



## **AN ACTIVITY GUIDE:**

## HIV, HCV & Other STBBIs

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# Activity-Based Learning

## WALKING THE **RED** PATH PROJECT



## 7 GRANDFATHER TEACHINGS LES SEPT ENSEIGNEMENTS SACRÉS

A moral stepping stone and an Anishinaabe cultural foundation. Un tremplin moral et fondation culturelle Anishnaabe.

Nle One

## **DABAADENDIZIWIN**

Humility



L'humilité



## **AAKODE'EWIN**



Courage



Le courage



## MINAADENDAMOWIN



Respect



Le respect



## ZAAGI'IDIWIN



Love



L'amour



## **GWATAKWAADIZIWIN**

**DEBWEWIN** 

Cinq

Honesty



L'honnéteté

 $\sigma^{\bullet}d\cdot\dot{C}^{\parallel}\cdot \mathcal{V}/\Delta^{\bullet}d\cdot\dot{C}^{\parallel}$ Six

Truth



La vérité

\$ · \( \dots \) Seven

## NIBWAAKAAWIN



Wisdom



La sagesse



## STRONG WOMEN'S SONG

## The Strong Women's Song

Whey hey ya . . . . Whey hey ya hey yo

Whey hey ya . . . . Whey hey ya hey yo

Whey hey ya way hiyo

Whey hey ya, Whey hey ya, Whey hey ya

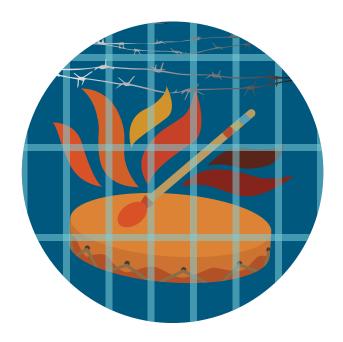
Whey hiyo

Whey hey ya, Whey hey ya way hiyo

Whey hey ya, Whey hey ya, Whey hey ya

Whey hiyo

Repeat X4



According to oral history, the Strong Women's song originated with Anishinaabe women, Anishinabe Kwewag and Zhoganosh Kwewag, who were in solitary confinement in a Prison for Women in Kingston, Ontario in the 1970's (1,2). Conditions in the prison were bleak and many women lost their lives. This song was sung as a way to ask the Creator for strength and power to move forward in their journey regardless of obstacles and also emerged as a way of staying alive and supporting one another. The song is now sung to honour those women and all women and used for empowerment, healing and resiliency (1,2).

## References

- 1. Davis M, Rice B. Daughters, Sisters, Mothers and Wives: An Anishnaabe Reader [Internet]. Ontario Native Literacy Coalition; Available from: <a href="https://onlc.ca/wp-content/uploads/2017/05/Anishinaabe-Language-Wookbook.pdf">https://onlc.ca/wp-content/uploads/2017/05/Anishinaabe-Language-Wookbook.pdf</a>
- 2. Strong Women's Song [Internet]. Ojibwe.net. Available from: <a href="https://ojibwe.net/songs/womens-traditional/strong-womens-song/">https://ojibwe.net/songs/womens-traditional/strong-womens-song/</a>



## HUMAN IMMUNODEFICIENCY VIRUS (HIV)

## What is HIV infection?

An HIV infection is caused by the Human Immunodeficiency Virus (HIV). HIV attacks the body's immune system weakening its ability to fight illnesses and diseases (1). If left untreated, HIV can severely damage the immune system leading to Acquired immunodeficiency syndrome (AIDS).

## **HIV** in Canada

In 2018, there was 2,561 newly diagnosed cases of HIV in Canada (2). Despite representing only 5% of the Canadian population, 19.3% of the reported cases occurred within Indigenous communities in Canada (2). It is estimated that 1% to 9% of women incarcerated in Canadian federal prisons are living with HIV.

## How does HIV spread?

HIV is transmitted through five bodily fluids including Blood, Semen (cum and pre-cum), Vaginal fluid, Rectal fluid and Breast milk (1). These fluids must come in contact with mucous membrane found inside the rectum, vagina, penis, and/or mouth. This can occur through unprotected sex, sharing needles, breastfeeding and more rarely from mother to baby during pregnancy and delivery (1).

## HIV, Pregnancy and Breastfeeding

HIV can be passed from mother to baby during pregnancy, birth and breastfeeding. A mother living with HIV can have an HIV-negative baby if she takes medication and suppresses her viral load (1). Out of 259 infants exposed to HIV in 2018 in Canada, only five were infected with HIV. This is because 96.5% of mothers living with HIV took antiretroviral therapy during pregnancy (2).

## **HIV Testing**

14% of those living with HIV do not know they have the infection (2). The only way to find out if you have HIV is through blood testing (3).

## **HIV Treatment**

There is no cure for HIV, but HIV medications called antiretroviral therapy can keep it under control by decreasing the copies of the virus in your blood and prevent you from passing it to other people (1). Antiretroviral therapy must be prescribed by your doctor and is usually one pill a day (1).

## Signs and Symptoms of HIV

Most people do not have symptoms in the first 10-15 years of infection. **Others experience:** 



fever



chills



rash



rapid weight loss



headaches



not feeling hungry (1).

## **HIV PREVENTION**



## **HIV Prevention**

HIV prevention is about empowering women and creating safer, healthier communities. Tools like PrEP (Pre-Exposure Prophylaxis), PEP (Post-Exposure Prophylaxis), and PIP (PEP in Pocket) give women the power to protect their health in different situations.

These tools not only empower women but help them reclaim control over their health while also addressing systemic inequities by ensuring Women have access to all options. By utilizing these prevention strategies, women can challenge stigma, break down barriers, and model resilience for others all while protecting themselves and their health & wellbeing.

When women have access to these medications, they can prioritize their health, make informed choices, and reclaim their autonomy and control over their bodies. HIV prevention isn't just about medicine—it's about creating a future where women feel supported, confident, and live long, happy & healthy lives.

## 1. PrEP (Pre-Exposure Prophylaxis):

PrEP is a daily medication designed to prevent HIV for people who are at increased risk. For women, PrEP is a powerful tool for protecting their health, especially in situations where they may not be able to negotiate condom use or are in relationships where their partner's HIV status is positive or unknown.

- How It Works: PrEP creates a barrier within the body, stopping the HIV virus from replicating if exposed.
- **Effectiveness:** When taken consistently, PrEP reduces the risk of HIV transmission by over 90%.
- Access & Use: Women should consult healthcare providers for guidance and do regular testing while on PrEP.

## 2. PEP (Post-Exposure Prophylaxis):

PEP is an emergency medication regimen that can stop HIV infection if started within 72 hours of potential exposure. It is critical for situations such as sexual assault, unprotected sex, or needle sharing.

- How It Works: PEP involves taking a combination of antiretroviral medications for 28 days to prevent the virus from taking hold.
- **Timing:** The sooner PEP is started, the more effective it is—ideally within hours of exposure.
- Access and Use: PEP is available at emergency departments or through healthcare providers.
   Women should not delay seeking help if they believe they've been exposed.
- Limited Coverage: Accessing PEP can be expensive, especially for women without coverage. In many cases, there is no automatic coverage, and navigating insurance systems can delay treatment.
- Delays in Care at ER: Some healthcare providers have a lack of awareness, judgment and stigma which often results in delays in treatment, which is dangerous in this situation.

## 3. Peri-Exposure Prophylaxis:

Peri-Exposure Prophylaxis (PIP) is a flexible HIV prevention option designed for women who face occasional or unpredictable risks of HIV exposure. Unlike daily PrEP, it involves taking antiretroviral medication around the time of a potential exposure, offering a tailored approach to protection.

 How It Works: PIP is taken as a series of doses timed around a potential exposure to HIV.
 Women take an initial dose before the risk occurs and follow up with additional doses after exposure as prescribed. The exact timing and regimen are determined by a healthcare provider.

- Effectiveness: It is highly effective when used correctly, with success dependent on proper timing and adherence to the prescribed schedule. It offers strong protection for women in situations where daily PrEP may not be practical.
- Access and Use: Women interested in PIP should consult a healthcare provider to discuss their risk factors and develop a personalized prevention plan. While it's gaining recognition, access may vary, and advocacy is still needed to ensure it is widely available and affordable.

## 4. PIP- Pep In Pocket:

PEP in Pocket is an HIV prevention strategy that provides a prescription for Post-Exposure Prophylaxis (PEP) medication for emergency use, within 72 Hours post-exposure. It was designed for those who may experience sudden or unpredictable HIV exposures, such as sexual assault, condom failure, or needle sharing.

