



Indigenous Cultural Safety, Cultural Humility and Anti-Racism

PRACTICE STANDARD COMPANION GUIDE

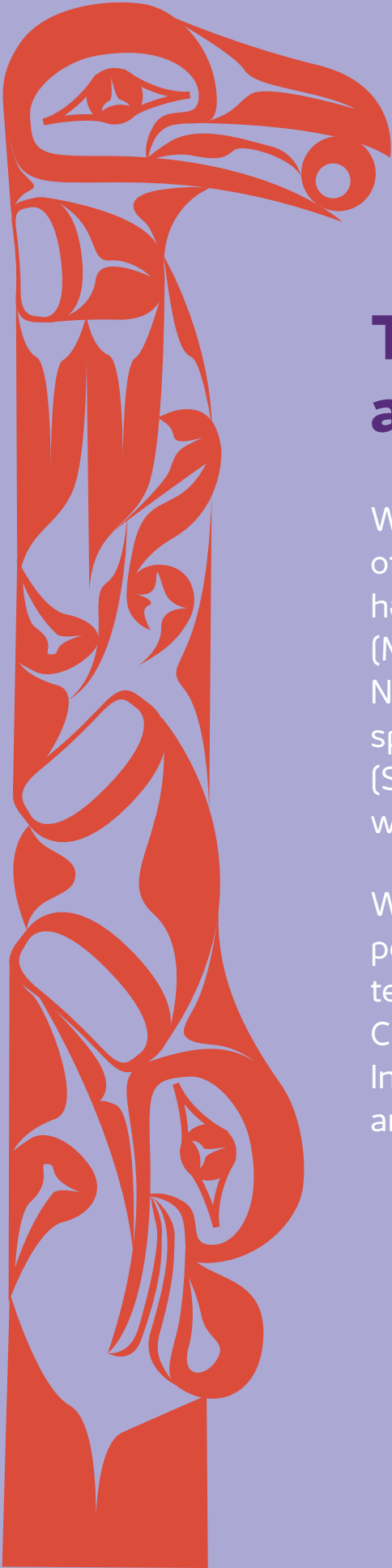


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Territorial acknowledgement

With great respect, we acknowledge that BCCNM's office is located on the unceded territories of the hə́nqəmíə́m speaking peoples—x^wməθk^wəyəm (Musqueam) and sə́lílwitulh (Tsleil-Waututh) Nations—and the Sḵwḵwú7mesh-ulh Sníchim speaking peoples—Sḵwḵwú7mesh Úxwumixw (Squamish Nation)—whose historical relationships with the land continue to this day.

We also acknowledge that BCCNM serves all people living in the traditional and unceded territories of over 200 First Nations and 39 Chartered Métis communities across the province. In this resource, Indigenous refers to First Nations and Métis Peoples and Inuit in Canada.

Opening words by Knowledge Keeper

Nutsamaht

You and Me are We!

Together our foundational strength is the new standard by which those who choose to follow our moral compass will make a positive impact on the overall health outcomes for the next seven generations of Indigenous Peoples to come.

You and Me are We.

Healthcare providers must always be flexible in each time frame, in our care of Indigenous Peoples and others.

Sulksun (Shane Pointe)
Musqueam First Nation

Words from the Métis Nation

Supporting the practice standard on Cultural Safety, Cultural Humility, and Anti-Racism is a priority for Métis Nation British Columbia's Ministry of Health. The past and ongoing legacy of colonization including oppressive systemic policies, the loss of land, residential schools, the Sixties Scoop, federal and provincial jurisdictional battles, and systemic racism have taken a significant toll on the lives and wellness of Métis people in B.C.

We are committed to working alongside the healthcare system and regulatory bodies like BCCNM to lead distinctions-based cultural safety training regarding Métis Nation and ensure that Métis healthcare staff feel safe and respected amongst their colleagues and supported within their workplace.

Louis De Jaeger
MNBC Minister of Health

Acknowledgements

BCCNM would like to thank the many people and organizations who supported the creation of this companion guide. When BCCNM created the new Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard, we engaged Indigenous registrants, leaders, and clients throughout the healthcare system along with health authority and academic partners. This feedback helped inform this companion guide.

The feedback gathered from our engagement efforts has helped us understand that learning and education for nurses and midwives are vital to the standard's success. Registrants have varied knowledge and understanding about Indigenous cultural safety, cultural humility, and anti-racism and how to integrate these concepts into their practice. This companion guide is one way we are supporting registrants in their cultural safety, humility and anti-racism journey.

We extend our thanks and admiration to Bert Azak, the Nisga'a artist who created the beautiful artwork and corresponding descriptions for this guide. You can read more about Bert in his biography, found at the end of this publication.

We would also like to extend our heartfelt gratitude to the Indigenous Peoples who shared their experiences as part of Dr. Mary Ellen Turpel-Lafond's 2020 inquiry, [Addressing Racism: An independent investigation into Indigenous-specific discrimination in B.C. health care](#).

Using the resource

We created this resource to help you understand and apply BCCNM's Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard. It incorporates Indigenous experiences to help you learn about culturally unsafe care and reflect on your own practice as a nurse or midwife.

Your learning journey

Each of us will have a unique learning journey. This resource is only one small part of the learning that you can do. We encourage you to talk with other people about what you are learning, as this is often as important as the learning itself.

For non-Indigenous registrants, it's important to understand that it is not the responsibility of Indigenous clients and families or Indigenous colleagues to educate you on providing culturally safe care. The experiences in this document have been generously shared to help in your learning journey. You can find an extensive list of learning resources on the [BCCNM website](#). Your workplace, health authority, and/or professional association may also have resources to help you.

The Standard

The six core concepts of the Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard are:

- Self-reflective practice (it starts with me)
- Building knowledge through education
- Anti-racist practice (taking action)
- Creating safe healthcare experiences
- Person-led care (relational care)
- Strengths-based and trauma-informed practice (looking below the surface)

Like other BCCNM standards, the Indigenous Cultural Safety, Cultural Humility, and Anti-racism practice standard links with other BCCNM standards and guidelines and is applied by all registrants in all practice settings.

In B.C., the [Declaration on the Rights of Indigenous Peoples Act](#) (DRIPA) gives legal force to the [United Nations Declaration on the Rights of Indigenous Peoples](#). Nurses and midwives are reminded of their legal obligation under the DRIPA to provide safe, culturally appropriate care. As per the Declaration, "Indigenous Peoples [will] feel safe accessing the health-care system, knowing that they will receive high quality care, be treated with respect and receive culturally safe and appropriate services."

Furthermore, under the Declaration, Indigenous Peoples also have the right to their traditional medicines and to maintain their health practices.

