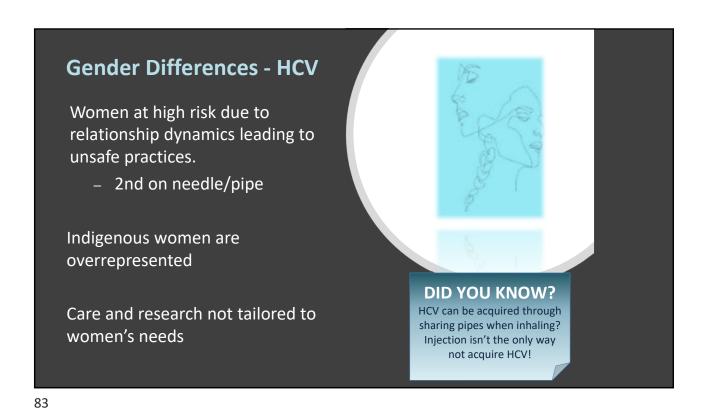


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Other Common STBBIs



- Include:
 - Chlamydia
 - Gonorrhea
 - -Syphilis
 - HPV
 - HSV (Herpes Simplex Virus)
- Rising rates
- Antibiotic resistance
- Treatments, Vaccines & safe sex practices help protect



The Need for More Inclusive Campaigns for Women & Gender-Diverse People Public health campaigns often overlook the unique needs of women and gender-diverse people. Inclusive Education, Knowledge & Campaign Strategies: Women **Sex Workers Gender-Diverse People** Highlight risks like barriers Engagement before to condom use due to inclusion as priority Include information on gender-based violence, and population- impacts their ART and hormone business while stigmatizing emphasize PrEP and therapy interactions. reproductive health. their work.

HIV/HCV - Impact on Fertility

- Fertility Challenges:
 - HIV and HCV reduce fertility through inflammation, PID, and hormonal imbalances caused by liver disease.



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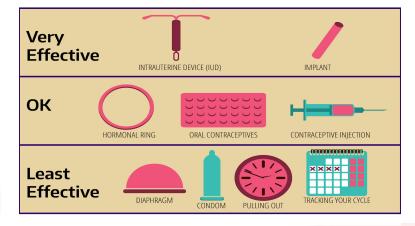


Part 3: Reproductive & Family Health





Birth Control/Contraceptive Options







- 1. Have you ever been pregnant or given birth while incarcerated? What was you experience?
- 2. Did you have access to the healthcare and things you needed during your pregnancy/birth?







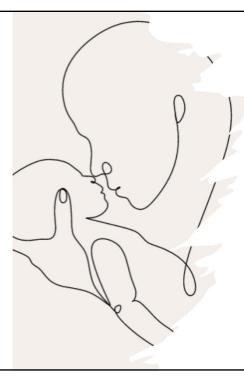
Prenatal Care

- Avoid alcohol, non-traditional tobacco, other drugs, and any infections that may harm the fetus.
 - But AVOID serious withdrawals
- Reasonable exercise.
- Preparation for childbirth (Mentally, spiritually, physically & emotionally).
 - Yourself, your space, for delivery, for life afterwards
- Regular check ups.
- Blood, urine and screening tests.
- Nutritious Diet/Prenatal vitamins (folic acid).





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Pregnancy & HIV/HCV

- Impact on Pregnancy:
 - HIV/HCV management is complicated by pregnancy
 - requiring coordinated care from multiple healthcare providers.
- Differences Between HIV and HCV:
 - HIV affects the immune system;
 - HCV can cause liver-related pregnancy complications
 - HCV Medication is dangerous while pregnant- talk to a dr.



History & Resurgence of Midwifery

- Midwives were primary caregivers, offering holistic careencompassed physical, emotional, and spiritual aspects of childbirth.
- Colonization suppressed midwifery, disrupting traditional practices- weakening community health structures.
- Renewed efforts to train midwives, establish community birthing centers, and blend traditional knowledge with modern healthcare practices- to improve health outcomes.





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Midwives' Contributions to Health Outcomes



Holistic Care

Midwives provide comprehensive care, addressing physical, emotional, and spiritual needsbuilds trust & strengthens health outcomes.

HIV/HCV Care

Instrumental in managing ART adherence, reducing risk of mother-tochild transmission (MTCT), and offering psychosocial support tailored to the needs of women.







