

YOUTH WELLNESS



First Nations youth represent the future, and their health and wellness reflect the overall well-being of First Nations families and communities. Since time immemorial, First Nations have recognized adolescence as a critical period of development and celebrate this transformative time through rites of passage such as coming-of-age ceremonies where Elders, matriarchs, and community members share their wisdom about adulthood. The sharing of wisdom between generations is an important process for youth to affirm their responsibilities in the community and strengthen their connection to their culture as they transition to adulthood and begin to create their own roles within their families and communities.¹

This chapter provides detailed charts for findings presented in the Youth Wellness chapter of the report, *Sacred and Strong: Upholding our Matriarchal Roles*. The chapter focuses on the health and wellness of young First Nations women. It considers how they establish their roles within their communities and begin to chart their own paths forward into adulthood. This chapter highlights many of the ways in which young First Nations women flourish, and the impacts of various systems needed to empower young First Nations women in BC during this time of transition. Please refer to the main report—[*Sacred and Strong: Upholding our Matriarchal Roles*](#)—for further interpretation of the data presented here.

HEALTHY, SELF-DETERMINING YOUTH & COMMUNITIES – ROOTS OF WELLNESS

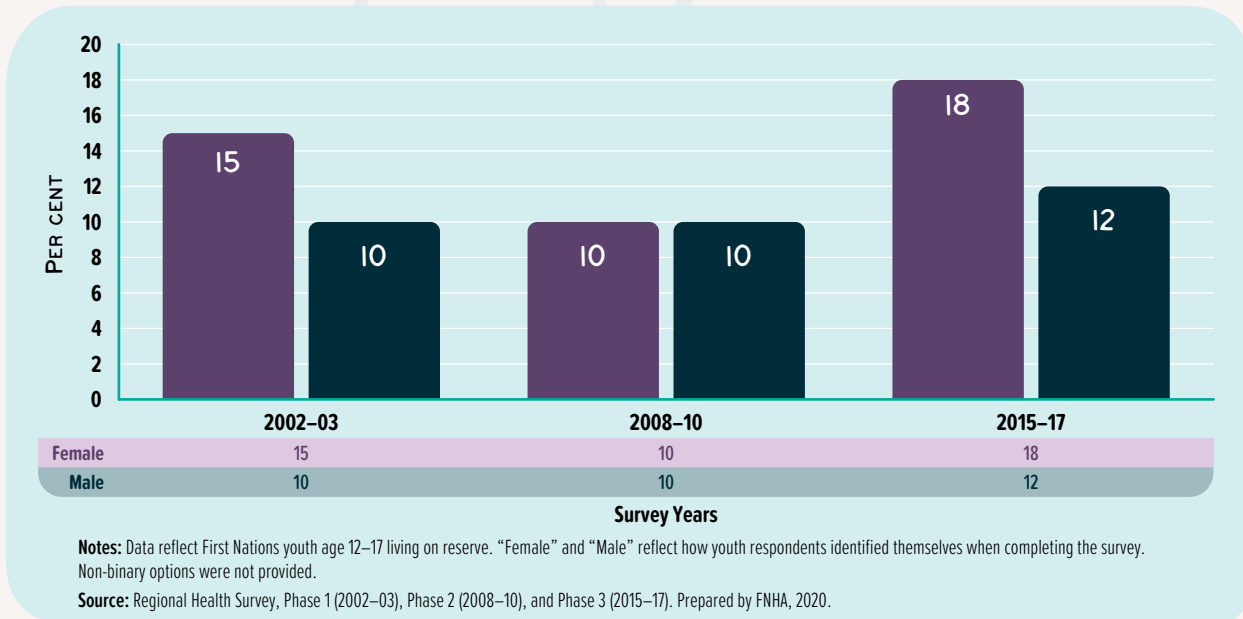


The roots of wellness for First Nations centre on forging a strong connection to their culture, land, and community. These connections support their self-determination and help them to explore and affirm their identity in society, which is especially important during the adolescent period.²

PARTICIPATION IN CULTURAL ACTIVITIES

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FIG 3.1 PERCENTAGE WHO REPORTED PARTICIPATION IN CULTURAL EVENTS IN THEIR LOCAL COMMUNITY, FIRST NATIONS YOUTH, AGE 12–17, BY SEX, BC, 2002–03, 2008–10, AND 2015–17



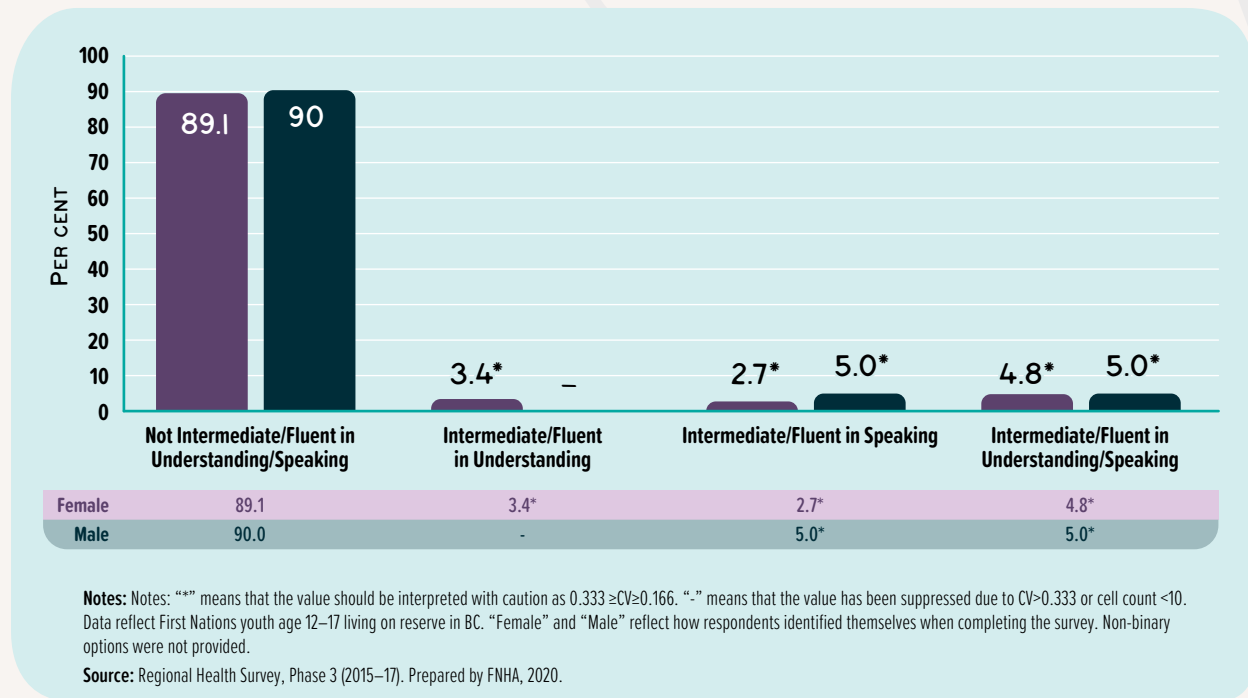
Participation in cultural events can cultivate a sense of purpose and belonging among First Nations youth and boost their confidence and pride.³ Between Regional Health Survey Phase 1 (RHS1; 2002–03) and Regional Health Survey Phase 3 (RHS3; 2015–17) the percentage of young First Nations women age 12–17 who reported participating in cultural events in their community at least once a week increased three percentage points, from 15% to 18%.