PIP ensures immediate access to life-saving treatment without the missing the ideal window of time to begin treatment. This empowers women to act quickly, avoid barriers and provides autonomy. PIP is especially useful when healthcare access might be delayed or unavailable.

- How It Works: PEP in Pocket involves carrying a
  prescribed course of antiretroviral medications
  to be used immediately after potential HIV
  exposure. The medication must be started within
  72 hours of exposure, with the first dose taken as
  soon as possible and then continued for 28 days.
- Effectiveness: PEP in Pocket is highly effective at preventing HIV when started promptly and taken as prescribed. Success relies on initiating treatment quickly and completing the full 28-day regimen.
- Access and Use: Women interested in PEP in Pocket (PIP) should discuss their risk factors with a healthcare provider to determine if it is the right option for them. While it provides critical protection, access to PEP in Pocket can be limited by cost, provider awareness, and availability. Efforts are still needed to expand access and ensure coverage by healthcare systems.



## **Why HIV Prevention Options Matter for Women**

- 1. Empowering Women's Health Choices
- 2. Addressing Unique Risks
- 3. Protecting Against
  Unpredictable Situations
- 4. Reducing Health Disparities

- 5. Strengthening Families and Communities
- 6. Breaking Down Stigma
- 7. Supporting Self-Determination
- 8. Reclaiming Traditional Roles and Leadership

## **CHLAMYDIA**



## What is Chlamydia?

Chlamydia is an infection caused by bacteria and spread by unprotected sexual activity (4). If it is not treated it can lead to infertility and painful complications (5).

## Chlamydia in Canada

Chlamydia is the most common sexually transmitted infection in Canada. The rates of chlamydia have increased by 39% between 2008 and 2017. 97.4% of all new cases of Chlamydia in women were among those between the ages of 16-44 years (7).

## **How does Chlamydia Spread?**

Chlamydia is a sexually transmitted blood borne infection. It is mainly spread through unprotected vaginal, anal and/or oral sex. It can also spread through pregnancy and delivery (4).

## Chlamydia, Pregnancy and Breastfeeding

Chlamydia can be passed from mother to baby during pregnancy and birth. It can lead to premature birth, eye infections and pneumonia (4). To prevent transmission of chlamydia during pregnancy and delivery, pregnant women should be tested for chlamydia and treated immediately. You may breastfeed your baby if you have chlamydia without risking infection (5).

## **Chlamydia Testing**

You cannot tell if you have chlamydia by the way you feel. You can find out if you have chlamydia through a urine test or vaginal/rectal/throat swab (4).

## **Chlamydia Treatment**

Antibiotics can treat chlamydia, the sooner you start treatment, the less likely you will suffer from complications like pelvic inflammatory disease and infertility (4).

## Signs and Symptoms of Chlamydia

Some people do not have any symptoms and can live with chlamydia without knowing it. Some women may notice different symptoms depending on where the infection is (5).

## **VAGINAL:**



Pain during urination



**Painful sex** 



Bleeding during or after sex



An abnormal vaginal discharge

## **RECTAL:**



Rectal pain



**Discharge** 



**Bleeding** 

## **THROAT:**



A sore throat



Painful sores in the mouth



**Fever** 



Swollen lymph nodes in the neck

## **GONORRHEA**



Gonorrhea is an infection caused by bacteria and spread by unprotected sexual activity. If left untreated it can cause infertility, painful complications and ectopic pregnancy (a pregnancy that occurs outside the womb) (8).

## **Gonorrhea in Canada**

Gonorrhea is the second most common sexually transmitted infection in Canada. The rates of gonorrhea have increased by 109% in Canada between 2008 and 2017 (7).

## **How does Gonorrhea Spread?**

Gonorrhea is a sexually transmitted blood borne infection. It is mainly spread through unprotected vaginal, anal and/or oral sex. It can also spread through pregnancy and delivery (8).

## Gonorrhea, Pregnancy and Breastfeeding

Gonorrhea can be passed from mother to baby during birth. It can lead to miscarriages, premature birth, and eye infections that may lead to blindness (5). To prevent transmission of gonorrhea during pregnancy and delivery, pregnant women should be tested for gonorrhea and treated immediately. You may safely breastfeed your baby if you have gonorrhea.

## **Gonorrhea Testing**

You can find out if you have gonorrhea through a urine test or vaginal/rectal/throat swab (5).

## **Gonorrhea Treatment**

Antibiotics can treat gonorrhea, the sooner you start treatment, the less likely you will suffer from complications like pelvic inflammatory disease and infertility (5).

## **Signs and Symptoms of Gonorrhea**

Some people do not have any symptoms and can live with gonorrhea without knowing it. Those that have symptoms may feel the following:



Thick, cloudy or bloody discharge from the vagina.



Pain or burning sensation when urinating.



Heavy menstrual bleeding or bleeding between periods.



Painful bowel movements.



Anal itching.



## **SYPHILIS**



Syphilis is an infection caused by bacteria and spread by unprotected sexual activity (9). If it is not treated, syphilis can cause serious, permanent damage and even death (9).

## **Syphilis in Canada**

It is the third most common sexually transmitted infection in Canada. The rates of syphilis have increased by 167% in Canada over the last decade (6).

## **How does Syphilis Spread?**

Syphilis is a sexually transmitted blood borne infection. It is mainly spread through unprotected vaginal, anal and/or oral sex. It can also spread through needle sharing, pregnancy and delivery (10).



## Syphilis, Pregnancy and Breastfeeding

Syphilis can be passed from mother to baby during pregnancy and birth and can cause birth defects and stillbirth. The number of babies born with syphilis in Canada is increasing (6). To prevent transmission of syphilis during pregnancy and delivery, pregnant women should be tested for syphilis and treated immediately. Breastfeeding is possible if there are no sores on the breast.

## **Syphilis Testing**

You cannot tell if you have syphilis by the way you feel. You can find out if you have syphilis through a blood test or swab (6).

## **Syphilis Treatment**

Antibiotics can treat syphilis in the early stages (6).

## Signs and Symptoms of Syphilis

There are three stages to syphilis infection, primary, secondary and tertiary. Each stage may have different symptoms.



**Primary Syphilis:** Painless sore on penis, vagina, rectum, mouth, or surrounding areas



Secondary Syphilis: Skin rash that is not usually itchy, fever, tiredness, swollen lymph nodes



**Tertiary Syphilis:** At this stage the syphilis can damage your nervous system, brain and other organs and may lead to blindness, paralysis, tumors and dementia (10).



Some people do not have any symptoms and can live with syphilis without knowing it.



## HEPATITIS C

## What is Hepatitis C?

Hepatitis C is a viral infection of the liver caused by the hepatitis C virus (HCV) (11).

## **Hepatitis C in Canada**

Approximately 1% of Canadians have been infected with hepatitis C in their lifetime and 1 in 4 federal inmates are living with hepatitis C (12).

## **How does Hepatitis C Spread?**

Hepatitis C is a sexually transmitted blood borne infection. It is mainly spread through contact with infected blood through sharing drug equipment, including needles, sharing tattooing equipment, body piercings and personal hygiene equipment that have been contaminated with blood. It can also be spread through unprotected vaginal, anal and/or oral sex, pregnancy and delivery (11).

## **Hepatitis C, Pregnancy and Breastfeeding**

Hepatitis C can be passed from mother to baby during pregnancy and birth and can lead to low birth weight, birth defects and premature birth (13). Breastfeeding is possible as long as the mother's nipples are not cracked or bleeding.

## **Hepatitis C Testing**

You cannot tell if you have hepatitis by the way you feel. You can find out if you have hepatitis C through a series of blood tests (14).

## **Hepatitis C Treatment**

Antiviral drugs can cure hepatitis C and are typically taken in pill form (12).

## Signs and Symptoms of Hepatitis C

Some people do not have any symptoms and can live with hepatitis C without knowing it. **Others may experience:** 



fever



fatigue



poor appetite



yellowish discoloration of their eyes and skin



dark urine



weight loss (11).

## ELDER ROSEANN'S FOUR DIRECTION TEACHING ON SEXUALLY TRANSMITTED BLOOD BORNE INFECTIONS

The medicine wheel is a valuable tool and I view everything as a part of the medicine wheel. In this exercise, I will use the medicine wheel as an example of how STBBIs evolve in the human body. As any disease it has a beginning and an end.

In the **Northern door** (white), the **fourth phase** is for healing and self-care and where education comes in.