Midwives: Postpartum Care

- · Continued Support:
 - · ensure continuation of meds
 - monitor the mother's health
 - provide counseling (i.e. on breastfeeding options to minimize transmission risks for HIV, family counselling, etc.)
- Mental Health:
 - offer emotional & psychological support during postpartum period
 - addressing postpartum depression, anxiety, etc.
 - ensure new moms receive comprehensive care
 - Offer companionship, cultural knowledge & advocacy





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Do you have access to Midwives?

There are Midwives who do prison outreach.







Part 4: Health Rights & Self-Advocacy





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What are Your Rights?

- Everyone has the **right** to access healthcare in a <u>timely</u> manner.
- Everyone has the right to STBBI, HIV & HCV testing that is confidential with informed consent.
- Everyone has the **right** to know what types of information is collected by healthcare providers.
- Everyone has the right to access and use government funded health plans.







Everyone has the right to...

- Report any healthcare provider for treatment that is <u>unjust</u>, <u>discriminatory</u>, and <u>without</u> their consent
- Access a second opinion when it comes to medical operations
- <u>Decline</u> any healthcare advice/treatment options
- File Complaints with the CSC about healthcare issues





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Reproductive Rights

Reproductive rights refer to legal rights and freedoms related to reproduction and reproductive health, including:

- Access to contraception and abortion services.
- Prenatal and postnatal care.
- The right to choose whether or not to have children.
- Freedom from coercion







How to Advocate for Testing & Healthcare

- Prepare questions for your healthcare provider.
- Ask about medications, especially new ones.
- Seek clarification if needed.
- Take notes or bring recording device.
- Bring someone with you to help support you.
- Request and keep copies of medical records.
- Seek & consider a second opinion.
- Provide feedback.
- Ask for as much information as you need to make a choice.





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How to DECLINE Treatment

- If the treatment being offered doesn't feel right or doesn't meet individual needs, everyone has the right to say no.
- All medical treatment information should be freely provided, given before any procedures, and explained thoroughly.
 - INFORMED CONSENT
- Accessing a different healthcare provider is within your rights.







NIHB & Provincial Plans Cover Treatment

- British Columbia Centre for Excellence in HIV/AIDS [BC-CfE), Drug Treatment Program [DTP], PharmaCare.
- Alberta Health Care Insurance Plan [AHCIP], Specialized High-Cost Drug Program.
- The Saskatchewan Drug Plan, Exceptional Drug Status Program.
- Trillium Drug Program, OHIP+, Ontario Drug Benefit. Program, Ontario Works/Ontario Disability Support Program.
- Regie de l'assurance maladie du Quebec [RAMQ], Quebec Health Insurance Plan, Public Prescription Drug Insurance Plan.
- Nova Scotia Family Pharmacare Program (previously called High Cost Drug Program).





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If you are mentally or physically disabled (or pregnant) while incarcerated, what rights do you have?

What do you have access to?

What have your experiences been?







Discrimination Based on Sexual Health Status

- Discrimination: is the actual unfair or unequal treatment of an individual or group based on their perceived differences or characteristics (action and behaviors)
 - Discrimination against people with STBBIs, HCV and/or HIV/AIDS, includes prejudice, fear, exclusion, and making people with this condition feel bad.



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The Canadian Human Rights Act (CHRA)

- Right to equal treatment in accessing services provided by federal institutions.
- Right to accommodation: Institutions must make reasonable efforts to accommodate people with disabilities unless it causes undue hardship.
 - Loophole?
 - Be persistent!







Accessible Canada Act (2019)

The Accessible Canada Act (ACA) is a federal law aimed at a barrier-free Canada by 2040. It applies to CSC, Federal courts, Public service offices.

ACA Rights:

- Right to barrier-free access to services, facilities, and communication.
- Right to be consulted about policies affecting people with disabilities.
- Right to complaints: Complaints can be filed with <u>Canadian Human</u> <u>Rights Commission</u> if federal institutions fail to meet standards.



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Corrections and Conditional Release Act (CCRA)

CCRA governs **federal prisons** and **correctional facilities** in Canada. It outlines **rights for incarcerated individuals**.

CCRA Rights:

- **Right to health care**: Including mental health care & disability-related accommodations.
- Right to humane treatment: People with disabilities must be treated with dignity & respect.
- Right to accessibility: Correctional facilities must remove barriers & provide accommodations.
- Right to participate in rehabilitation programs: Programs must be accessible & inclusive for people with disabilities.



Canadian Victims Bill of Rights (2015)

The Canadian Victims Bill of Rights applies to victims of crime, including those with disabilities.