FIRST NATIONS LANGUAGE

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FIG 3.2 LANGUAGE FLUENCY AMONG FIRST NATIONS YOUTH WHO REPORTED KNOWING AT LEAST A FEW WORDS OF THEIR NATION'S LANGUAGE, AGE 12–17, BC, 2015–17



BC is home to 34 First Nations languages, accounting for 60% of First Nations languages in Canada. As of 2018, the First Peoples Cultural Council reported that 78.1% of learners of First Nations languages in BC were under the age of 24.⁴ RHS3 (2015–17) showed that, among respondents who knew at least a few words of their Nation’s language, 4.8% of young First Nations women age 12–17 were intermediate or fluent in understanding *and* speaking their Nation’s language, while 2.7% were intermediate or fluent in speaking and 3.4% were intermediate or fluent in understanding their Nation’s language.



FIRST NATIONS FOODS

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FIG 3.3 PERCENTAGE OF FIRST NATIONS YOUTH WHO REPORTED EATING TRADITIONAL FOODS (NOT INCLUDING BANNOCK) "OFTEN" IN THE PAST YEAR, AGE 12–17, BY SEX, BC, 2002–03, 2008–10, AND 2015–17



Notes: Data reflect First Nations youth age 12–17 living on reserve. “Female” and “Male” reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: Regional Health Survey, Phase 1 (2002–03), Phase 2 (2008–10), and Phase 3 (2015–17). Prepared by FNHA, 2020.



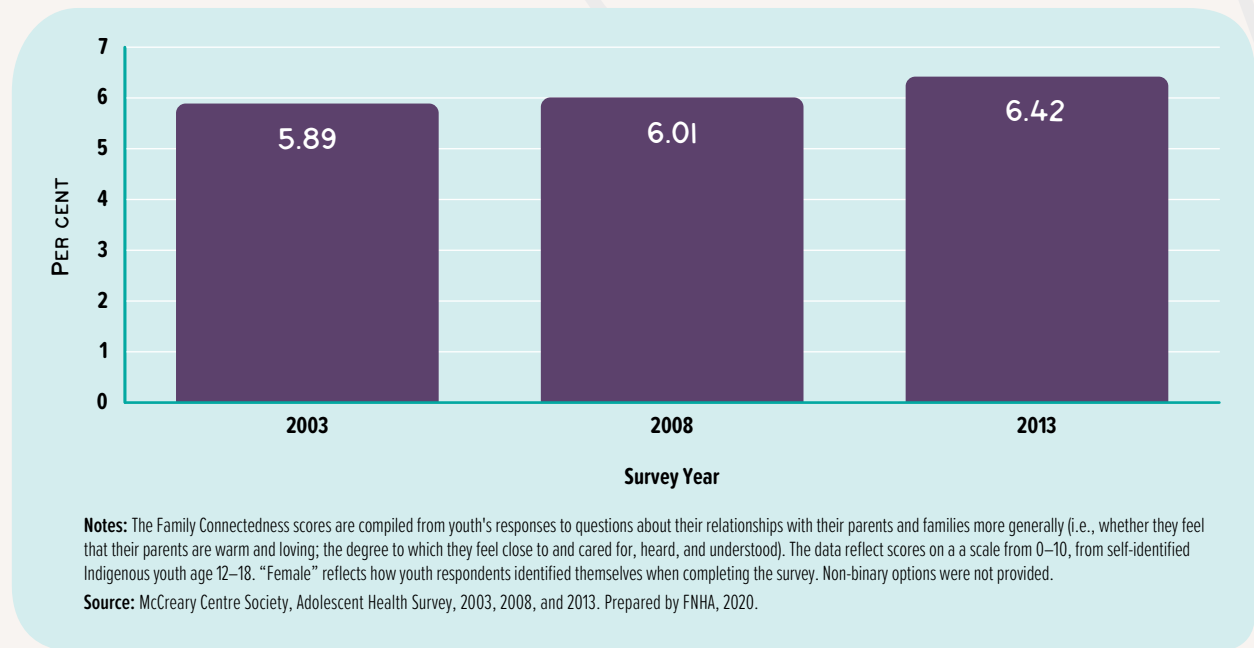
Between RHS1 (2002–03) and RHS3 (2015–17), the percentage of young First Nations women age 12–17 who reported eating traditional foods (not including bannock) “often” in the past year decreased slightly (from 66.3% to 62.7%), with a decrease of 12.1 percentage points in RHS2 (2008–10). The trend was similar for young First Nations men age 12–17. Eating traditional foods provides First Nations youth with a diet rich in nutrients and encourages them to see how the sustainability of the lands, waters, and natural systems is fundamental to wellness.⁵



FAMILY CONNECTEDNESS

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FIG 3.4 FAMILY CONNECTEDNESS SCORES OF YOUNG INDIGENOUS WOMEN, AGE 12–18, BC, 2003, 2008, AND 2013



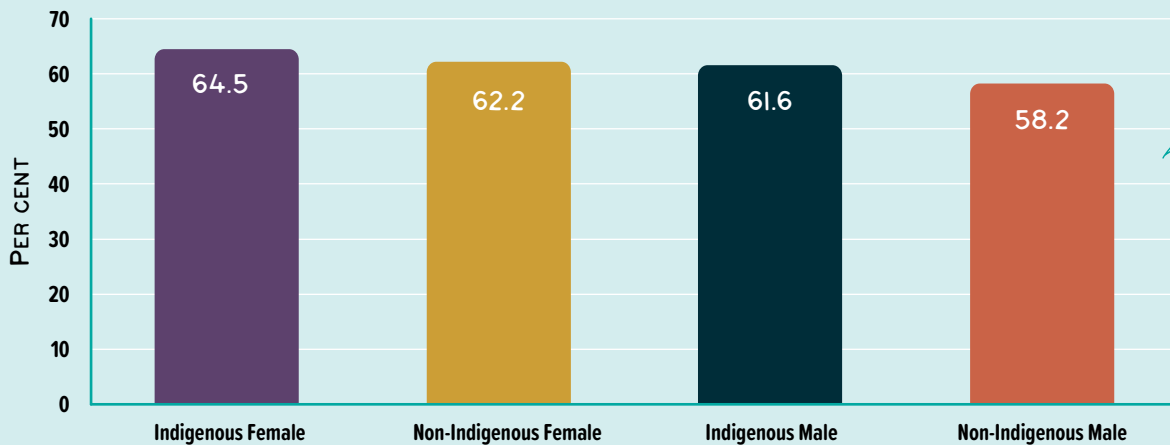
From 2003 to 2013, young Indigenous women age 12–18 reported an increase in their family connectedness score from 5.89 to 6.42, on a scale of 0–10, in McCreary Centre Society's Adolescent Health Survey (AHS). Fostering close connections with family and community provides First Nations youth with support as they face the changes and challenges in the transition to adulthood; having their family's love and support is essential to their wellness journey.^{6,7}



CARING ADULTS

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FIG 3.5 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED THAT THEY HAD ADULTS IN THEIR COMMUNITY WHO REALLY CARED ABOUT THEM, AGE 12–18, BC, 2013



Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12–18. “Female” and “Male” reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: McCreary Centre Society, Adolescent Health Survey, 2013. Prepared by FNHA, 2020.