In the **eastern door** (yellow), we have an **illness that begins as a seed**. It has an incubation period before moving onto the next phase. During this time, it is not visible, or it might pass as a simple symptom.



In the **southern door** (red), the **secondary phase** is when people are starting to experience symptoms of an infection and sometimes this is where a person should consult a professional.



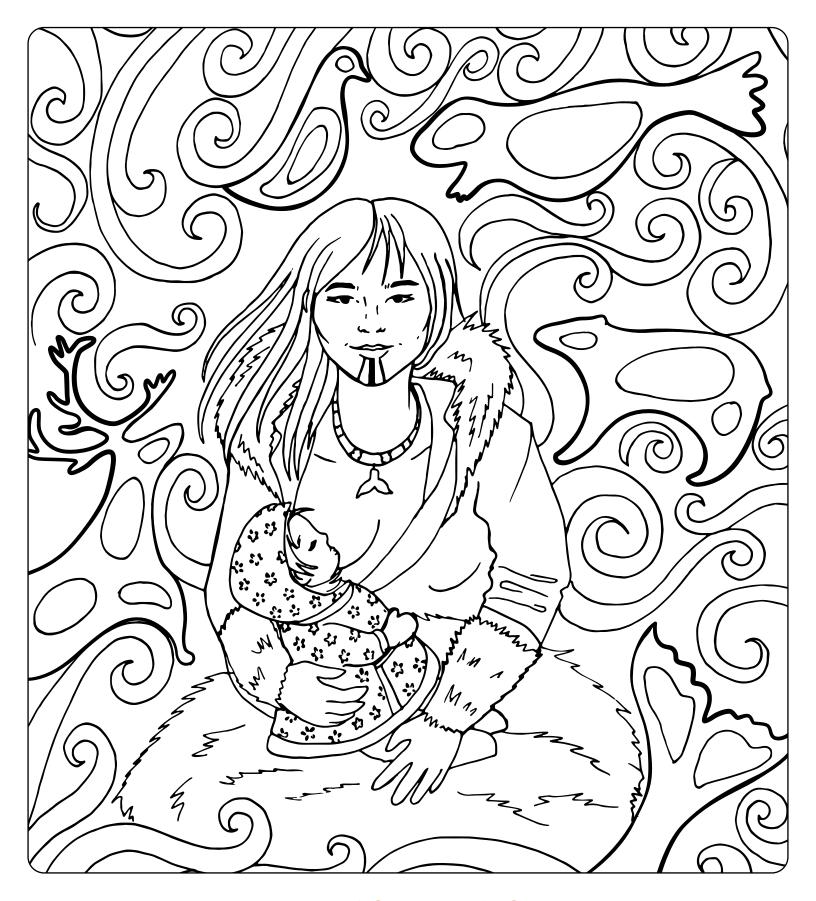


Elder Roseann Martin was born in Listuguj Quebec on September 2, 1952 to Howard Metallic and Rebecca Wysote. Roseann is a Residential School survivor and a Mi'gmaq Grandmother and Elder; she is a pipe carrier, drum keeper and water protector who likes to share her teachings. Roseann's journey has not been short of trauma, anger and substance use. However, through her strength and resiliency, she was able to overcome them and has over 25 years of sobriety and healing. Roseann likes to share her story for future generations to begin the healing process. Roseann sits on the Board of Directors for the Quebec Native Women's Association and also works at the Native Women's Association of Canada.



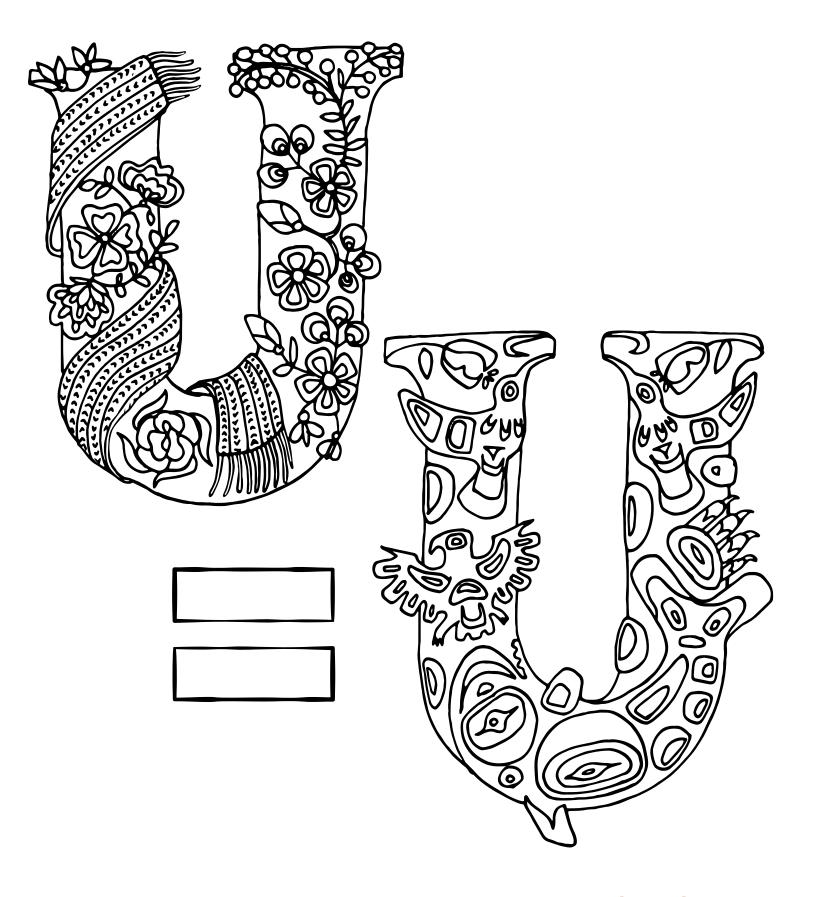
## **PREGNANCY**

Sexually transmitted blood borne infections (STBBIs) can impact the health of your pregnancy and baby. Get tested and treated for STBBIs to decrease your risk!



## **BREASTFEEDING**

Some sexually transmitted blood borne infections (STBBIs) can be passed to your baby through breastmilk. Get tested and treated for STBBIs to decrease your baby's risk.



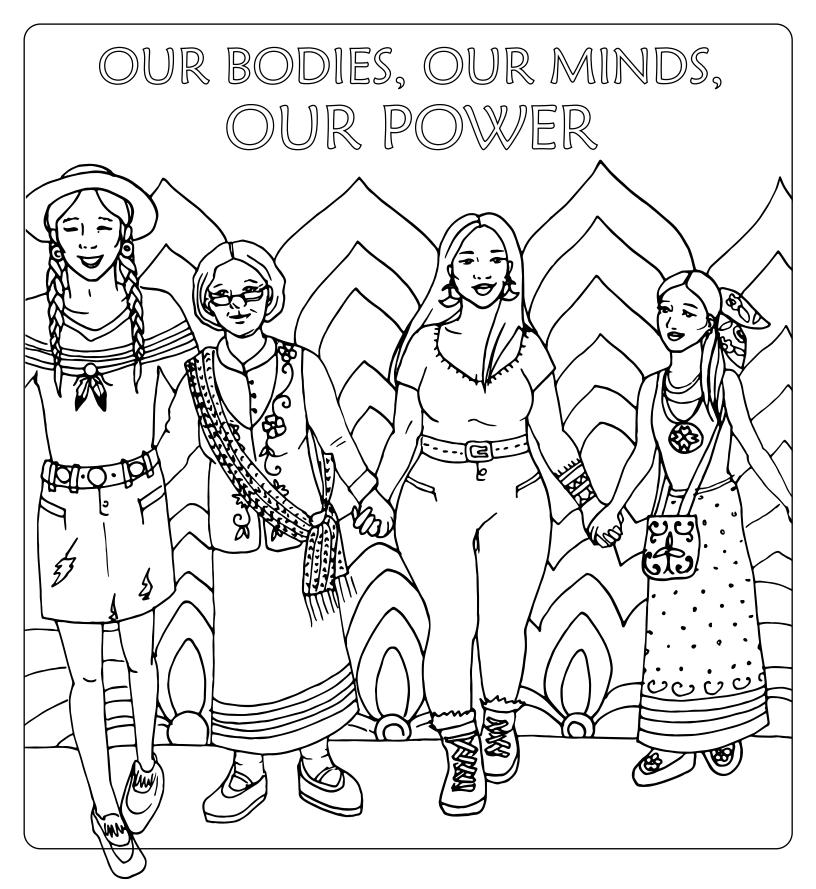
## UNDETECTABLE = UNTRANSMITTABLE (U=U)

Taking HIV medications regularly can decrease the copies of HIV in your blood to an **u**ndetectable level. When the HIV **u**ndetectable, it is not possible to pass the virus to someone else (**u**ntransmittable).