Why is the standard focused on Indigenous Peoples?

The [Final Report of the Truth and Reconciliation Commission; In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care; Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#); and, the [Report of the Royal Commission on Aboriginal Peoples](#) show that healthcare professionals continue to perpetuate Indigenous-specific racism resulting in harm, neglect, misdiagnosis, and even death of Indigenous Peoples. For that reason, this practice standard is for all nurses and midwives, regardless of where you are in your anti-racism journey. We created this standard in direct response to the findings of the In Plain Sight report, which showed that Indigenous-specific racism is hardwired into our health system. We may be perpetuating systemic racism even though we don't mean to.



Core Concepts





The Frog represents abundance, prosperity, and good luck. In some Indigenous cultures a sharing of knowledge is portrayed by the frog's tongue touching another creature. The Frog's reflection can be considered its past that is fading. It will look back on itself to keep remembering who and what it is.

1

Self-reflective practice (it starts with me)

Cultural humility begins with a self-examination of the nurse or midwife's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients. Cultural humility promotes relationships based on respect, open and effective dialogue, and mutual decision-making.

“

I am afraid to go to any hospital. When I do have to, I dress up like I'm going to church [to receive proper treatment]. It's ridiculous.

After the third time, we gave up and I just started taking the kids to every appointment because I am a white male and got better service. Sad, but reality.¹

Indigenous woman and her spouse share experience.

”

Experiences like these highlight the discriminatory and racist attitudes and behaviours that Indigenous Peoples often face when accessing healthcare. Reflecting on our biases and assumptions is the first step in creating a positive and culturally safe environment for Indigenous Peoples.

Taking the time to think about and evaluate our experiences and interactions is an important part of professional practice. Being self-aware is the first step in the therapeutic relationship and is foundational to cultural humility.

Let's look at the principles for self-reflective practice more closely.

1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.

When you meet a person for the first time, you automatically take in certain information: how they appear, how they speak, their mannerisms, the nature of their illness or concern. Your biases help you make sense of this information. This means sometimes harmful stereotypes, assumptions, and judgments about Indigenous Peoples can affect the care you provide without you even realizing. To avoid this and to meet principle 1.1, take the time to ask yourself: Why am I thinking this way? Would I be thinking this if the person was not Indigenous? Nurses and midwives take anti-racist action in their own practice, and not just in others'.

¹In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care , p. 52

1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.

Reflecting on your biases, values, and behaviours can help you identify those that negatively affect the therapeutic relationship. For example, you may judge a person for not pursuing a higher education without understanding how your privileges in society have made it possible for you to do so. Not acknowledging your privilege related to race and societal systems can lead to behaviours that reinforce power imbalances. It is your responsibility to create a safe care experience. This means the client is comfortable to ask questions and talk about their priorities and goals without being impacted by the healthcare professional's privileges, biases, values, belief structures, behaviours, or power. Review BCCNM standards of practice and guidelines (Professional Standards, Code of Ethics) for guidance.

A careful examination of how our thoughts and behaviours may not align with a culturally safe and anti-racist care experience and can highlight opportunities for change.

1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.

Giving and receiving feedback is a professional requirement for [nurses](#) and [midwives](#). We recognize that this is not always easy, but feedback is a tool that can help improve practice. Feedback can be through private conversations with a trusted peer, anonymous feedback on colleague surveys, feedback from Indigenous clients or their families, or even through open and humble discussions with coworkers.

If you receive feedback about behaviour that is racist, receive these comments as a learning opportunity, even if you're surprised or dismayed by what others tell you. Some responses to feedback could include:

- Thank you for bringing this to my attention.
- I recognize I have work to do.
- How can I make this right?
- I believe you.
- I hear what you are saying.

Pause and reflect

Take this opportunity to engage in self-reflection by asking yourself:

- What personal beliefs/biases do I carry about Indigenous Peoples and their culture? Where did I learn these biases?
- How do my personal beliefs/biases affect my behaviour towards Indigenous Peoples? What are the behaviours I have identified? How do they affect my practice?
- If I experienced discrimination during my care, how would that make me feel?
- How will I shift my behaviour to uphold Indigenous rights to the highest quality of healthcare?

See how biases, assumptions, and behaviours can potentially impact a person's healthcare experience in these hypothetical situations:

CUE	BIAS, BELIEF, ASSUMPTION	ACTION	POTENTIAL IMPACT
An Indigenous person arrives to their appointment late	You assume that the person does not care and will not follow a treatment plan at home	You address some of the person's concerns but do not provide educational materials or schedule a follow-up	The person feels like their concerns are dismissed and that you don't care about them as a person or about their health and wellness
A young Indigenous mother brings her child for immunizations	You assume that because the woman is young and Indigenous, she is unfit to be a parent	You give the child the scheduled immunizations without discussing or asking for informed consent from the mother	The mother feels ignored and belittled by you and asks the child's non-Indigenous father to take the child for care in the future
An Indigenous person makes little to no eye contact during their healthcare interaction with you	You assume the person is lying or hiding something	You are abrupt and don't spend time building a relationship; you keep the encounter short and only treat the most pressing issue	The person feels disrespected and unheard and does not seek healthcare in the future
An Indigenous person arrives at the ER unsteady on their feet	You assume that because the person is Indigenous, they are intoxicated	The person is treated rudely and made to wait several hours unattended on a stretcher in the hallway	The person is found unresponsive on the stretcher and diagnosed with a stroke
An Indigenous person asks for stronger pain relief postpartum	You assume the person is drug seeking	You tell the person that you are unable to give more pain medication	The person has an unnecessarily painful postpartum experience and trauma

Applying the principles for self-reflective practice

SELF-REFLECTIVE PRACTICE PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>1.1 Reflect on, identify, and do not act on any stereotypes or assumptions they may hold about Indigenous Peoples.</p>	<ul style="list-style-type: none"> • Identify your biases, be aware when your biases are negatively affecting your practice and make changes accordingly. • Acknowledge and/or ask about the person's cultural identity. Check with your workplace or community to see if they have resources to help you do this.
<p>1.2 Reflect on how their privileges, biases, values, belief structures, behaviours, and positions of power may impact the therapeutic relationship with Indigenous clients.</p>	<ul style="list-style-type: none"> • Listen to the person's experience and ask about their healthcare concerns and goals. They know what is best for their health and wellness. • Be respectful and open to another person's perspective or worldview. • Don't assume to know what someone is feeling or thinking. • Be open to learning about someone else's experience.
<p>1.3 Evaluate and seek feedback on their own behaviour towards Indigenous Peoples.</p>	<ul style="list-style-type: none"> • Ask for and use feedback about your practice as an opportunity to gain experience and improve. • Listen actively and with respect to people and colleagues, even when the message may be hard to hear. • Be open and try to see each person's behaviour in the context of their life and possible past experiences.