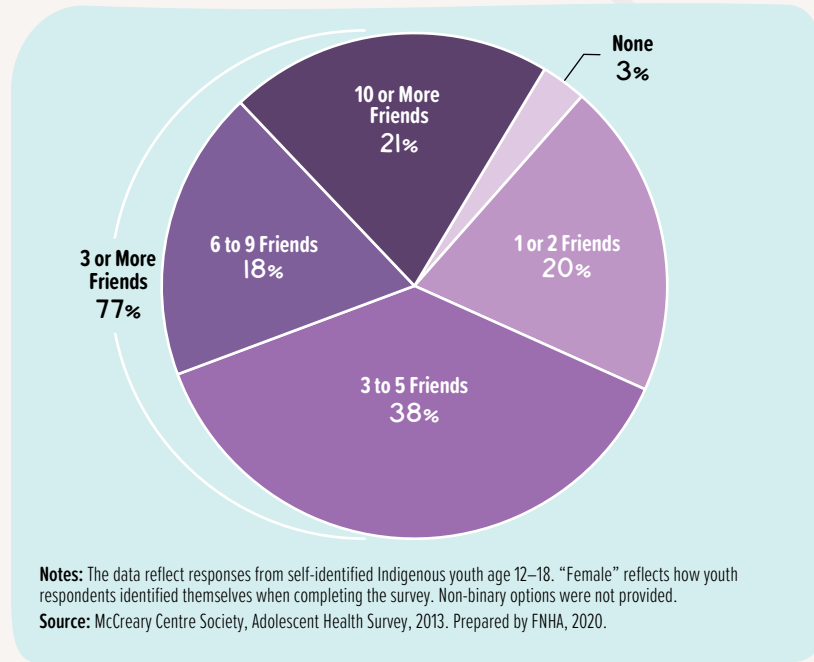


In 2013, the AHS showed that 64.5% of young Indigenous women age 12–18 felt they had an adult in their community who really cared about them, the highest proportion as compared to young Indigenous men (61.6%) and young non-Indigenous women (62.2%) and men (58.2%) in the same age group. Young First Nations women rely on their mothers, aunts, matriarchs, and Elders to help them navigate the changes that come during adolescence; these supportive relationships help ground youth in their culture and affirm their belonging in the community.⁶

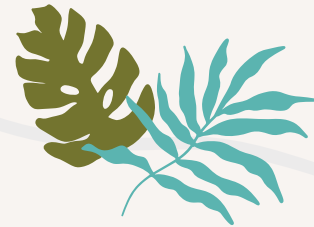
PEER SUPPORTS – NUMBER OF CLOSE FRIENDS

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FIG 3.6 NUMBER OF CLOSE FRIENDS IN THEIR SCHOOL OR NEIGHBOURHOOD REPORTED BY YOUNG INDIGENOUS WOMEN, AGE 12–18, BC, 2013



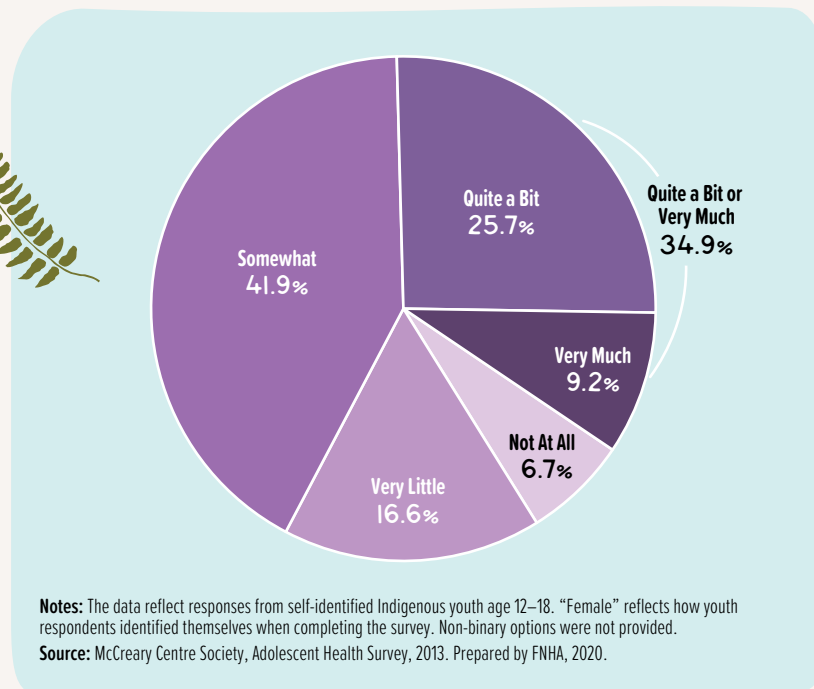
In 2013, 77% of young Indigenous women age 12–18 reported having three or more close friends in their school or neighbourhood.



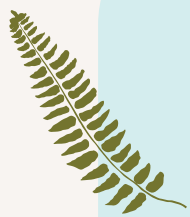
COMMUNITY CONNECTEDNESS

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FIG 3.7 DEGREE OF CONNECTION TO THEIR COMMUNITY REPORTED BY YOUNG INDIGENOUS WOMEN, AGE 12–18, BC, 2013