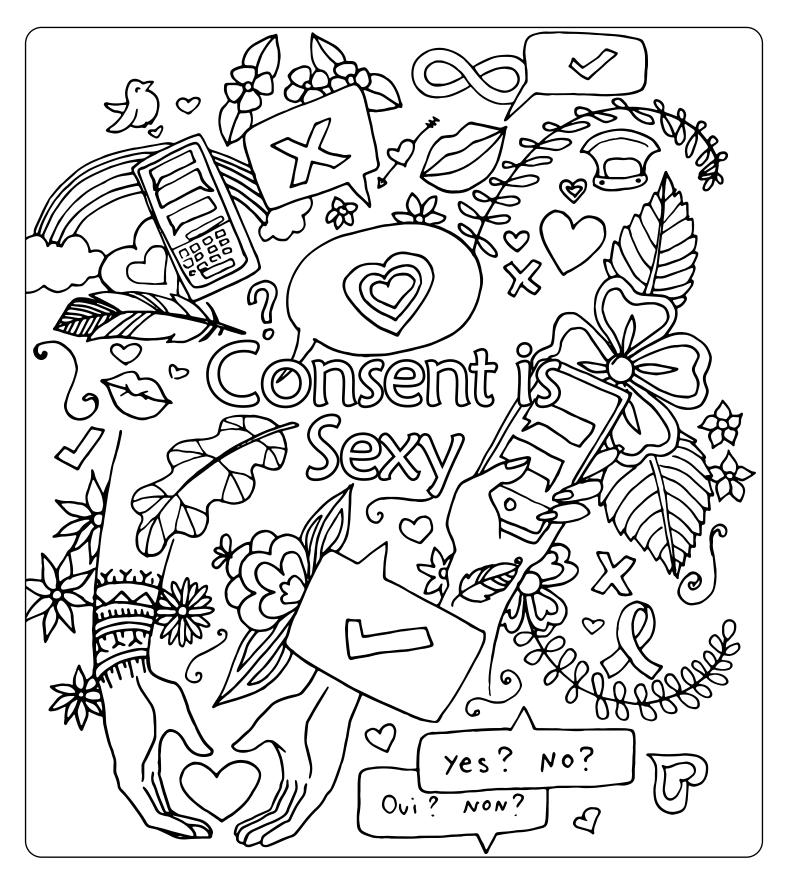
## **TESTING**

Treatment of Sexually Transmitted Blood Borne Infections (STBBIs) can only exist if you know you have them. Know your status, get tested today!



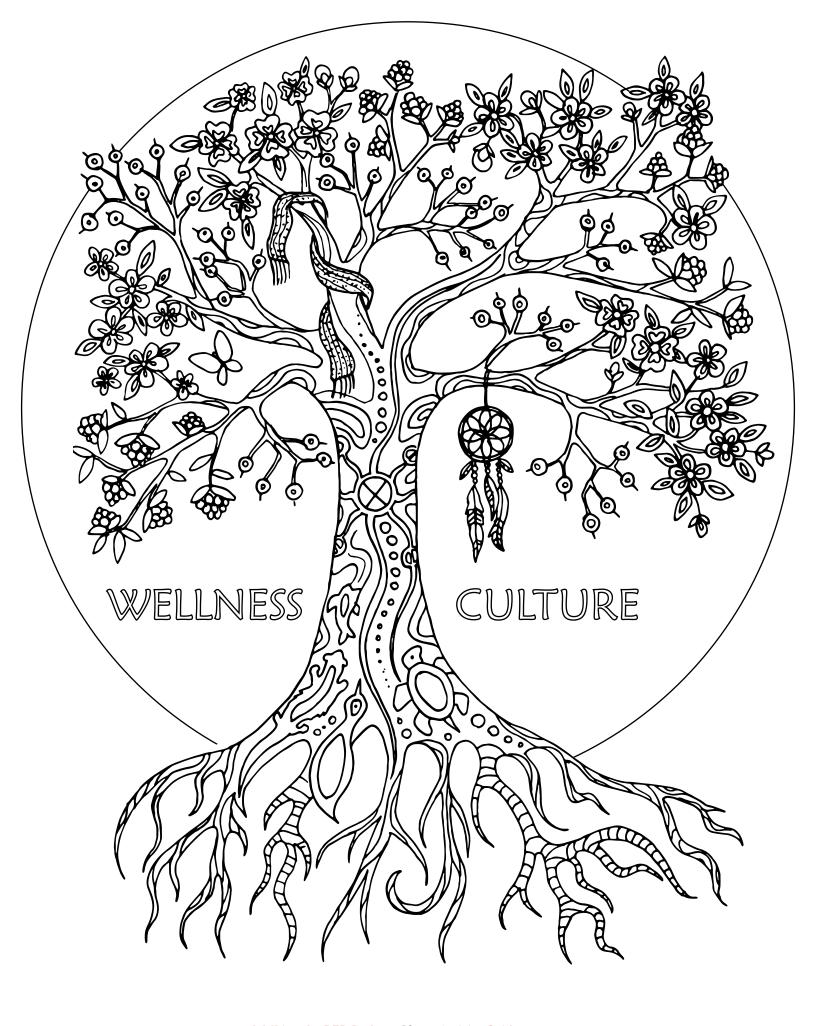
## **PREVENTION**

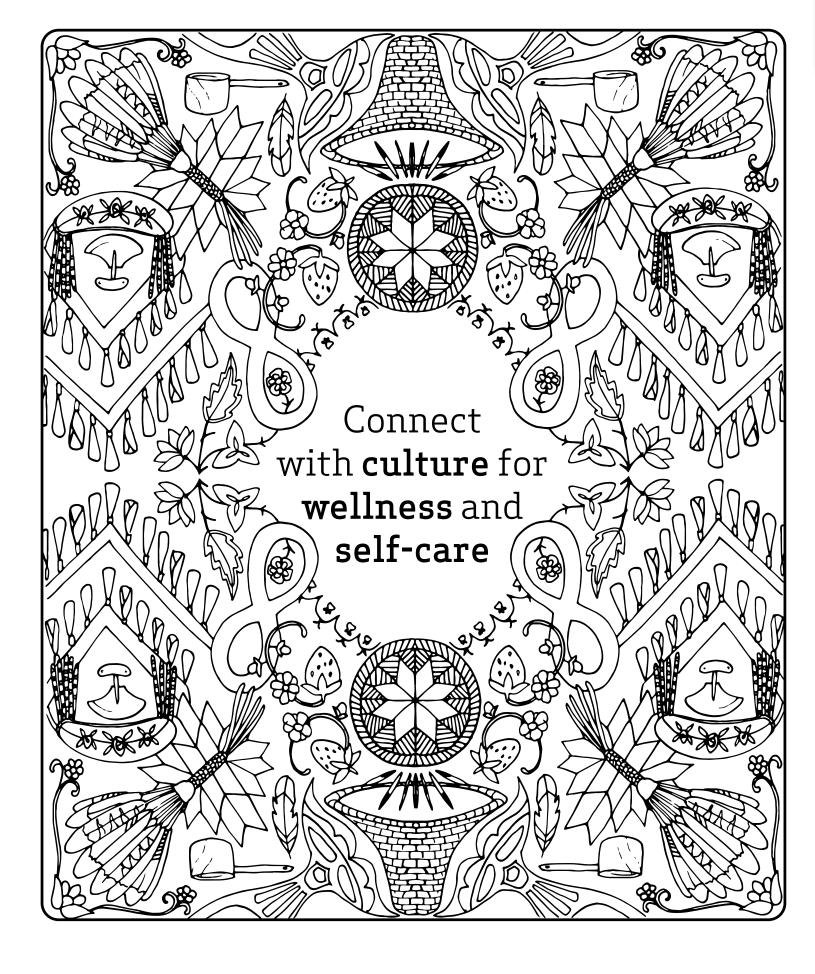
Utilizing safe sex methods while engaging in sexual activities like condoms and dental dams helps lower you risk of Sexually Transmitted Blood Borne Infections (STBBIs). Use new syringes every time you inject drugs, do not share needles, tattooing equipment, jewelry or personal hygiene products.