LINKS TO FURTHER RESOURCES

Culturally Connected: [Exercise Self-Reflection & Critique](#)

Vancouver Coastal Health: [Aboriginal Cultural Practices: A Guide for Physicians and Allied Health Care Professionals](#)

Montreal Urban Aboriginal Community Strategy Network: [Indigenous Ally Toolkit](#)

B.C. Ministry of Children and Family Development: [Healing Families, Helping Systems: A Trauma-Informed Practice Guide for Working with Children, Youth and Families](#)



The raven's beak is the symbol of knowledge; the raven stole the sun after being cunning and playing tricks to get the sun away from an elderly man but was then chased by an eagle. Because the ball of light was so heavy the raven dropped the ball and it shattered as it hit the earth, creating light on earth.



2

Building Knowledge Through Education

Nurses and midwives continually seek to improve their ability to provide culturally safe care for Indigenous clients.



My auntie had her traditional medicines hanging up above her bed. I would visit her often. I noticed during the first week she was there that someone had moved her cedar. I asked one of the caregivers and the woman said to me that 'stuff like that' isn't appropriate to be hung up. I asked her what that meant. And she said, 'Well it is not appropriate, so I put it away.'²

This family member's experience is an example of a healthcare provider who did not understand or try to understand the person's cultural and spiritual needs and how cultural practices could be incorporated into the person's care.

This experience shows how important it is for nurses and midwives to practice cultural humility and to always seek out learning opportunities.

As a self-reflective health professional, you have a responsibility to determine your learning needs and seek out learning opportunities. This means being openminded and honest about where you lack knowledge.

Once you have gained knowledge, apply it to your practice. Don't wait until you have "completed" your learning to apply it. Even small amounts of knowledge can enhance practice.

²In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, p. 47

The ongoing and lifelong learning and education that nurses and midwives are responsible for is in the standard as highlighted below:

2.1 Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.

Understanding how [social and cultural determinants of health](#) impact the health of Indigenous Peoples is essential to identify the risk of health inequity and provide culturally safe care. We recommend reviewing some of the [learning resources](#) we have on our website as a starting point to learn more about cultural safety and cultural humility and the history of Indigenous-specific racism in Canada.

2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.

Indigenous-specific racism shows up in many ways. Being aware of the ways racism impacts Indigenous Peoples, particularly women, girls, [two-spirit](#), queer, and trans people, is critical to understand how it impacts Indigenous Peoples' health and well-being.

Review the Links to Further Resources at the end of this section.

2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.

To promote equity in healthcare for Indigenous Peoples, the root causes of health and healthcare inequities and Indigenous Peoples' resistance to colonialism must be understood. This means understanding that Indigenous Peoples continue to fight daily against colonial structures that impact every aspect of their lives, from healthcare to economic development. This understanding supports healthcare professionals to view people through an informed, strengths-based, and compassionate lens.

We recommend the [Indigenous Canada online course](#) and the [Challenging Racist "British Columbia"](#) as resources to learn more about Indigenous Peoples and colonialism.



2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.

In the previous example, the healthcare professional did not know that including Indigenous medicine and healing practices in the client's care plan could support culturally safe care. To provide culturally safe care, start by being open and curious about Indigenous practices. If you see items that you are unfamiliar with, ask the person about them. Ask if they would like to include Indigenous practices in their care and incorporate as able or advocate for including them if workplace policies don't allow.

Indigenous territories stretch across every inch of what is now known as British Columbia, representing over 200 communities and more than 30 First Nations languages. B.C. is also home to First Nations, Métis, and Inuit from elsewhere in Canada. Learn about the territory where you live and work, as well as the Indigenous Peoples and communities who live there.

- [First Peoples' Map of B.C.](#)
- [Métis Nation British Columbia](#)
- [Indigenous Tourism BC](#) – explore cultural events across the province
- [BC Association of Aboriginal Friendship Centres](#) – attend a local Indigenous-led event
- [BC Assembly of First Nations](#) – attend an event or meeting to find out the issues affecting Indigenous communities
- [National Indigenous Peoples Day](#) – attend a local event on June 21

Pause and reflect

Use the strategies described above to identify a starting point for your learning. It may also be useful to reflect on these questions:

- When I read the practice standard, do I need more education on certain concepts or topics?
- Have I received feedback that identified a learning opportunity about cultural safety, cultural humility, or anti-racism?
- How do I approach my learning with humility and self awareness?
- Where would I find the resources to help support me in my learning journey?

Applying the principles for building knowledge through education

BUILDING KNOWLEDGE THROUGH EDUCATION PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>2.1 Undertake ongoing education on Indigenous healthcare, determinants of health, cultural safety, cultural humility, and anti-racism.</p> <p>2.2 Learn about the negative impact of Indigenous-specific racism on Indigenous clients accessing the healthcare system, and its disproportionate impact on Indigenous women and girls and two-spirit, queer, and trans Indigenous Peoples.</p> <p>2.3 Learn about the historical and current impacts of colonialism on Indigenous Peoples and how this may impact their healthcare experiences.</p> <p>2.4 Learn about the Indigenous communities located in the areas where they work, recognizing that languages, histories, heritage, cultural practices, and systems of knowledge may differ between Indigenous communities.</p>	<ul style="list-style-type: none"> • Learn about healthcare providers' actions that have caused harm; reflect on your own biases and institutional norms that cause harm. • Complete workplace or self-directed learning about cultural safety and humility. • Learn about Indigenous ways of knowing, particularly around healthcare, by engaging with Indigenous Peoples in your community or through self-study or workplace-provided education. • Develop awareness and sensitivity and show respect for cultures other than your own. • Incorporate Indigenous expertise, experience, and knowledge in your client's healthcare plan if requested and as able. • Learn about how colonialism affects Indigenous Peoples' experiences with healthcare through self-study or employer education. Use this knowledge to improve your practice.

LINKS TO FURTHER RESOURCES

First Nations Health Authority

- [Cultural Safety and Humility](#)
- [Wellness for First Nations](#)
- [Remembering Keegan: A B.C. First Nations Case Study Reflection](#)

Here to Help: [Indigenous People: Reconciliation and Healing](#)

BCcampus: [Pulling Together: Foundations Guide](#)

ACVI: [Challenging Racist "British Columbia": 150 years and counting](#)

UBC: [EQUIP Health Care: Toolkit for equity-oriented care](#)

Well Living House: [First Peoples, Second Class Treatment](#)



The common bowl signifies One Heart – One Path – One Nation. Indigenous Peoples carry out all cultural responsibilities as a Nation. The common bowl is brought out at every feast to show unity and sharing, as well as coming together to get through even the toughest of times.