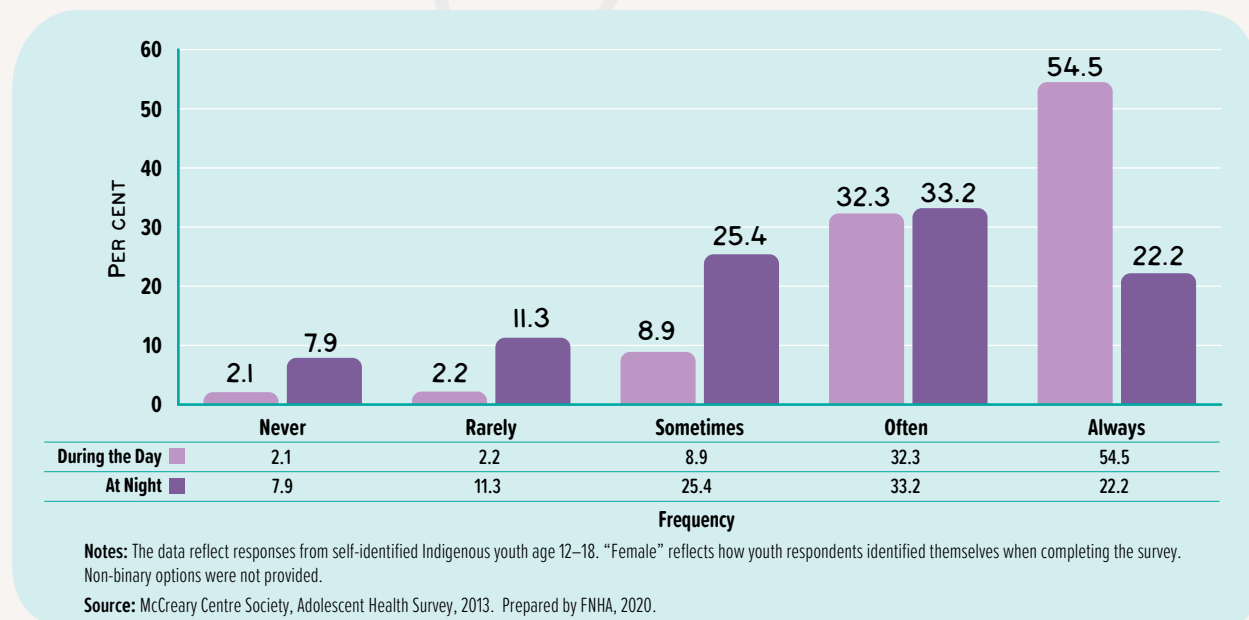
The AHS (2013) showed that 34.9% of young Indigenous women age 12–18 reported feeling “quite a bit” or “very much” a part of their community. Youth may belong to various social networks, in addition to the community where they grew up, by participating in cultural events, at school, and through shared interests or gender identity.⁸



FEELING SAFE

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FIG 3.8 PERCENTAGE OF YOUNG INDIGENOUS WOMEN WHO REPORTED FEELING SAFE IN THEIR NEIGHBOURHOOD, AGE 12–18, BY TIME OF DAY, BC, 2013



The AHS (2013) showed that 86.8% of young Indigenous women age 12–18 “always” (54.5%) or “often” (32.3%) felt safe in their neighbourhood during the day. A smaller proportion (55.4%) “always” (22.2%) or “often” (33.2%) felt safe in their neighbourhood at night. Intergenerational trauma, as well as past experiences, may impact youth’s perception of safety in their neighbourhood.^{9,10} However, the close connections that youth develop with friends, family, and caring adults in their community provide them with reassurance that they will be supported, recognizing that many young Indigenous women continue to be subjected to violence.^{11,12}



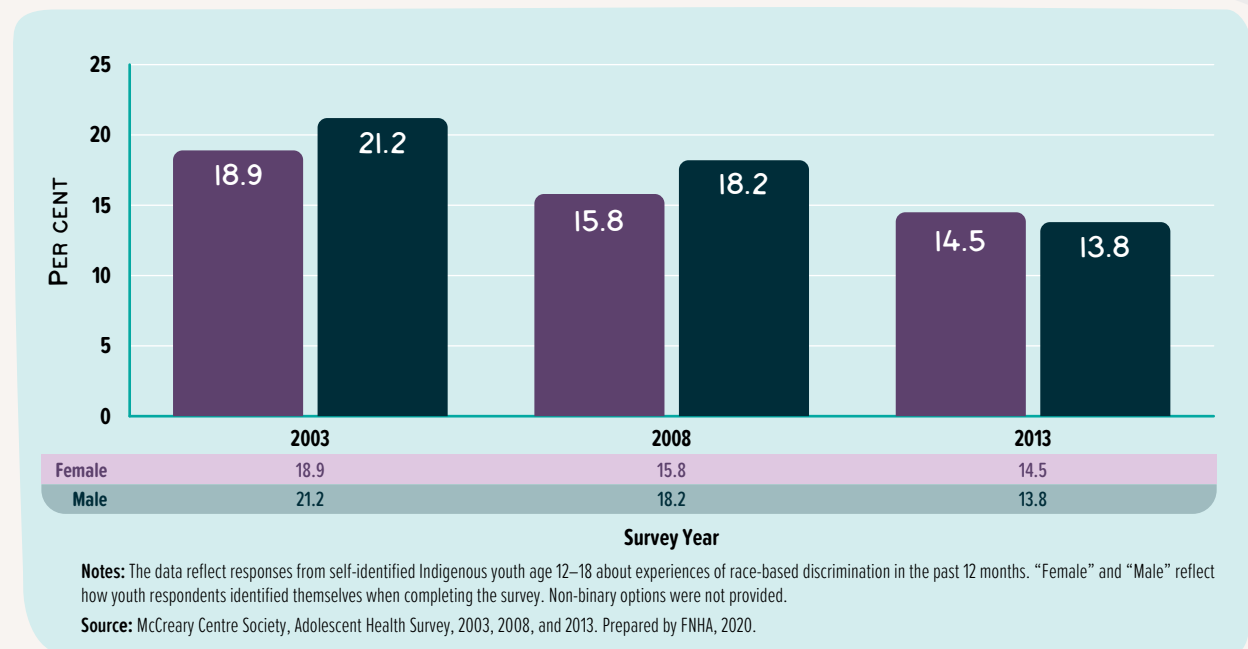
SUPPORTIVE SYSTEMS

First Nations youth regularly interact with systems for education, health care, housing, transportation, and justice. These Western systems are rooted in colonialism and continue to marginalize and discriminate against First Nations people.^{13,14,15} Young First Nations women also experience the additional and compounded impacts of sexism and other socially constructed biases, leading to disproportionate levels of risk compared to their non-Indigenous peers.¹³ The wellness of young First Nations women is shaped by self-determination, a sense of belonging, and a connection to their culture.³

RACE-BASED DISCRIMINATION

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FIG 3.9 PERCENTAGE OF INDIGENOUS YOUTH WHO REPORTED HAVING EXPERIENCED DISCRIMINATION BECAUSE OF RACE OR ETHNICITY IN THE PAST YEAR, AGE 12–18, BY SEX, BC, 2003, 2008, AND 2013



In the AHS (2013), 14.5% of young Indigenous women and 13.8% of young Indigenous men age 12–18 reported experiencing discrimination based on race or ethnicity in the past year. For young Indigenous women, there has been a declining trend of 4.4 percentage points, with the 2013 value (14.5%) being the lowest reported since 2003 (18.9%). Although there has been a decline in reported experiences of racism and discrimination among First Nations youth, racist stereotypes and biases in Western society continue to affect how young First Nations women are treated and often lead to barriers when trying to access culturally appropriate services.¹⁴