Rights for Victims with Disabilities:

- Right to information about their case and justice processes.
- Right to protection from intimidation, retaliation, or harm.
- Right to participate in court proceedings.
- Right to seek restitution.





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Duty to Accommodate

Federal institutions have a legal duty to accommodate people with disabilities- must remove barriers & provide reasonable accommodations.

Accommodations can include:

- Accessible facilities
- Assistive technologies
- Alternate formats for communication
- Mental health services
- Special diets or medical needs







Right to File a Complaint

People with disabilities in federal institutions have the **right to file complaints** if their rights are violated. Complaints can be made to:

Canadian Human Rights Commission

- Discrimination in Federal Institutions
- Failure to accommodate, barriers to access

Office of Correctional Investigator

- Issues within federal correctional institutions
- Health care, accessibility, humane treatment

Accessibility Commissioner

- Violations of the Accessible Canada Act
- Failure to meet accessibility standards





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Elizabeth Fry Society

- Access your Regional Advocate for:
 - Education and support to write grievances
 - Support for disciplinary hearings and security reclassification reviews
 - Advice about laws and policies
 - For problem-solving with prison management and committees
- Access a peer advocate for: concerns or questions about conditions of 'confinement' and your rights within the institution.







Now we want to hear from you!

- 1. Share an **experience** you have had accessing healthcare and how it affected you (positively or negatively).
- 2. Share any <u>recommendations</u> you have for the CSC/government agencies (pertaining to health, STBBI's and other topics discussed today).
- 3. What healthcare <u>needs</u> do you have as residents that you would like addressed differently and how?
- 4. What gaps and barriers are there to accessing healthcare?



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Toxic Supply

- What is the Toxic Drug Supply?
 - Drugs bought illegally are often contaminated with deadly substances like fentanyl or benzodiazepines.
 - Unpredictable and dangerous, even in small amounts.
- Why is it Dangerous?
 - No quality control: You don't know what's in the drugs.
 - · High risk of overdose due to contamination.
- How to Stay Safer:
 - Test Your Drugs Drug checking helps identify harmful substances
 - Use Harm Reduction Services Safe Consumption Sites and safer supply programs
 - Carry Naloxone It reverses opioid overdoses and saves lives.
 - Don't Use Alone Use with someone you trust or a safety app.





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Signs of an Overdose

- 1. Opioid Overdose (e.g., fentanyl, heroin)
- Breathing slows or stop
- Pinpoint pupils
- Unresponsive or unconscious
- Blue lips/nails, pale or clammy skin
- Gurgling or snoring sounds
- 2. Stimulant Overdose (e.g., methamphetamine, cocaine)
- Fast, irregular heartbeat
- Seizures or convulsions
- Extreme sweating or overheating
- Chest pain, anxiety, paranoia, confusion









Alcohol Overdose (Alcohol Poisoning)

- Confusion, vomiting
- Slow or irregular breathing
- Unconsciousness or inability to wake up
- Low body temperature (hypothermia)
- •Blue-tinged skin or lips

Benzodiazepine Overdose (e.g., Xanax, Valium)

- •Extreme drowsiness or unconsciousness
- Slurred speech
- Poor coordination
- Shallow breathing





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SCS, Safer Supply & Harm Reduction

Supervised Consumption Sites (SCS):

- SCS are safe spaces where people can use with supplies and medical supervision.
- These spaces prevent overdoses, infections, and deaths.
- Staff are there to keep you safe and connect you to support if you want it.

Safer Alternatives:

- Toxic street drugs cause most overdoses today.
- Safer Supply means regulated medication; safer alternatives

Harm Reduction Basics:

- Harm reduction is about keeping people safe.
 - Naloxone kits (to reverse overdoses)
 - Supplies (to stop infections)
 - Education and support without judgment
 - Nothing About Us Without Us
 - Meeting People Where They Are At
- By understanding harm reduction, you can:
 - · Keep yourself and others safer.
 - Know your rights when accessing care.
 - Be ready to help others with tools like naloxone.









The Salmon Run:

People help struggling Salmon get over the barriers and degradation we cause for them

- 1. Hunting Protocols
- 2. Travelling Protocols
- 3. Ceremonial Safety Protocols
- 4. Water Travel and Fishing Protocols
- Food Gathering and Preservation Protocols
- 6. Fire Management Protocols
- 7. Parenting and Family Practices
- 8. Extended Family and Community in Child-Rearing



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What is Indigenous Harm Reduction?