3

Anti-racist practice (taking action)

Nurses and midwives take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

An Indigenous man in his 40s arrived at the emergency department via ambulance. He was calm and quiet as he lay on the gurney that the accompanying paramedic had placed in front of the nursing station.

The paramedic turned her back to the man and proceeded to chat with two nurses. At one point during the conversation, the paramedic walked over to the Indigenous man and lifted up his shirt, remarking to the nurses that the man had a large scar—the result of a stabbing incident that had occurred in Vancouver.

Both the paramedic and the nurses then ignored the man while they continued their conversation. Within the course of 15 minutes, the Indigenous man politely asked twice if someone could help him get to the bathroom. The nurses and paramedic continued to ignore him. The man urinated while lying on the gurney and, when the paramedic turned around and noticed, she yelled at him for “pissing his pants” before taking him away.³

Indignities and racist treatment as described in this experience happen all too frequently for Indigenous Peoples. Consider if the same treatment would be given to a non-Indigenous man in a similar situation.

Nurses and midwives are required to act on racist behaviours, language, and attitudes. Not acting when racist language or behaviour is witnessed reinforces the idea that racism is okay. Challenging this type of racist behaviour is a crucial step in eliminating the racism that Indigenous Peoples face in the healthcare system.

³ *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*. P. 45

Anti-racist vs. non-racist

Being anti-racist is not the same as being non-racist; anti-racism means acting to fight racism. It requires a conscious effort to call out racist actions as well as ongoing self-awareness and self-reflection. When we don't make anti-racist decisions or act when we see racist behaviour, we (un)consciously support or endorse the racism that marginalizes Indigenous Peoples and communities.

Being anti-racist includes:

- Acknowledging through self-reflection one's place, role, and privilege in a society with colonialism and racism
- Understanding how current systems are built on colonial and racist beliefs and support power and privilege of the white dominant group
- Creating conditions of greater inclusion, equality, and justice
- Acting to identify, challenge, prevent, eliminate, and change the values, structures, policies, programs, practices, and behaviors that perpetuate racism

Let's look more closely at the principles listed in the anti-racist practice core concept.

3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples.

As a nurse or midwife, you have a responsibility to act when you see unsafe, neglectful, or unprofessional practice that puts Indigenous Peoples' safety or well-being at risk. You can put this principle into practice in the following three ways.

3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.

We have already established how important it is to seek feedback on your practice and make changes as needed. Anti-racist practice also requires us to provide feedback to others about their language, attitudes, or behaviours that are racist. Identifying racism can be harder than expected when it is happening in the moment. Studying documented incidents of racism can help you make sense of racism as it's happening.

⁴ [CRRF Glossary of Terms \(crrf-fcrr.ca\)](#)

If you see an act of racism, decide on the best way to approach the person(s) to ensure safety for all involved. Conversations with others about their racist language, behaviour, or attitudes may not be easy. Framing your concerns around what is in the client's best interest may be helpful.

Before having such a conversation, ask yourself:

- If it were me, how would I want the situation addressed?
- What is my relationship with the person (e.g., reporting relationship, co-worker, personal relationship)?
- Can I create an opportunity to discuss my concerns privately?
- Can I discuss my concerns objectively?
- What is the likelihood of the person being receptive to my concerns?
- How will I know if my conversation will have the desired effect?

If you do not feel safe having this conversation with a colleague, seek guidance from your supervisor or contact [BCCNM Regulatory Practice Support](#).

3.1.2 Supporting clients, colleagues, and others who experience and/or report acts of racism.

It is important to offer support to those affected by racist attitudes, language, and behaviours. People can dismiss less overt racism such as [microaggressions](#); however, microaggressions are damaging and harmful and must be stopped. You can support people, colleagues, and others who experience acts of racism by making yourself available to listen and empathize with and validate their experiences.

Comments like, "I'm sure they didn't mean it that way" or "Can't you take a joke?" invalidate the person's experience and can make them feel unsupported, or the comments may trigger historical or intergenerational trauma.

When you see racism, stop the racist behaviour. Frame the situation as a learning opportunity and explain to the person who is behaving in a racist manner that you find their attitudes, language, or behaviour unacceptable, unprofessional, and not representative of the profession.



3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.

Nurses and midwives have a legal and ethical [duty to report](#) unethical conduct of regulated health professionals to leadership or their regulatory college. Understand when to report, what to report, how to report, who to report to, and what is needed from you, both legally and ethically. Be aware of workplace policies that can guide you in addressing acts of racism.

If you discuss your concerns with the person responsible and the matter is resolved, you may not need to take further action. If the conversation does not resolve your concerns or you decide that talking to the person involved would not be helpful or safe:

- Talk to your manager, supervisor, staff leader, or someone you trust
- Follow policies addressing racist behaviour in the workplace, or advocate for such policies if none exist
- Consult resource people in your workplace
- Contact BCCNM Practice Support for a consultation

If you are a manager or supervisor, follow your organization's policies on addressing racism in the workplace. Most complaints can be addressed at the workplace level. However, if you believe that a person's continued practice might be a danger to the public, you must report to the appropriate regulator if you have reasonable and probable grounds, based on evidence. Read more about [making a complaint to BCCNM](#).

Pause and reflect

Reflect on a time when you may have seen a person's treatment/ access to healthcare affected by racism.

- Has there been a time when you thought you should have spoken up but didn't? What stopped you?
- Who was hurt or affected by your inaction?
- What would you do differently if you were in a similar situation again?
- What actions can you take to remove the racism in policies and other documents that shape practice and perpetuate racism?

Applying the principles for anti-racist practice

ANTI-RACIST PRACTICE PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>3.1 Take appropriate action when they observe others acting in a racist or discriminatory manner towards Indigenous Peoples by:</p> <p>3.1.1 Helping colleagues to identify and eliminate racist attitudes, language, or behaviour.</p> <p>3.1.2 Supporting clients, colleagues, and others who experience and/or report acts of racism.</p> <p>3.1.3 Reporting acts of racism to leadership and/or the relevant health regulatory college.</p>	<ul style="list-style-type: none">• Take action when you see someone behaving in a racist or discriminatory manner towards Indigenous Peoples.• Model culturally safe practice.• Share knowledge with others about anti-racist practices, e.g., give a staff presentation, invite a guest speaker in to talk to staff, incorporate anti-racist practices into staff orientation.• Support someone who has experienced racist behaviour. This may involve listening, providing emotional support, or giving evidence of the behaviour.• Know your workplace's process for reporting racist or inappropriate behaviour and follow it.• Recognize discrimination and racist behaviour of others and report to your manager or to BCCNM/relevant health profession regulator when appropriate.• Recognize and avoid typical barriers to care.