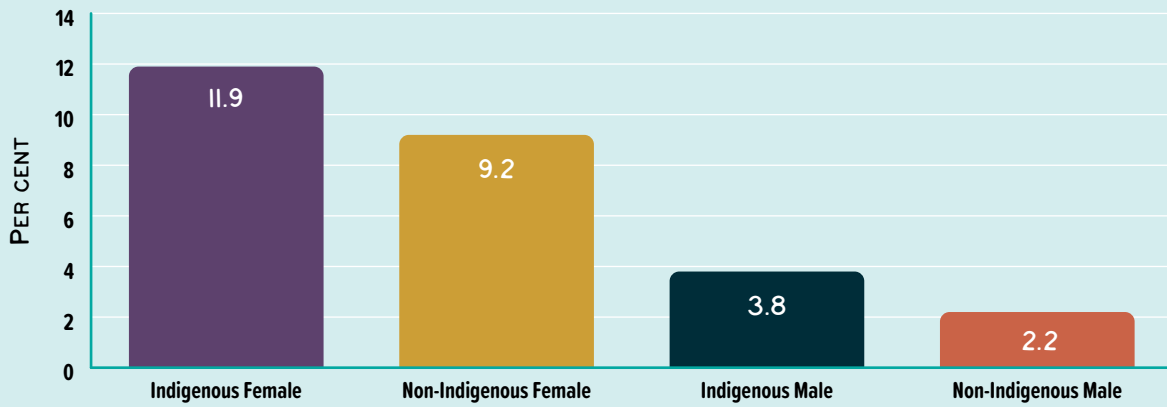




SEX- AND GENDER-BASED DISCRIMINATION

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FIG 3.10 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED HAVING EXPERIENCED DISCRIMINATION BECAUSE OF SEX OR GENDER IN THE PAST YEAR, AGE 12-18, BY SEX, BC, 2013



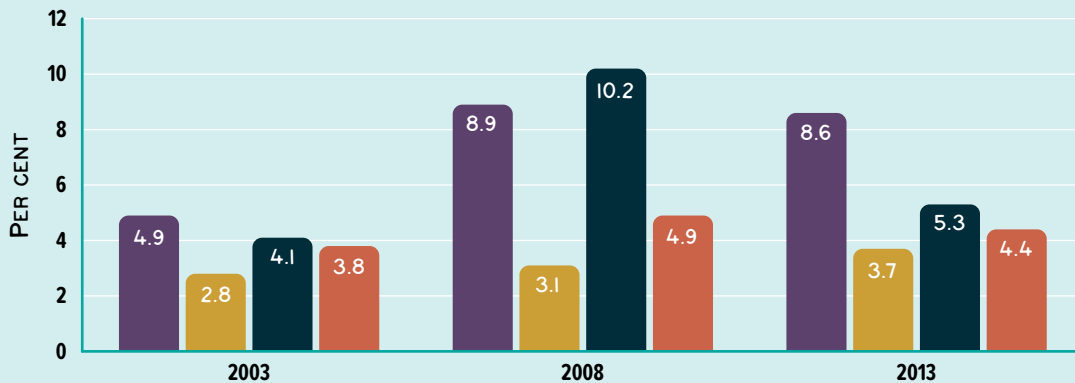
Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12-18 about experiences of gender/sex-based discrimination in the past 12 months. "Female" and "Male" reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: McCreary Centre Society, Adolescent Health Survey, 2013. Prepared by FNHA, 2020.

The AHS (2013) showed that young Indigenous women age 12-18 experienced more discrimination based on their gender or sex in the past year (11.9%) than young non-Indigenous women in the same age group (9.2%). Both experienced significantly more discrimination than young Indigenous (3.8%) and non-Indigenous (2.2%) men age 12-18.

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FIG 3.11 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED HAVING EXPERIENCED DISCRIMINATION BECAUSE OF THEIR SEXUAL ORIENTATION IN THE PAST YEAR, AGE 12-18, BY SEX, BC, 2003, 2008, AND 2013



	2003	2008	2013
Indigenous Female	4.9	8.9	8.6
Non-Indigenous Female	2.8	3.1	3.7
Indigenous Male	4.1	10.2	5.3
Non-Indigenous Male	3.8	4.9	4.4

Survey Year

Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12-18 about experiences of discrimination based on sexual orientation in the past 12 months. "Female" and "Male" reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: McCreary Centre Society, Adolescent Health Survey, 2003, 2008, and 2013. Prepared by FNHA, 2020.

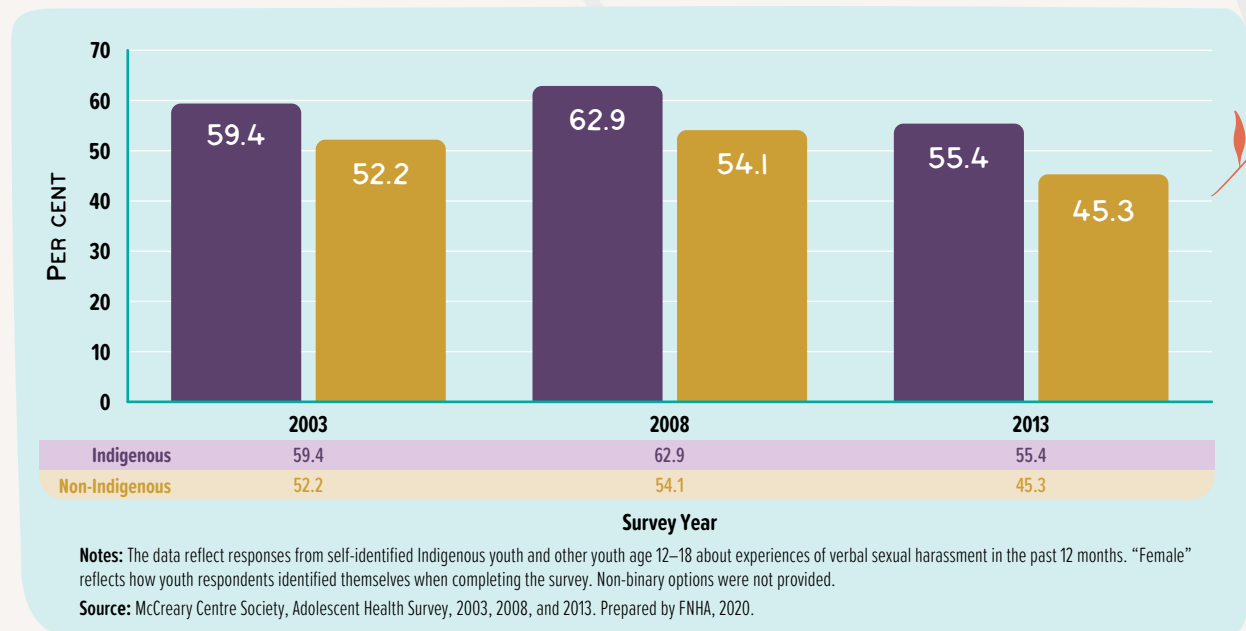
From 2003 (4.9%) to 2013 (8.6%), the AHS showed an increase of 3.7 percentage points in the proportion of young Indigenous women age 12-18 experiencing discrimination based on sexual orientation. During adolescence, young adults who are beginning to discover and explore their sexual orientation may lack the support and guidance needed as they navigate societal pressures and norms. For Indigenous youth, it is especially important that they have Indigenous role models and allies who can share their own experiences of overcoming hardships.¹⁶