## **CONSENT**

The best way to ensure everyone is comfortable with any sexual activity is to talk about it. If it is not clear, it is NOT consent.





## HIV PREVENTION FOR WOMEN QUIZ

**Instructions:** Answer the following multiple-choice and true/false questions to test your knowledge about HIV prevention strategies for women, including prevention of MTCT (Mother-to-child transmission).

1.	<ul> <li>What is the primary goal of PrEP?</li> <li>a. To treat HIV infection</li> <li>b. To prevent HIV before exposure</li> <li>c. To prevent pregnancy</li> <li>d. To reduce symptoms of HIV</li> </ul>	<ul> <li>7. How effective is PrEP at preventing HIV when taken consistently?</li> <li>a. 50%</li> <li>b. 90% or more</li> <li>c. 75%</li> <li>d. 30%</li> </ul>
2.	<ul> <li>How does PEP help prevent HIV?</li> <li>a. It creates antibodies to fight HIV</li> <li>b. It stops the virus from taking hold after exposure</li> <li>c. It eliminates the virus immediately</li> <li>d. It only works for people already living with HIV</li> </ul>	<ul><li>8. True or False: PEP can still work if taken more than 72 hours after exposure.</li><li>O True</li><li>O False</li></ul>
3.	<ul> <li>What does PIP (PEP in Pocket) provide?</li> <li>a. Daily prevention for women at ongoing risk</li> <li>b. Emergency prevention medication for unexpected risks</li> <li>c. A single-dose vaccine against HIV</li> <li>d. A cure for HIV</li> </ul>	<ul> <li>9. What is the primary difference between PrEP and PEP?</li> <li>O a. PrEP is used daily to prevent HIV, while PEP is used after potential exposure</li> <li>O b. PrEP is only for women, and PEP is for mer</li> <li>O c. PEP is taken daily, and PrEP is only for emergencies</li> <li>O d. There is no difference</li> </ul>
4.	<ul> <li>When should PEP be started for it to be effective?</li> <li>a. Within 24 hours of exposure</li> <li>b. Within 72 hours of exposure</li> <li>c. Within 7 days of exposure</li> <li>d. Any time after exposure</li> </ul>	<ul> <li>10. Why is access to culturally safe HIV prevention tools important?</li> <li>a. To provide language translation services</li> <li>b. To ensure prevention tools respect cultura values and address systemic barriers</li> </ul>
5.	<b>True or False:</b> Peri-Exposure Prophylaxis involves taking medications both before and after potential exposure to HIV.	<ul> <li>C. To limit the use of Western medicine</li> <li>d. To make prevention tools only available to specific communities</li> </ul>
	O True O False	11. True or False: PIP is a daily prevention method like PrEP.
6.	<ul> <li>Which of the following is a key benefit of PIP?</li> <li>a. It replaces the need for PrEP</li> <li>b. It provides flexibility for occasional risks of HIV exposure</li> </ul>	O True O False
	<ul> <li>c. It treats HIV once someone is infected</li> <li>d. It eliminates the need for other prevention methods</li> </ul>	

## MOTHER-TO-CHILD HIV PREVENTION QUIZ

**Instructions:** Answer the following multiple-choice and true/false questions to test your knowledge about HIV prevention strategies for women, including prevention of MTCT (Mother-to-child transmission).

I.	<ul> <li>/hat is the best way to reduce the risk of HIV ansmission during pregnancy?</li> <li>) a. Take antiretroviral medications throughout pregnancy</li> <li>) b. Delay prenatal care</li> <li>) c. Avoid hospital deliveries</li> <li>) d. Use natural remedies without</li> </ul>		How is HIV most commonly transmitted from mother to child?  O a. During pregnancy O b. During childbirth O c. Through breastfeeding O d. All of the above
	medical assistance	6.	Why is regular medical care important for
2.	When should antiretroviral treatment begin for an HIV-positive mother?  O a. During labor  O b. During the baby's first year  O c. As soon as possible after diagnosis  O d. Only after delivery		<ul> <li>HIV-positive mothers and their babies?</li> <li>a. To monitor viral load and adjust treatment if needed</li> <li>b. To ensure the baby receives antiretroviral medication</li> <li>c. To reduce the risk of transmission over time</li> <li>d. All of the above</li> </ul>
3.	True or False: Proper treatment can reduce the risk of mother-to-child transmission of HIV to almost zero.  O True O False		
4.	What feeding method is recommended to reduce the risk of HIV transmission to a baby?  a. Mixed feeding (breastfeeding and formula)  b. Exclusive breastfeeding with		

antiretroviral therapy

Od. Any feeding method without medication

C. Formula feeding only

## ADVERSE CHILDHOOD EXPERIENCES (ACES)

## What are ACEs?

Adverse Childhood Experiences (ACEs) are traumatic or challenging events that occur before the age of 18 and can affect physical health, mental well-being, and relationships throughout a person's life.

Examples include abuse, neglect, or family dysfunction, which disrupt a child's development and increase the risk of chronic illnesses, mental health issues, and social struggles later in life.

## **Examples:**

- · Abuse:
  - → Physical: Hitting, slapping, or causing harm.
  - → Emotional: Verbal threats, constant criticism, or humiliation.
  - → Sexual: Unwanted touching, exploitation, or assault.
- Neglect:
  - → Physical neglect: Failing to provide food, clothing, or a safe home.
  - → Emotional neglect: Ignoring a child's emotional needs or support.
- Family Challenges:
  - → Parental separation or divorce.
  - Living with a caregiver who struggles with mental illness or substance use.
  - → Witnessing domestic violence.

## **ACEs and Indigenous Peoples**

## **Historical Trauma:**

- Residential & Day schools forced Indigenous children from their families, subjecting them to abuse, neglect, and cultural erasure.
- The Sixties Scoop placed many Indigenous children in non-Indigenous homes, severing cultural and family connections.
- Colonization disrupted traditional ways of life, roles, land stewardship, spiritual practices, and land-

based healing, creating a cycle of trauma being passed from one generation to the next, without opportunities for adequate healing. This cycle is referred to as Intergenerational Trauma and its effects are evident and lasting in our communities.

## **Higher Risk of ACEs:**

Indigenous children are more likely to face poverty, systemic racism, and housing insecurity. They are also overrepresented in the child welfare system. These historical, systemic and structural factors increase the likelihood that Indigenous Peoples will experience ACEs at a much higher rate.

## **Long-Term Impacts:**

- ACEs increase the likelihood of chronic health problems like diabetes and heart disease.
- Mental health challenges such as PTSD, depression, and substance use are more common among those who have had ACEs.
- Many people who've had ACEs experience social challenges, including homelessness, incarceration, substance use and unemployment.

## We Can Influence Our Destiny

ACEs can have significant impacts, but they are not destiny. Healing is possible through cultural reconnection, strong community ties, and systemic change. By addressing these issues together, Indigenous peoples can create brighter, healthier futures for themselves and their communities.

## **Healing our ACEs**

- Cultural Revitalization
- · Community & Family Support
- Trauma-Informed Care
- Arts-Based, Land-Based. Culturally-Based Activities
- Strengthening Families
- Building Strong Communities
- Systemic Change
- · Reclaiming Voice

## **EXPLORING ACES THROUGH STORYTELLING**

Storytelling is a powerful way to reflect, heal, and inspire. In many Indigenous cultures, stories carry the wisdom of our ancestors and help us make sense of our experiences. They connect us to each other, to the land, and to the strength we carry within.

This activity invites you to write a story of resilience. It can be your own story, someone else's, or even a fictional story reflecting themes of growth, healing, and strength. Through storytelling, you can explore how ACEs impact lives and how we find healing and growth despite challenges.

Whether it focuses on struggles, victories, or lessons learned, storytelling allows you to reclaim your voice, celebrate resilience, and connect with others. There is no right or wrong way to tell your story—what matters is that it comes from the heart. Take your time and follow the steps below to begin creating your story.

## **Warm-Up Exercise Instructions**

Before you begin, complete the pre-writing exercise. Think about the story you want to tell and answer the following:

- Reflect and Brainstorm: Is it about your own journey, someone who inspires you, or a fictional character?
  - a. What themes do you want to explore?
     Consider ideas like overcoming challenges, finding healing, building resilience, or connecting with culture.
- **2. Character(s):** Who is the story about?
- 3. **Setting:** Where does the story take place?
- **4. Challenge:** What obstacles does the character face?
- **5. Resolution: H**ow does the character overcome these challenges?
- **6. Message or Theme:** What is the lesson or message of the story?