LINKS TO FURTHER RESOURCES

National Collaborating Centre for Indigenous Health: [Indigenous experiences with racism and its impacts](#)

Canadian Race Relations Foundation: [Learning about racism](#)

Dr. Amaechi: Anti-racism [video](#)

National Collaborating Centre for Determinants of Health: [Let's Talk: Racism and Health Equity](#)

Logan McCallum & Perry: [Structures of Indifference: An Indigenous Life and Death in a Canadian City](#)

[National Indigenous Cultural Safety: Webinars](#)

[Nursing Inquiry \(S. Thorn\): Genocide by a Million Paper Cuts](#)

This totem is of the Raven clan. It also contains a frog, which is the sub clan of the raven. This totem represents family and community who will walk beside each other at all times but particularly when someone needs help or support.

4

Creating safe healthcare experiences

Nurses and midwives facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.





An Indigenous mother recently called 9-1-1 after her 11-year-old daughter experienced a seizure. The daughter has epilepsy, and her mother didn't realize that she had stopped taking her medication.

Once at the hospital, a nurse asked if the pre-teen had been consuming alcohol or drugs, to which the mother replied no. This question was asked again by at least three additional nurses and a doctor. She felt that this questioning was highly inappropriate given her daughter's age and the fact she is epileptic and was clearly having a seizure. The mother was advised by a nurse that these questions were "protocol."

She waited for nearly five hours before a doctor arrived to examine her daughter. Eventually, with no further communication from the staff, they left the hospital. The mother describes the experience for her daughter as "horrible."⁵

In this example, the healthcare needs of the family were not met, and the experience may have caused additional harm.

A single negative experience like the one described here can cause Indigenous Peoples to not seek or delay seeking treatment until things are serious.

Whether or not a practice is a workplace's "protocol," people should be given a clear rationale for its use and reassured that they are not being singled out because they are Indigenous.

Clear, respectful communication is key to creating safe healthcare experiences for Indigenous Peoples.

⁵ In *Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, p. 40

What is culturally safe care?

Culturally safe care is achieved when a person feels respected and listened to and their physical, mental, emotional, spiritual, and cultural needs are met. Providing culturally safe care means Indigenous Peoples are partners with their healthcare professional in deciding care. It promotes a respectful therapeutic relationship and supports effective communication and shared decision-making.

Let's look at the principles for creating safe healthcare experiences.

4.1 Treat clients with respect and empathy by:

- 4.1.1 Acknowledging the client's cultural identity.
- 4.1.2 Listening to and seeking to understand the client's lived experiences.
- 4.1.3 Treating clients and their families with compassion.
- 4.1.4 Being open to learning from the client and others.

"Treat clients with respect and empathy" seems straightforward; however, Indigenous Peoples who seek healthcare often experience racism and discrimination. As healthcare professionals we have the responsibility and ability to create healthcare experiences that are welcoming and safe for Indigenous Peoples. If someone self-identifies as Indigenous, acknowledge it and seek to learn about any specific needs or supports they may have.

The therapeutic relationship is the key to creating a safe connection with a person. Acknowledgement, respect, empathy, compassion, humility, and listening are key drivers that you can engage in that affect the success of the relationship. Listen to what someone is telling you and do not dismiss the experiences they disclose as they may inform the current situation.

⁶ FNHA: [Cultural Safety and Humility](#)

4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.

Culturally safe care involves taking a holistic view of the person and considering how their life experiences or circumstances may be affecting their health. Relationships are built through establishing a sense of trust. Work to build trust with people and understand the personal and/or [intergenerational trauma](#) caused by colonialism and how it can affect someone's health.

You can start by asking the person if there is anything missing from their care that they would like to incorporate. Work with the person and/or your workplace to accommodate requests.

4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.

Though culturally safe care is not focused on understanding the specifics of Indigenous Peoples' cultures, knowledge of Indigenous ways of knowing and [health perspectives](#) can help create an informed and respectful healthcare experience.

Spiritual practices or ceremonies may help a person and their family cope in times of stress. For example, smudging is a practice among some Indigenous cultures that is often performed at birth, death, or times of crisis. You can incorporate requests for such ceremonies into a person's plan of care. Speak to your workplace, if needed, to see how you can accommodate.

Not every Indigenous person is connected to their culture. During times of stress, some Indigenous people may appreciate cultural support. Connecting with an Indigenous Navigator, if your workplace has one, can help support them.



4.4 Facilitate the involvement of the client's family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.

To create culturally safe experiences, it is important to involve others as needed and/or requested by the person, bearing in mind your concepts of family may differ from [Indigenous concepts of family](#).

You can do this by asking the person about their family and community and who they would like to be included and at what point in their care. For example, a pregnant person may want their partner at all prenatal visits but wants their mother and an Indigenous Healer present during labour.

Additionally, more organizations are supporting Indigenous Peoples and staff through roles such as an Indigenous Cultural Navigator (ICN). ICNs support staff caring for Indigenous Peoples to ensure they and their family have a culturally safe experience by providing:

- Consultation on healthcare planning
- Resource/contact information on Indigenous-specific resources and referrals
- Coaching and consultation on Indigenous care
- Traditional cultural support, i.e., smudging, traditional medicines
- Consultation with a person and their family on healthcare needs

Pause and reflect

Thinking about the experience of the 11-year-old girl and her mother included at the start of this section:

- What specific actions could you take to create a safe experience for her and her mother?
- If you had witnessed this exchange, how could you advocate for change in your practice setting?
- Are you aware of Indigenous supports and how to access them at your workplace?

Applying the principles to create safe healthcare experience

CREATING SAFE HEALTHCARE EXPERIENCES PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>4.1 Treat clients with respect and empathy by:</p> <p>4.1.1 Acknowledging the client’s cultural identity.</p> <p>4.1.2 Listening to and seeking to understand the client’s lived experiences.</p> <p>4.1.3 Treating clients and their families with compassion.</p> <p>4.1.4 Being open to learning from the client and others.</p> <p>4.2 Care for a client holistically, considering their physical, mental/emotional, spiritual, and cultural needs.</p> <p>4.3 Acknowledge and incorporate into the plan of care Indigenous cultural rights, values, and practices, including ceremonies and protocols related to illness, birth, and death, where able.</p> <p>4.4 Facilitate the involvement of the client’s family and others (e.g., community and Elders, Indigenous cultural navigators, and interpreters) as needed and requested.</p>	<ul style="list-style-type: none">• Reflect on and recognize the power dynamic of the healthcare provider–client relationship.• Reflect on and acknowledge your biases, privileges, values, and beliefs; behave so that these do not impact the therapeutic relationship.• Build trust with the person by treating them in a culturally safe, respectful, and compassionate manner.• Be open to and support people accessing Indigenous ways of healing by helping them access supports through Indigenous Health programs, Community Elders, First Nations Health Authority, etc.• Communicate respectfully.• Ask yourself: How can I be kind and compassionate during this encounter?• Inquire about and acknowledge the person’s cultural identity.• Listen to the person’s experience and ask about their healthcare concerns and goals.• Communicate information in a way the person can understand.• Recognize that healthcare experiences or questions can be triggering for some people and be prepared to support them.• Be aware of a person’s emotional, physical, mental, cultural, and spiritual needs.