- Integration of Indigenous worldviews, cultural practices, and principles into harm reduction efforts to address substance use-related harms.
- Acknowledges substance use occurs within a broader context of colonialism, intergenerational trauma, systemic oppression, and loss to cultural, familial, community and self connection.
- Seeks to reduce harm while simultaneously supporting healing, connection to culture, and community well-being.
- Indigenous worldviews and practices incorporate the same principles as mainstream Harm Reduction with added components of decolonization and culture.

In Practice



- Smudging
- Hosting ceremonies & sharing circles
- Land-based outreach
- Medicine Walks & Outreach
- Sacred fires when someone dies
- Indigenous Arts
- Storytelling

- Traditional medicines with supplies
- IPWUD as Knowledge Keepers
- Art-based, Land-Based activities & programs
- Indigenous Practices & medicines- including for withdrawal & cravings
- Care, food, shelter, clothes and warmth
- Spotting PWUD- OD response & connection
- Community meals- teachings & storytelling
- Addressing Spiritual, Mental, Emotional & Physical needs simultaneously, regardless of use
- Meeting People Where They Are At!





Sharing Stories, "Peer" Work & Engagement

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Support for Pregnant Women Who Use Drugs

- Higher risk of HIV due to gender-based violence, stigma, and healthcare barriers→ Exacerbated during Pregnancy
 - Most common cause of death among pregnant women is homicide → risk exacerbated by HIV/HCV and social determinants of health
- Women-specific Harm Reduction programs can offer safe spaces, sterile equipment, and access to recovery & harm reduction services→ Meet you where you are at
- Destigmatize and remove shame → shame makes it worse and society often morally shames pregnant people (ex. State of Abortion rights)
- Circles of Care









- Non-judgmental support & ensuring the safety and well-being of both parent and child is key- REMOVE SHAME
- History of colonial trauma creates isolation & separation from family, roles and knowledge- continued separation worsens impacts intergenerationally
- Moral judgements placed on women and the degradation of matriarchal roles has left a lasting impact on our communities, especially Indigenous who use drugs.
- Reducing harms while offering avenues to heal by helping person to achieve:

⇒Hope⇔Belonging⇔Meaning⇔Purpose←



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The Need for Indigenous Harm Reduction

1.Mistrust in Healthcare

Many IPWUD mistrust healthcare, including substance use treatment, due to past harms &

2. Restoring Dignity & Sovereignty

 Culturally-safe, Indigenous-led, and low-barrier 6.Urban Centres Also Unsafe Spaces approaches are key to healing.

3. Healing Through Culture & Identity

 Access to cultural practices, ceremonies, and identity, arts, land-based healing is vital for wellness.

4. Support & Belonging

- Services need to provide social connection and a sense of belonging for IPWUD.
- Not all harm reduction programs fit Indigenous People, IHR fills this gap

5.Community-Based Challenges

- Some Indigenous communities still struggle with stigma, often rooted in:
 - 1. Intergenerational trauma, Colonial harms, Internalized stigma

· IPWUD often experience racism, violence, and discrimination in urban spaces, lack belonging in community

7. Barriers to Indigenous Services

- · Even Indigenous-specific services can be harmful or inaccessible for people facing:
 - 1. Intergenerational trauma
 - 2. Substance use
 - 3. Mental health issues
 - 4. Poverty







Your Story, Your Power

Your past does not define you. Your story does.

- Everything you've faced—every fight, every loss, every time you got back up when the world tried to keep you down—has given you a voice that people need to hear.
- You've walked roads that most people can't even imagine. When you speak, people will listen because you've lived it.
- You can reach people in ways no one else can. There are people right now who need to hear that survival is possible, that they can get through it, that their life is not over.
- You can break cycles. When you share your truth, you're not just healing yourself—you're helping someone else find their way- you heal your future generations.





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Peer (Lived Experience) Work, Giving Back & Meaningful Employment

- Your lived experience makes you an expert. You can work in harm reduction, peer support, advocacy, or mentorship—no degree needed, just your truth.
- Even with a record, you can still make an impact. Many of the strongest leaders in harm reduction, justice, and health have walked the same path.
- You can be the person you wished you had.
- You can use your natural gifts from Creator!
 - Beading, Writing, Art, Sewing, Drumming, Singing, Speaking, Advocacy, traditional knowledge etc.





Remember...

- You <u>can</u> have a future with a criminal record.
- You are <u>powerful</u>, <u>capable</u>, <u>and worthy</u> of the future <u>you</u> choose.
- The world <u>needs</u> your voice, your strength, and your wisdom.
- You get to write what happens next!
- Keep going. Keep fighting. You are more powerful and stronger than you even know.

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