SEXUAL HARASSMENT: VERBAL AND PHYSICAL

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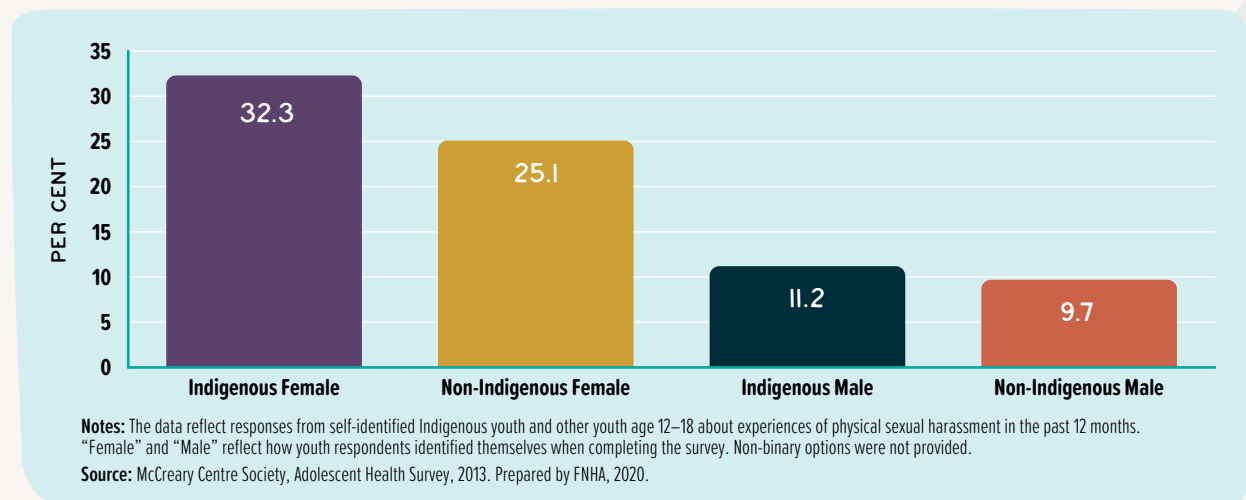
FIG 3.12 PERCENTAGE OF YOUNG INDIGENOUS AND NON-INDIGENOUS WOMEN WHO REPORTED EXPERIENCING VERBAL SEXUAL HARASSMENT IN THE PAST YEAR, AGE 12-18, BC, 2003, 2008, AND 2013



In the AHS (2013), 55.4% of young Indigenous women age 12–18 reported experiencing verbal sexual harassment in the past year. This is a four-percentage point decrease from 2003. Young Indigenous women were more likely than young non-Indigenous women to have experienced verbal sexual harassment during each survey year. First Nations have ceremonies and rituals that affirm women as sacred and protected but, for many Nations, these protocols have been eroded due to colonization. In Western society, Indigenous women are often blamed for the violence inflicted on them (verbal, sexual, and physical); this has created a culture of impunity around the violence.¹⁷ First Nations are reclaiming the ceremonies, protocols, and teachings that affirm young women as sacred and respected members of their communities.

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FIG 3.13 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED EXPERIENCING PHYSICAL SEXUAL HARASSMENT IN THE PAST YEAR, AGE 12-18, BY SEX, BC, 2013



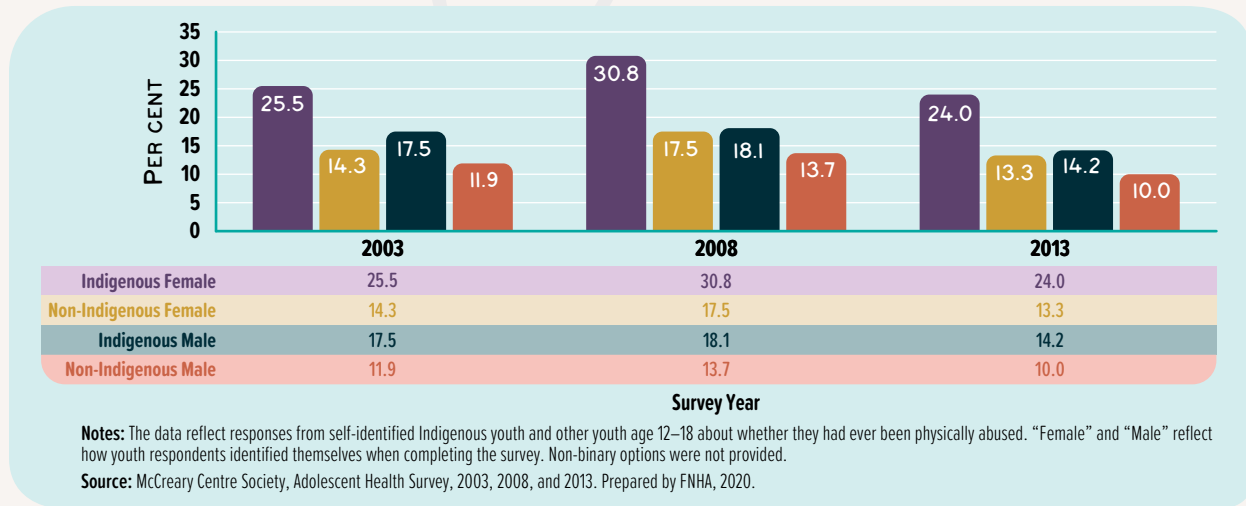
The AHS (2013) showed a nearly three-fold difference between young Indigenous women (32.3%) and young Indigenous men (11.2%) age 12–18 among those who reported experiencing physical sexual harassment in the past year.



ABUSE

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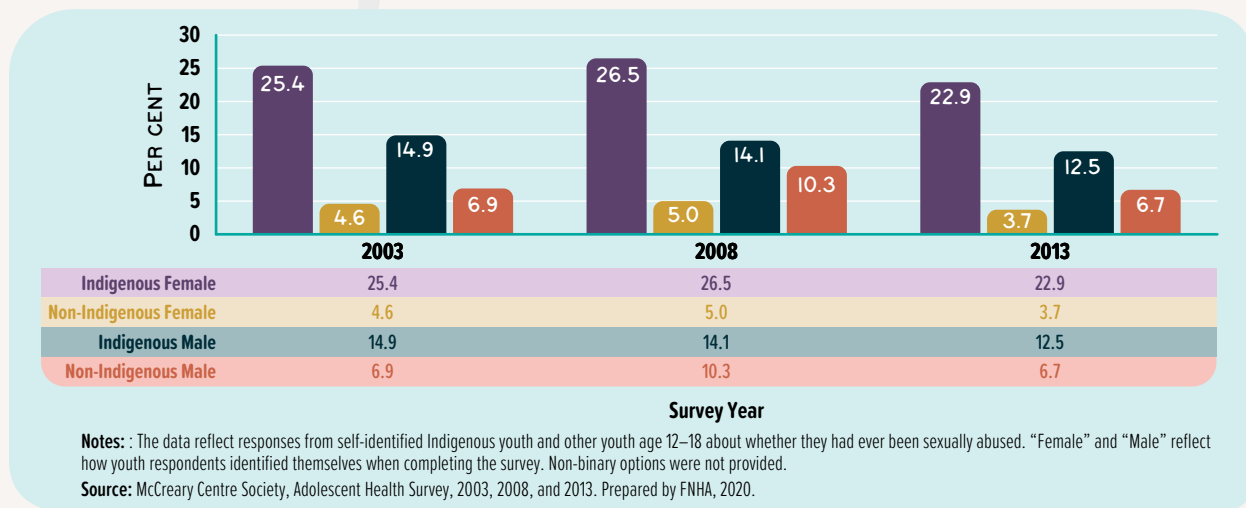
FIG 3.14 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED EXPERIENCING PHYSICAL ABUSE IN THE PAST YEAR, AGE 12–18, BY SEX, BC, 2003, 2008, AND 2013