The feather is a symbol of freedom, strength, a gift from the sky, and carries with it all the power of a bird and the air. Holding the feather is a sign of authority, strength, high honor, trust, wisdom, power, and freedom, a link to all seven sacred teachings (love, courage, respect, wisdom, truth, honesty), and remaining humble.

While sitting in a healing circle, a person shares their thoughts and aspirations; the person holds the feather and is given the respect while exercising the sacred teaching.



5

Person-led care (relational care)

Nurses and midwives work collaboratively with Indigenous clients to meet the client's health and wellness goals.



I have [an Indigenous] client who went to an emergency department every day for almost two weeks feeling like they were having seizures or passing out. The client was turned away every day for two weeks.

Once they were finally admitted to the hospital, it was found that their ICD [implantable cardioverter-defibrillator] was actually completely malfunctioning and was defibrillating them every day, sometimes multiple times in one day. This client was turned away so many times and I have heard people refer to them as a 'frequent flyer'... This person should have never been turned away from the hospital, even once, let alone multiple times.⁷

As described earlier, acting on assumptions about people can give an inaccurate view of a person. Assuming that you know why an Indigenous person is seeking treatment without talking to them, or labelling them based on a previous healthcare encounter, is not relational care.

All people deserve to be treated with dignity and respect and to have their value as a person acknowledged. The environment that we create for people is a direct reflection of our respect for them.

⁷In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, p. 41

Canada's healthcare system is based on a provider-centred model. This means the healthcare professional usually makes decisions they believe are in a person's best interest, with little or no input from the person. The power in the relationship sits with the health professional rather than with the person seeking care.⁸

Person-led care puts the person seeking care in the driver's seat and provides care according to their expectations and preferences. It gives people the power to move from being passive recipients to active participants in decisions affecting their health and well-being.

Let's look at the principles for this core concept and how they can guide us to engage in person-led care.

5.1 Respectfully learn about the client and the reasons the client has sought healthcare services.

When you meet a person seeking care, it can be easy to assume you know why they are there, particularly if you already know their medical history. But as we discussed earlier, making assumptions about someone can lead to problems. Indigenous Peoples may have their own views on what's best for them and may have different healthcare beliefs and priorities, and these need to be respected.

Engage with each person by being curious and asking questions to understand who they are as people. This means moving beyond what we see on the surface to understand the uniqueness of each person.

- Introduce yourself, explain your role in their care, and ask basic get-to-know-you questions, e.g., What brings you in today? Tell me about yourself.
- Build trust by showing respect and treating each person with compassion and respect and without judgment.
- Explore and listen to the person's thoughts, worries, feelings, and expectations about the problem and take their input seriously. More than one appointment may be needed to achieve this.

⁸The Sociology of Health and Medicine: A Critical Introduction, 2nd Edition

5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals.

Engage with people to open the space for you to listen to their feelings, perspectives, and concerns, and for the person to be heard. Engaging with people includes:

- Active listening
- Empathy and compassion
- Providing information
- Recognizing individuality
- Treating people with dignity
- Attending to needs
- Building rapport/trust

We engage with people by listening without judgment, seeking their input, and incorporating their personal values and priorities into care.

5.3 Actively support the client's right to decide on their course of care.

As nurses and midwives, we advocate for and respect a person's rights, listen to their concerns and goals, and respect their decisions about care including the use of Indigenous medicine and healing practices as part of their care.

Indigenous Peoples are not a homogenous group. They have different and varied beliefs and practices, both as groups and as individuals. As a nurse or midwife, you may be providing care to an Indigenous person from another region of B.C. or from elsewhere in Canada. The desire for specific, unique Indigenous health and healing services will vary from one person to another and cannot be satisfied by offering what you might think is the appropriate practice. For instance, not every individual will want an opportunity to smudge. The provision of Indigenous healing needs to be relevant to the individual and to the individual's personal preference.

Support may include:

- Engaging with your organization's Indigenous liaison
- Discussing care with the person seeking care as part of the team
- Making time and space for Indigenous ceremonies
- Advocating for use of Indigenous healing practices
- Understanding that informed consent doesn't end with the signing of a form. Ask permission and talk to the client about the care you're intending to provide.
- Adhering to protocols and guidelines when treating Indigenous Peoples



5.4 Communicate effectively with clients.

Effective communication is central to an effective therapeutic relationship. We understand healthcare professionals are under tremendous pressure in a strained system. However, nurses and midwives have a responsibility to ensure they give time to clients for their concerns to be heard.

To communicate effectively:

- Speak clearly, accurately, and honestly. The tone and tempo of the conversation can invite the person to communicate their health concerns.
- Use non-threatening body language and an empathetic tone of voice.
- Show genuine interest in what the person is saying by nodding your head or offering verbal encouragement.
- Focus your attention only on the person (i.e., not doing other tasks at the same time).
- Actively listen to what the person is saying.
- Check in with the person to ensure you understand what they are saying.
- Speak in a way that considers the person's age, culture, and level of health literacy (i.e., avoid using healthcare jargon).

Achieve effective communication by enacting the following three principles:

5.4.1 Providing the client with the necessary time and space to share their needs and goals.

To be effective, the therapeutic relationship needs to be more than just healthcare instructions and information. Avoid jumping into conversations about care without first establishing the therapeutic relationship.

Healthcare decision-making can be overwhelming, especially if people do not feel safe or supported. Provide people with enough time and a safe space to discuss their concerns and goals, ask questions, and consider treatment options. Do not rush someone to make decisions right away as they may need to discuss options with their family and/or community members.

5.4.2 Providing clear information about the healthcare options available, including information about what the client may experience during the healthcare encounter.

Giving clear information about care and what to expect during a healthcare encounter helps people know what is going to happen, gives them the opportunity to ask questions, and gives them time to prepare mentally, emotionally, spiritually, and physically, if needed. Assess the person's understanding of the care options available and clarify or supplement information as needed.