## We Want to See Your Creativity!

We'd love to showcase your incredible art, writing, and creative expressions. Whether it's a drawing, a completed storyboard, or a written story, your work has the power to inspire and uplift others.

If you'd like to share your creations:

- Email your submissions to <u>Redpath@nwac.ca</u>
- Let us know if we have your permission to share your work with others and/ or publicly.

Thank you for sharing your journey and creativity with us. Your voice matters, and your creativity and story are gifts!

## **Storytelling Activity Instructions**

## 1. INTRODUCTION: SETTING THE STAGE

Develop your main character and start by introducing the protagonist and their background, including the challenges they faced due to ACEs.

## Use prompts:

- Describe the types of trauma they experienced.
- · Highlight their personal and systemic barriers.
- Show the impact of these experiences on their identity, relationships, and confidence.

### 2. THE STRUGGLE: BREAKING THE CYCLE

Explore the internal and external challenges the protagonist faced as they tried to heal and grow.

## Use prompts:

- What challenges did they encounter in breaking cycles of trauma?
- What personal or systemic barriers stood in their way?
- How did these challenges shape their determination or resilience?

## 3. SUPPORT SYSTEMS: BUILDING A FOUNDATION

Introduce the key people and community members who supported the protagonist.

## Use prompts:

- Describe how family, elders, or community members contributed to their healing.
- What roles did these supporters play in rebuilding confidence, identity, and health?

## 4. RECONNECTING WITH CULTURE: THE TURNING POINT

Show the protagonist reconnecting with traditional practices, language, ceremonies or any other forms of healing.

## Use prompts:

- How did cultural practices help them find grounding and purpose?
- How did reconnecting with language affect their identity and healing journey?
- What role did land-based healing (e.g., foraging, fishing, ceremonies) play in their recovery?
- What insights did they gain from connecting with the land?

## CREATIVE EXPRESSION: PROCESSING AND GROWTH

Highlight the protagonist's use of art or storytelling to process their experiences.

## **Use prompts:**

- How did activities like beadwork, painting, writing, or dance help them heal?
- What did they discover about themselves and their culture through these creative outlets?

## 6. RESILIENCE AND IDENTITY: THE HEART OF THE STORY

Emphasize the protagonist's growth and resilience. Show how they've come to define their strength.

## Use prompts:

- What does resilience mean to them?
- How have they drawn on ancestral knowledge to build resilience in daily life?
- How has reclaiming their Indigenous identity through traditions, language, or ceremonies empowered them?

## 7. HEALING RELATIONSHIPS: TRANSFORMATION

Explore the changes in their relationships as they heal.

## **Use prompts:**

- How has healing allowed them to strengthen connections with family or friends?
- What boundaries or values have they learned to set for their well-being?

## 8. REFLECTION: WISDOM FOR OTHERS

End with the protagonist reflecting on their journey and what they've learned.

## Use prompts:

- What message do they want others to learn from their story?
- How do they hope to inspire others facing similar challenges?
- What aspects of their heritage make them feel proud and give them a sense of purpose?

## Tips for Writing the Story

## Keep it personal:

Center the story around the protagonist's emotional journey.

## Use sensory details:

Describe how the land smells, how beadwork feels, or how speaking their language sounds.

## Balance conflict and resolution:

Show the challenges, but ensure there's a sense of hope and growth.

Weave culture throughout:

Let traditions, language, and connection to the land be everpresent threads.

## TREE OF HEALING ART

## **Instructions**

## 1. DRAW YOUR TREE:

- a. Begin by sketching or painting a tree on your journal page. You can keep it simple or make it as detailed as you like.
- b. Divide the tree into parts:
  - Roots: Below the ground, symbolizing your foundation and grounding.
  - ii. **Trunk:** The strong core that represents your strength and identity.
  - iii. **Branches:** Extending outward, showing connections and relationships.
  - iv. **Leaves/Fruits:** Representing your growth, achievements, and aspirations.

## 2. ADD WORDS AND SYMBOLS:

- a. **Roots:** Write or draw the things that ground you, such as family, culture, community, traditions, or spiritual practices.
- b. **Trunk:** Reflect on your inner strength and resilience. What keeps you strong during difficult times? Add words, patterns, or symbols that represent this strength.
- c. **Branches:** Think about the connections that support you. Who or what helps you heal, learn, and grow? Include relationships, mentors, teachings, or supportive spaces.
- d. Leaves/Fruits: Represent your growth and dreams. What have you achieved? What are your hopes for the future? Include words, drawings, or colors that reflect these aspirations.

## 3. INCORPORATE THEMES FROM THE BOOK:

- a. Health: What actions or practices help you care for your mental, emotional, physical, or spiritual health?
- b. Cultural Identity: How does your culture, language, or traditions contribute to your healing?

- c. Resilience: What challenges have you overcome, and how have they shaped who you are?
- d. Relationships: Who supports you, and how do these connections help you thrive?

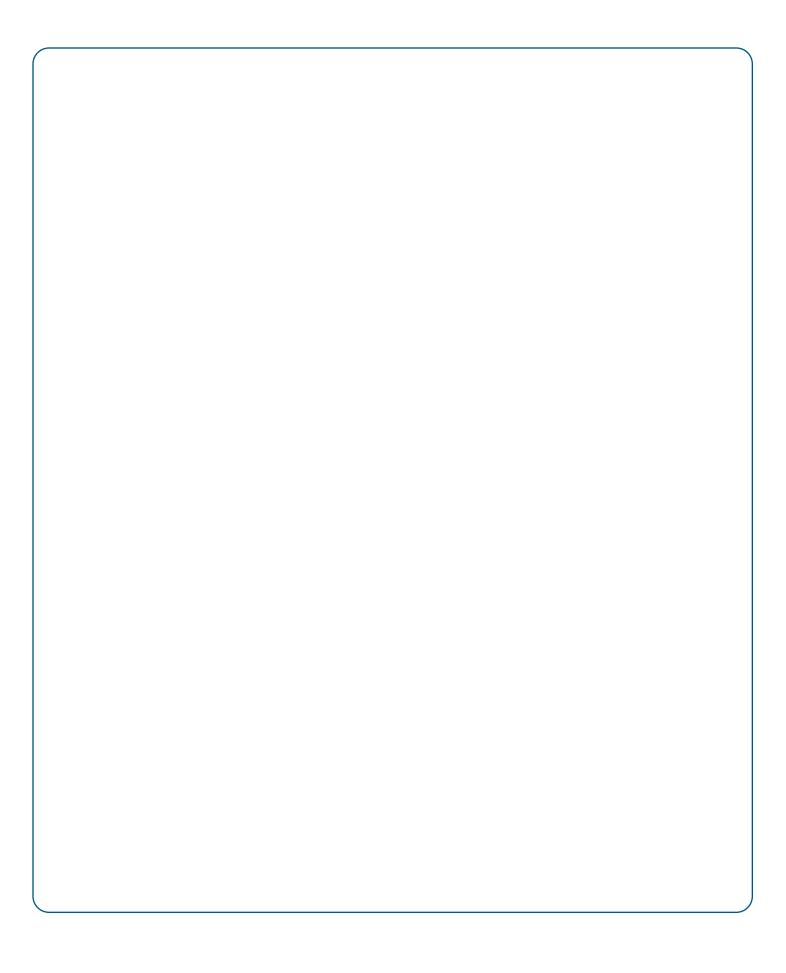
## 4. PERSONALIZE YOUR TREE:

- a. Use colors, textures, or patterns that resonate with you.
- b. Add symbols from your culture, like medicines (cedar, sage, sweetgrass, tobacco), animals, or traditional designs.
- c. Include meaningful quotes, words, or reflections around your tree.

## 5. REFLECT AND WRITE:

- a. Spend some time journaling about your tree.
  - i. What did you notice as you created it?
  - ii. How do the roots, trunk, branches, and leaves represent your journey?
  - iii. What areas feel strong, and where do you want to grow further?
- b. Meditate on your Tree, the process you took to create it and the insights you have developed.
  - i. What did you learn about yourself through this process?