The AHS (2013) showed that 24.0% of young Indigenous women age 12–18 reported experiencing physical abuse in the past year, a 6.8 percentage point decline from 2008 (30.8%). However, in all AHS years, young Indigenous women consistently remained the highest in reporting experiencing physical abuse, as compared to other groups. The National Inquiry into Missing and Murdered Indigenous Women and Girls confirmed that there has been and continues to be a genocide of Indigenous Peoples, with Indigenous women, girls, and 2SLGBTQIA+^a peoples being specifically targeted.^{13,17} These human and Indigenous rights violations are caused by colonial structures and policies instilled in society. BC First Nations stand strong against this culture of violence through community support and the amplifying of each other’s voices.

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FIG 3.15 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED EXPERIENCING SEXUAL ABUSE IN THE PAST YEAR, AGE 12–18, BY SEX, BC, 2003, 2008, AND 2013

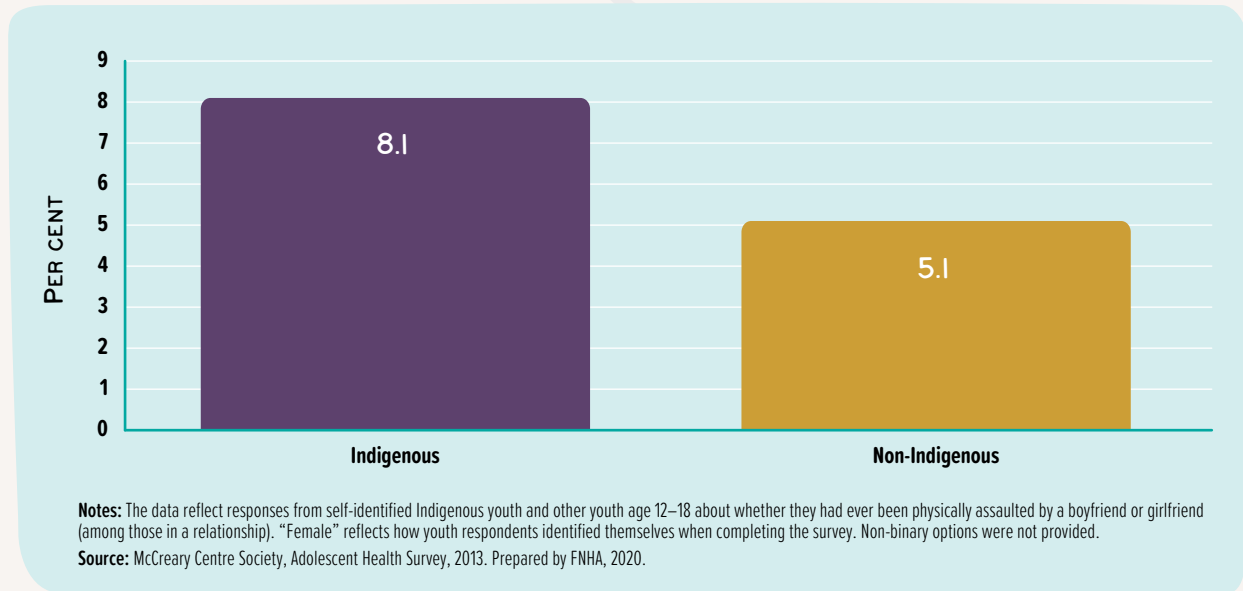


The AHS (2013) showed that 22.9% of young Indigenous women age 12–18 reported experiencing sexual abuse in the past year, remaining relatively consistent across all years reported here, with a decline of 3.6 percentage points since 2008. Young Indigenous women consistently reported the highest rates of sexual abuse, compared to other groups, across all survey years.

a 2SLGBTQIA+ stands for Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, and asexual. The plus sign acknowledges the many sexual and gender minority peoples who don’t see themselves in the umbrella acronym.



FIG 3.16 PERCENTAGE OF YOUNG INDIGENOUS AND NON-INDIGENOUS WOMEN WHO REPORTED THAT THEY HAD BEEN ASSAULTED BY A BOYFRIEND/GIRLFRIEND IN THE PAST YEAR, AMONG YOUNG WOMEN IN RELATIONSHIPS, AGE 12-18, BC, 2013



The AHS (2013) showed that 8.1% of young Indigenous women age 12–18 in relationships reported being physically assaulted by an intimate partner in the past year.

The everyday realities of young First Nations women are shaped by the pervasive threat of violence that has been created and maintained by colonialism. At the same time, for as long as violence has been inflicted against First Nations women and girls, there has been resistance against it. This ceaseless resistance is apparent in everyday individual acts of resistance of young First Nations women coming together, supporting each other, and speaking out against the violence.

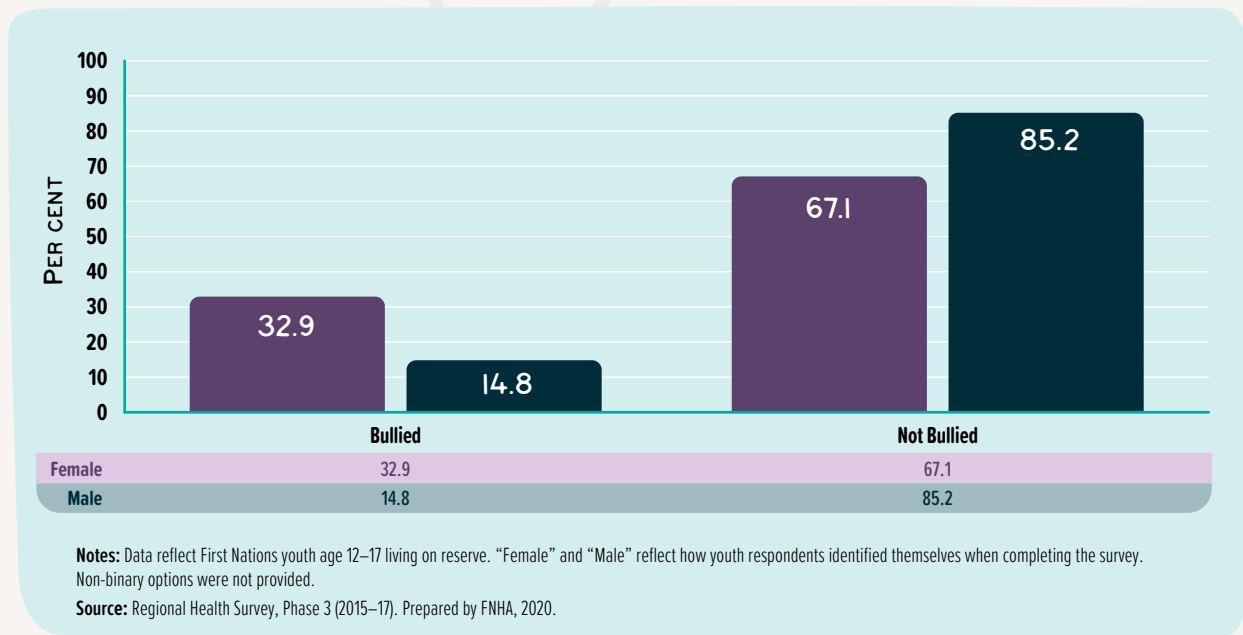
- Sacred and Strong: Upholding our Matriarchal Roles (p.53)