To identify, understand, and address the person's health and wellness goals, the healthcare professional has a humble and open conversation with them to:

- Find out what is important to the person
- Identify health goals
- Plan how to work together to achieve goals

Be sure to obtain consent when initiating care and at regular points during care, and review consent before providing the care ordered by another healthcare professional.

5.4.3 Ensuring information is communicated in a way that the client can understand.

Health literacy is a person's ability to find, understand, and use healthcare information and services to make healthcare decisions for themselves and others. Healthcare information can be confusing for people regardless of their age, income, or education level.

Communicate information using familiar concepts, words, numbers, and images that make sense to the person. Avoid complicated medical terminology or jargon. Use simple words to be as clear as possible and reduce misunderstanding. Be careful not to make assumptions or act on stereotypes about someone's literacy level.

Other things to try:

- Ask the person what their preferences are for receiving information.
- Involve others as appropriate or at the request of the person seeking care when communicating information.
- Learn about the supports available to the person seeking care.
- Ask the person to repeat back in their own words what you have told them.
- Use graphics and pictures in addition to written instructions or information to explain, if needed.

Pause and reflect

Think about your practice and work environment and ask yourself:

- Have I witnessed a time when a person's wishes were denied or dismissed? What was the impact on them and the care they received?
- How do I currently practice person-led care? How do I know it is person-led?
- When discussing a person's care goals, am I open to goals that matter most to the client?

Person-led vs provider-led care

SITUATION	PERSON-LED	PROVIDER-LED
A person is unable to get to an appointment	Offering a variety of options to access care (phone, video, home visit) or rescheduling	Telling the person they must come into the office for their appointment
A person is not taking medication as it upsets their stomach	Investigating alternative medications or treatments after discussing preferences with the person	Telling them they must take it and labelling them non-compliant
A person doesn't speak English as an additional language	Providing a professional interpreter, if available, so the person can engage with their care	Making decisions based on what the healthcare professional believes is best
A person wishes to use Indigenous healing practices as part of their care	Being curious and open to Indigenous healing practices and facilitating their use in the care plan	Dismissing the use of Indigenous medicine by saying it is not "evidence-based"
A person wishes to give birth at home	Discussing place of birth in a way that safely and respectfully incorporates the person's preferences	Telling the person you only attend births in hospitals
A family wants to visit a hospitalized loved one	Providing the family with access to their hospitalized loved one as they have an open visiting-hours policy	Denying the family access because it's outside of posted visiting hours
A family member of an Indigenous person dies in hospital	Providing the family with the time and space in the hospital to conduct specific pre- and post-death practices	Taking the body to the morgue where the family sees their loved one

Applying the principles for person-led care

PERSON-LED CARE PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>5.1 Respectfully learn about the client and the reasons the client has sought healthcare services.</p> <p>5.2 Engage with clients and their identified supports to identify, understand, and address the client's health and wellness goals .</p> <p>5.3 Actively support the client's right to decide on their course of care.</p> <p>5.4 Communicate effectively with clients by:</p> <p>5.4.1 Providing the client with the necessary time and space to share their needs and goals.</p> <p>5.4.2 Providing clear information about the healthcare options available, including information about what the client may experience during the healthcare encounter.</p> <p>5.4.3 Ensuring information is communicated in a way that the client can understand.</p>	<ul style="list-style-type: none"> • Introduce yourself by name and role. • Support the person to decide their course of care. • Engage with people to identify their concerns and goals. • Create a balanced power dynamic (an equal relationship). • Include time for relationship building; ask about the person, their family, their community. • Communicate relevant information clearly. • Ask what questions or concerns the person has about the healthcare encounter or their care. • Thank the person for seeking care and explain follow-up instructions. • Stay focused by listening actively and not multi-tasking. • Summarize to ensure understanding.

LINKS TO FURTHER RESOURCES

[Reconciliation Through Indigenous Education](#)

[System Change Assessment Tool](#)

[Let's talk about racism and health equity](#)

[Cultural Safety and Humility: What Matters to Indigenous \(First Nations, Métis and Inuit\) Patient Partners](#)

[Culturally Safe Engagement](#) (BC Patient Safety & Quality Council)

[NCCIH Publications](#)

[Communicating Effectively with Indigenous Clients: An Aboriginal Legal Services Publication](#)

Life giving is a tremendous gift; women are honoured and given the utmost of respect for providing a child's journey into this world. A child's journey at birth begins with the mother and also grows with the nation.



6

Strengths-based and trauma-informed practice (looking below the surface)

Nurses and midwives have knowledge about different types of trauma and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous people during health care experiences. Nurses and midwives focus on the resilience and strength the client brings to the health care encounter.



An elderly Indigenous woman who has multiple medical issues—including one that complicates the ability to communicate—and is hard of hearing made two visits to the local hospital in September 2020. She was experiencing severe abdominal pain, cramping, and constipation; she was cold and clammy, and could barely walk. Despite her communication challenges, she was not permitted to have a family member attend the hospital with her due to COVID-19 policies.

On her first visit, the woman was discharged with laxatives and no further information. After the second visit two days later, when she was also experiencing shortness of breath, a doctor advised the family that their mother was critically ill with kidney and heart failure and that she needed to be medevaced to another city immediately. The woman's first language is a First Nations language, and a translator was provided to help her understand the seriousness of her condition. But the request for a family member to escort their elderly mother to the larger hospital was denied.

The woman was medevaced by herself while various family members separately made their way to the larger city to support her. When one daughter arrived at 9 p.m. that night, she was permitted by hospital staff to check on her mother for "one minute." Despite the time limitation, the daughter was able to carry her



mother to use the washroom and to interpret for her what was happening. She assured her mother that she was safe and that the medical staff were going to do all that was possible to find out what was causing her severe symptoms. The daughter then reluctantly left the hospital but, prior to leaving, she conducted a spiritual ceremony to help calm her mother, who is a residential school survivor and who was clearly traumatized by being alone in a hospital in a strange city.

Another daughter arrived at the hospital the next day but was denied access to visit her mother despite having been reassured by hospital staff that she would be able to do so. The daughter attempted to explain her mother's trauma, her language barrier, and her hearing problems to no avail. She recalls being abrasively disregarded and dismissed by the nurse after multiple attempts to set eyes on her mother. The sister left a toiletry bag, a spiritual pouch, paper, and a pen for her mother to communicate with hospital staff. ⁹

Illness, advanced age, hearing impairment, language barrier, and lack of supports all had the potential to contribute to a negative health outcome for this Indigenous woman. As well, the experience may have triggered trauma. For instance, removing the client from her home place may have triggered experiences of residential school.