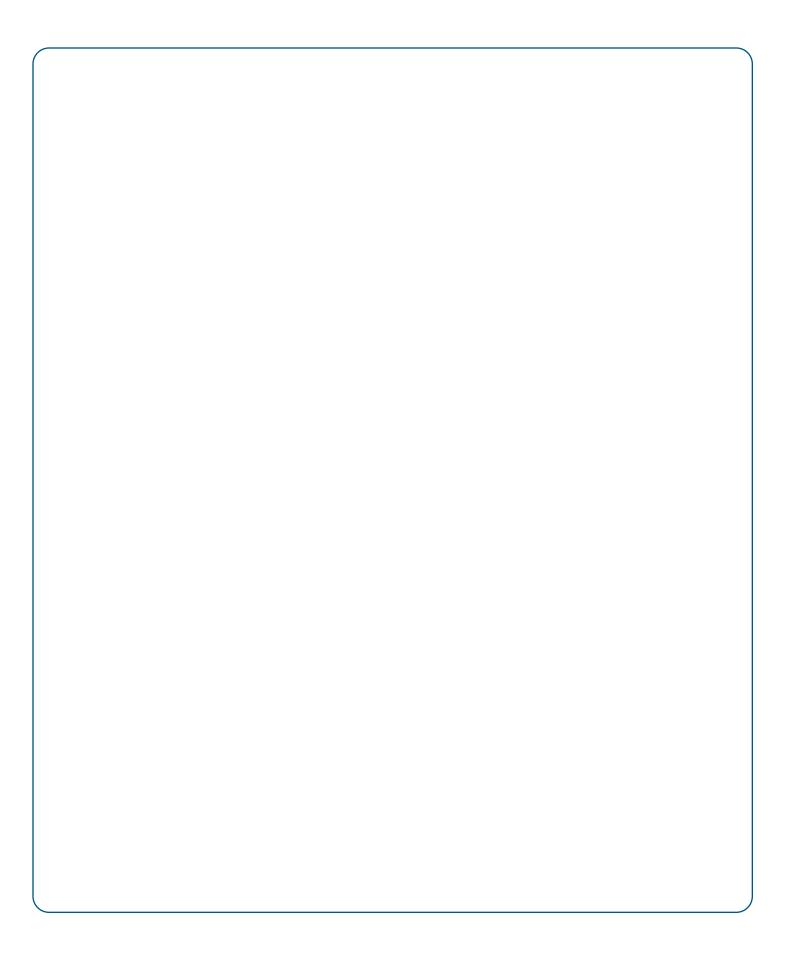
## DRAWING YOUR CIRCLE OF HOPE, BELONGING, MEANING AND PURPOSE

This activity invites you to create a visual representation of the connections, strengths, and supports that guide your healing journey. The circle, a sacred symbol in many Indigenous cultures, represents wholeness, balance, and unity.

## Instructions

- 1. Draw a Large Circle: Begin by drawing a large circle on your page. This will be the foundation for your artwork.
- 2. Divide the Circle: Divide your circle into four sections to represent the mental, emotional, physical, and spiritual aspects of your life. Label each section accordingly. Make sure you leave a small circle in the center.
- 3. Fill Each Section with Symbols: In each section, include symbols, drawings, or colors that represent:
  - a. Mental: What helps you stay focused, calm, or resilient?
  - b. **Emotional:** What brings you joy, comfort, or peace?
  - c. **Physical:** What keeps your body healthy and strong?
  - d. **Spiritual:** What connects you to your culture, traditions, or something greater than yourself?
- **4.** Incorporate Personal and Cultural Elements: Add cultural symbols, such as traditional medicines (sage, cedar, sweetgrass, or tobacco), animals, or designs that hold meaning for you.
- 5. Add a Central Element: At the center of the circle, draw or write something that represents your core strength—this could be a word, image, or symbol that embodies your resilience and identity.



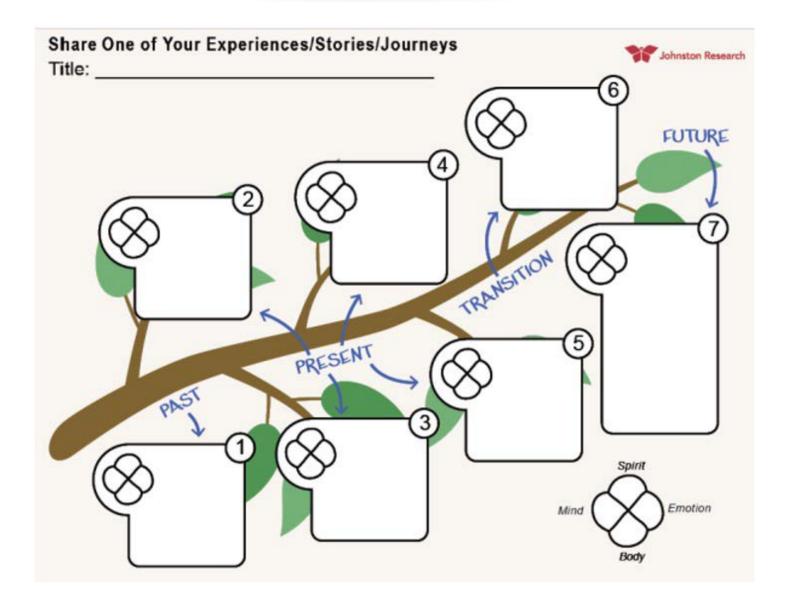


## **Reflection**

When you've finished, spend a few moments reflecting on your drawing.

- 1. What did you discover about your sources of strength and balance?
- 2. What areas feel strong, and where might you want to focus more energy?
- 3. What did you learn?
- 4. How can you use this when you are experiencing hardships?

## **STORY BOARD EXERCISE**



## ADVOCATING FOR YOUR HEALTH AND WELL-BEING

## Speaking Up for Yourself:

- → Have you ever had to speak up to get the care or support you needed?
- → How did it feel, and what would you do differently next time?
- → Have you ever experienced bias or judgment in a healthcare setting?
- → How did it affect you, and what would you say to address it now?

## Understanding Your Health Needs & Barriers

- → What do you need most from your healthcare providers to feel supported and respected?
- → How can you advocate for those needs?
- → Think about a time when you faced challenges accessing healthcare.
- → What strategies could you use to overcome those barriers in the future?

## Knowing Your Rights

- → What do health care rights mean to you?
- → How can knowing your rights help you feel more secure in healthcare settings?
- → What information or tools have helped you advocate for yourself in the past?
- → What resources would make advocating for your health easier?

## Supporting Others

- → How could you use your voice to support someone else who is struggling to access healthcare?
- → What advice or encouragement would you give them?
- → How can you challenge the stigma surrounding certain health topics, like STIs, drug use, or mental health, when speaking with others or accessing care?

## Creating Change

→ If you could change one thing about the healthcare system, what would it be?

- → How could you help bring about that change?
- → How would you explain your needs to someone in a position of authority, like a doctor or policymaker?
- → What would you want them to understand about your experience?

## Building a Support Network

- Who do you trust to support you when you're navigating healthcare challenges?
- → How can you strengthen that network?

## Identity

- → How does your identity (e.g., as an Indigenous person, woman, Two-Spirit individual) shape your experiences in healthcare?
- → How can you use this to advocate for culturally safe care?

## Handling Difficult Conversations

- → How do you handle difficult conversations with healthcare providers?
- → What helps you stay calm and focused?
- → What's the most important thing you want your healthcare provider to know about you?
- → How can you make sure they understand your needs?

## Barriers to Trust

- → Have you ever felt distrustful of a healthcare provider or system?
- → What would it take for you to feel safe and supported?

## Taking Small Steps Toward Your Future

- → Advocacy can feel overwhelming at times. What is one small step you can take to feel more in control of your health and well-being?
- → What are your long-term goals for advocating for your health?
- → How can your journey inspire change for others?

## **BUILDING SELF-LOVE JOURNALLING PROMPTS**

## **Recognizing Strengths**

- What are three things you're proud of about yourself?
- How can you remind yourself of these strengths when you feel uncertain?
- Think about a recent success, no matter how small. How did it make you feel? How can you celebrate your wins more often?
- Reflect on a time when you faced a challenge and overcame it.
- What did you learn about your ability to persevere?

## **Building Confidence**

- What helps you feel confident and empowered?
- How can you create more opportunities to feel this way?
- What are some negative things you catch yourself saying about yourself?
- How can you turn those into positive affirmations?
- Imagine yourself at your most confident.
- What does that look and feel like?
- How can you work toward becoming that version of yourself?

## **Learning from Mistakes**

- · How do you handle mistakes?
- What can you learn from them to build resilience and confidence?
- What boundaries do you need to set to protect your energy and well-being?
- How can you communicate these boundaries to others?

## Self-Care Practices

- What activities help you feel calm and cared for?
- What are three small things you can do daily to take care of yourself?
- How can you make these a habit?
- How can you make more time for these practices in your life?
- How can you incorporate cultural practices or traditions into your self-care routine?
- What does this look like for you?