Being aware of factors and taking steps to create a culturally safe healthcare environment can help reduce the impact these factors have on an Indigenous person's health and well-being.

⁹In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, p. 83

Trauma-informed, strengths-based practice acknowledges a trauma survivor's experiences and uses their strengths and resilience to address a person's needs and promote better health outcomes. It shifts the focus from "What's wrong with you?" (blame and shame) to "What happened to you?" (compassion and curiosity) to gather a complete picture of a person's life situation—past and present—to provide effective healthcare.

Let's look at the principles for strengths-based and trauma-informed practice.

6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.

Strengths-based practice considers the whole person. It focuses on what is working well and the person's strengths available to manage their health and its challenges. Acknowledging the person's resourcefulness and resilience empowers them to use their strengths for growth, healing, and well-being.

Nurses and midwives work to understand each person's unique assets, capabilities, and situation, set goals, and jointly decide on care that's right for them. Your role is to listen, provide information and suggestions, connect the person with resources, and advocate for them. A person may not see their strengths, so it is your role to help identify them.

6.2 Recognize the potential for trauma (personal or intergenerational) in a client's life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.

People who have experienced trauma may find it challenging to form trusting, healthy relationships with healthcare providers or the healthcare system—this is an appropriate adaptation and response to historical trauma.¹⁰

A trauma-informed practice:

- Approaches every person with a possible history of trauma, regardless of trauma disclosure
- Recognizes the widespread occurrence and impact of trauma
- Recognizes signs and symptoms of trauma
- Recognizes that trauma response is an adaptive behaviour and not a deficit
- Integrates knowledge about trauma into practice
- Seeks to prevent retraumatizing the person or triggering emotional or physical stress
- Recognizes that trauma can impact the way a person communicates or processes information

¹⁰ <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the healthcare system.

The effects of colonialism and trauma can affect the way Indigenous Peoples view, access, or interact with the healthcare system. Recognizing how this trauma presents itself is crucial if healthcare professionals are to be able to provide culturally safe care. For example, residential school survivors may be reluctant to disclose based on an earlier traumatic experience.

It is imperative that nurses and midwives understand how past and current colonialism impacts Indigenous Peoples. Learn about or review the impacts of colonialism on Indigenous Peoples' health by accessing the resources listed at the end of this section.

6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the healthcare system and consider the impact gender-specific trauma may have on the client.

Indigenous women, girls, [two-spirit](#), queer, and trans people have the right to care that is free from discrimination. Unfortunately, colonial policies to assimilate Indigenous Peoples into categories of race, gender, and sexuality have resulted in personal and intergenerational trauma.

Indigenous women and those who do not conform to gender norms face added discrimination. Recognize the unique identities, trauma, needs, and experiences of women, girls, two-spirit, queer, and trans people and support them.

Apply a trauma informed lens:

- Address your own biases related to sexual orientation, gender identity, etc.
- Do my words and actions create a culturally safe experience?
- Am I, and others, showing respect?
- Do my words and actions build trust?

Pause and reflect

Think about the elderly Indigenous woman's experience recounted at the beginning of this section. What actions, behaviours, or policies could trigger or retraumatize the person in this situation? Applying a trauma-informed lens, what actions can make this person's care less traumatic and more culturally safe?

Applying the principles for strengths-based and trauma-informed practice

STRENGTHS-BASED AND TRAUMA-INFORMED PRACTICE PRINCIPLES	SOME ACTIONS YOU CAN TAKE TO APPLY THE PRINCIPLES
<p>6.1 Work with the client to incorporate their personal strengths that will support the achievement of their health and wellness goals.</p> <p>6.2 Recognize the potential for trauma (personal or intergenerational) in a client’s life and adapt their approach to be thoughtful and respectful of this, including seeking permission before engaging in assessments or treatments.</p> <p>6.3 Recognize that colonialism and trauma may affect how clients view, access, and interact with the healthcare system.</p> <p>6.4 Recognize that Indigenous women, girls, two-spirit, queer, and trans Indigenous Peoples are disproportionately impacted by Indigenous-specific racism in the healthcare system and consider the impact gender-specific trauma may have on the client.</p>	<ul style="list-style-type: none"> • Work with the person to incorporate the personal strengths that will support achieving their health and wellness goals. • Be aware of personal and generational trauma that may affect health and wellness. • Allow the person to recount their experience in their own way. • Recognize that healthcare questions can be triggering for some people. • Ask permission before touching someone, conducting assessments or treatments, even if they have already provided informed consent to care. • Explain what is going to happen and gain the person’s permission prior to providing care to prevent retraumatizing them. • Explain rationale for decisions so that the person does not feel dismissed or ignored. If a person asks for an alternative, have a discussion, rather than dismissing their questions or concerns.

LINKS TO FURTHER RESOURCES

National Collaborating Centre for Aboriginal Health: [An Introduction to the Health of Two-Spirit People](#)

Health Equity Collaborative: [Health Equity for Sexual and Gender Diverse Communities](#)

The Trauma Foundation: [Trauma and the Nervous System – A Polyvagal Perspective](#)

First Peoples Child and Family Review: [Intergenerational Trauma and Aboriginal Women: Implications for Mental Health during Pregnancy](#)

NCCA: [Health Inequalities and Social Determinants of Aboriginal Peoples’ Health](#)

National Inquiry into Missing and Murdered Indigenous Women and Girls: [Reclaiming Power and Place](#)

Center for Health Care Strategies: [What is Trauma Informed Care](#) (video 3:33 mins)



About the Artist:

Bert Azak

As a young boy growing up in Port Edward, Bert was introduced to First Nations art through an elementary school art program, where he learned to draw shapes and how to put those shapes together to create spirit animals. These animal shapes were the cultural identity of his Nisga'a heritage. Bert credits his father and father-in-law, both artists and carvers, with inspiring his own work.


As a teenager, Bert moved to Gitwinksihlkw, his father's original home community in the Nisga'a Territory, Nass Valley, Northern B.C. His mother was originally from Gitlaxdamix, so he considers both Gitwinksihlkw and Gitlaxdamix to be his home, and in a much broader perspective, considers the whole Nisga'a Territory as home.

Bert's art took a back seat when he married and started a family. He became involved in local government, working for the First Nations Government Nisga'a Tribal Council (now Nisga'a Lisims Government). He later entered politics as a candidate.

Bert and his family moved to Vancouver in 2000, where he began a new career with Correction Service Canada, serving in a number of different positions within the prison system for over two decades. In January 2022, he joined Native Education College as Coordinator for Indigenous Justice Studies Program.

Visit Bert's web page at: <https://bertazak.github.io/portfolio>





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