## **Letting Go & Asking for Help**

- What is one thing you're holding onto that no longer serves you? How can letting go of it help you grow?
- How do you feel about asking for help when you need it?
- What makes it hard, and how can you remind yourself that it's okay to ask?
- Who in your life makes you feel supported and valued? Why?
- How can you spend more time nurturing those relationships?

## **Future Vision**

- What is one goal you've been hesitant to pursue?
- What small steps can you take to move closer to achieving it?
- How do you see yourself in the future, feeling confident and cared for?
- What steps can you take today to move closer to that vision?

## Facilitation Guide

## **FACILITATION GUIDE**

## Want To Host A Workshop?

You are a leader in your community. This guide will support you in hosting a workshop to share knowledge, empower others, and create spaces for healing and growth. Your voice matters, and we are here to help you amplify it.

## 1. SET YOUR INTENTION:

- a. What is the purpose of your workshop?
   i.e. Sharing harm reduction strategies, teaching cultural practices, or fostering community connections.
- b. What do you want participants to learn?
- c. What is the goal?
  - i. I.e. Community Connection, Personal Healing, Information Sharing, Training, etc.

## 2. KNOW YOUR AUDIENCE:

- a. Who will attend?
  - i.e. Tailor content based on their needs
- b. What are their strengths and needs?
- c. How can you tailor the content?

## 3. CHOOSE A FORMAT:

- a. Presentation with Q & A
- b. Panel
- c. Talking Circle, group discussion, or activity-based.
  - i. Consider cultural traditions and what feels most comfortable for you and the group
- d. Combination

## 4. SELECT A LOCATION:

- a. Safe, accessible, and welcoming space.
- b. Can be a community center, outdoors, or even virtual.

**TIP:** Working with organizations and collaborating with others can help you minimize your effort and maximize the impact you can make. They may even have access to space for free.

c. If using a virtual option, choose the platform. Try Zoom or Google Meet.

## 5. CREATE AN AGENDA AND INCLUDE ACTIVITIES:

- a. Identify roles and responsibilities- assign accordingly.
- b. Create a detailed agenda.
- c. Include:
  - i. Timing
  - ii. Topics
  - iii. Notes (speaking & facilitation notes)
  - iv. Roles and responsibilities

(see sample agenda on fthe ollowing page)

## 6. PREPARE MATERIALS

- a. Traditional items
- b. Handouts
- c. Refreshments or Food (if needed)
- d. Prepare technology if necessary
- e. Create an evaluation or feedback survey to guide improvements.

(see sample workshop material list on the following pages

## 7. CREATE REGISTRATION METHOD.

- a. Email or verbal registrations are good.
- b. Eventbrite and Zoom have registration options that simplify the process for you.

## 8. PROMOTE THE WORKSHOP.

- a. Make a poster.
  - i. Include:
    - Date
    - Time
    - Location
    - Registration Information
    - Who is welcome to join
    - Important info about the event
    - Requirements for participation
  - ii. Put up posters and/or post on social media.
  - iii. Spread the word!

## Sample Agenda

## d. Opening (15 minutes):

- i. Traditional opening (prayer, smudging, song).
- ii. Land Acknowledgement
- iii. Welcoming and Introductions
- iv. Group Agreements

## e. Intro to Workshop:

- i. Welcome and Purpose
- ii. Overview of goals and agenda

## f. Workshop (Part 1):

i. Workshop Content

## TIP:

- a. Sample RED Path Themes
  - i. Indigenous Identity
  - ii. Gender & Sexuality
  - iii. Indigenous Ways of Knowing and Doing
  - iv. Healthy Relationships & Self-Confidence

## ii. Activity

· See the Sample Activities provided.

## g. Break/Lunch

## h. Workshop part 2

i. Workshop Content

## TIP:

- a. Sample RED Path Themes
  - i. Healthy Sexuality
  - ii. Sexual Health
  - iii. STBBI's & STI's
  - iv. Treatment and Prevention
  - v. Indigenous Knowledge
  - vi. Harm Reduction

## ii. Activity

· See Sample Activities provided.

## i. Sharing Circle

- i. Make sure you pose a question or offer a prompt relevant to your workshop.
- i. Use talking item

## j. Closing (15 minutes):

 Reflections, gratitude, and closing prayer or song.

## Sample Workshop Material List

- 1. Smudging supplies (sage, cedar, sweetgrass, matches, and an abalone shell or bowl).
- 2. Handouts, Posters, Agendas
- 3. Markers, pens, and large paper for group activities. (In-Person Event)
- 4. Refreshments (water, tea, snacks) if possible. (In-Person Event)
- 5. Harm reduction handouts and information. Email prior to meeting for virtual events.

TIP: Make sure everybody is safe. If people who use substances are participating, make sure you have supplies and Naloxone available. Check in with everybody throughout the workshop to ensure physical, emotional, physical and spiritual safety.

6. Contact information for community support and services.

TIP: Topics can be difficult, so it is important to offer information about services available if they need further support.

- 7. Suggested readings or videos.
- 8. Follow-Up Learning Materials

## 9. SET UP & FACILITATE THE WORKSHOP!

- a. Place any handouts at their seats or email materials ahead of time
- b. Open & Close
  - i. Opening: Introduce yourself and greet folks
  - ii. Closing: Thank participants for attending.
  - iii. Share any resources or contacts for followup at the end.
  - iv. Start and finish with a traditional closing (song, smudge, or prayer).

## 10. REFLECT & FOLLOW UP

- a. Ask people to fill out feedback surveys and gather feedback.
  - i. TIP: Alternate or verbal methods work too!

- b. Reflect as a facilitator
  - i. What went well?
  - ii. What needs adjustments?
  - iii. What can I do to improve the experience?
- c. Provide resources or support information
  - i. Offer supports or services that may help if they feel affected by the content
  - ii. Provide materials for follow-up learning

## 11. FOLLOW-UP COMMUNICATION

- a. Follow-up with Meeting Notes and Thank-You communication (email, phone call)
- b. If any Resources or reports were created, send those along afterwards to keep building partnerships and trust.

## Facilitation Tips n' Tricks

## 1. Ground Yourself as the Facilitator

- → Be Present
- → Reflect on Your Connection

## 2. Build Trust and Safety

- → Set Group Agreements
- → Acknowledge Vulnerability
- → Model Openness

## 3. Encourage Participation

- → Adapt as Needed

## 4. Balance Voices

- → Redirect Dominant Voices

## 5. Be Flexible and Responsive

- → Read the Room
- → Allow Reflection
- → Go With the Flow

## 6. Address Challenges Gracefully

- → Stay Calm
- **→** Support Strong Emotions
- → Remain Neutral

## 7. Use Clear Communication

- → Speak Simply

## 8. Create an Inclusive Environment

- → Consider Comfort

## 9. Practice Self-Care as a Facilitator

- → Prepare in Advance
- → Reflect and Recharge

## 10. Foster Gratitude and Connection

- → Stay Connected

## 11. Include Activities To Enhance Engagement

Fostering Connection and Reflection

- → Enhancing Engagement and Learning
- → Promoting Growth and Healing

## **Quick Examples of Activities**

## 1. Icebreaker Activity: Values Mapping

→ Participants create a map of values that are important to them, such as family, health, culture, or safety.

## 2. Journaling Exercise: Guided Reflection

→ Provide participants with prompts like "What does healing mean to you?" or "What strengths have helped you overcome challenges?"

## 3. Group Storytelling Circle

→ Invite participants to share a short story about a moment of resilience or a lesson learned.

## 4. Healing Tree Drawing

→ Participants draw a tree representing their healing journey. The roots symbolize what grounds them, the trunk represents their strength, and the branches and leaves signify their growth and goals.

## 5. Role-Playing Advocacy Scenarios

→ Create scenarios where participants practice advocating for their health or well-being, such as asking for culturally safe care or addressing stigma.

## 6. Vision Boarding

→ Participants use magazines, drawings, or words to create a vision board reflecting their goals, dreams, and aspirations.

## 7. Cultural Practices Sharing

 □ Create space for participants to share cultural practices or traditions that have helped them heal or find strength.

## 8. Silent Walk Reflection

→ Facilitate a silent walk in a safe outdoor space where participants can connect with the land and reflect on their journey.

## 9. Strengths Collage

Using magazines, words, and symbols, participants create a collage representing their strengths and resilience.

## 10. Community Commitment Circle

→ At the end of the session, invite participants to share one action they will take to apply what they've learned or contribute to their community's healing.