BULLYING

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FIG 3.17 PERCENTAGE OF FIRST NATIONS YOUTH WHO REPORTED BEING BULLIED OR NOT BULLIED IN THE PAST YEAR, AGE 12–17, BY SEX, BC, 2015–17



RHS3 (2015–17) showed that 32.9% of young First Nations women age 12–17 reported being bullied in the past year, just over twice that of young First Nations men in the same age group (14.8%). Young First Nations women may be more likely to experience bullying due to colonial institutions, policies, and practices that have served to marginalize them in society. Additionally, they may experience lateral violence as a result of the traumas and violence inflicted on First Nations communities. Lateral kindness is an approach to counteract these behaviours; it aims to create an environment based on kindness and respect.¹⁸

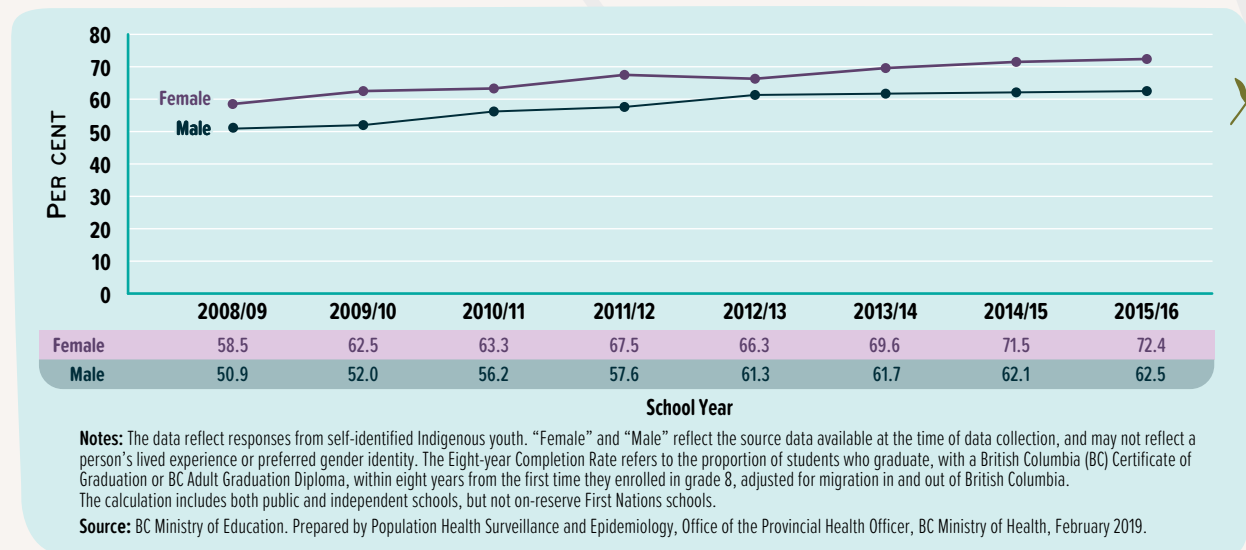




SCHOOL COMPLETION RATES

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FIG 3.18 EIGHT-YEAR SCHOOL COMPLETION RATES AMONG INDIGENOUS YOUTH, BY SEX, BC, 2008/09 TO 2015/16

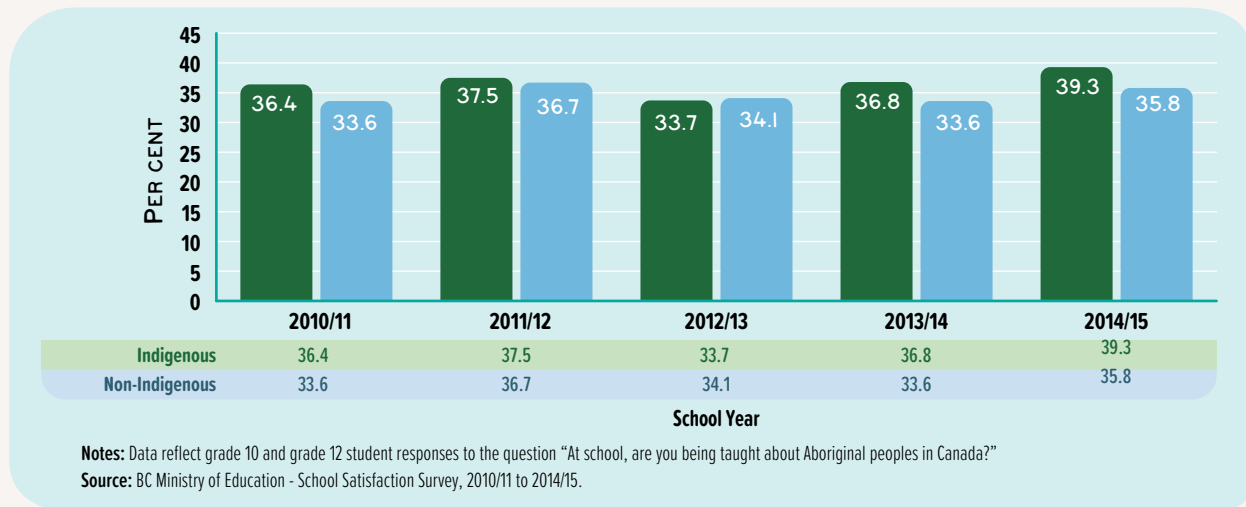


BC Ministry of Education data showed an increase of 13.9 percentage points among young Indigenous women graduating from 2008/2009 (58.5%) to 2015/2016 (72.4%). A similar trend was seen among young Indigenous men. While there have been efforts to integrate Indigenous perspectives and knowledges into BC’s education curriculum, these two streams of learning remain separate for many First Nations youth. There remains much work to do to create culturally safe learning environments for First Nations youth.^{19,20}

INDIGENOUS CONTENT IN BC PUBLIC SCHOOLS

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FIG 3.19 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS STUDENTS IN GRADES 10 AND 12 WHO REPORTED THAT THEY WERE “ALWAYS” OR “MANY TIMES” TAUGHT ABOUT INDIGENOUS PEOPLES IN CANADA, BC, 2010/11 TO 2014/15



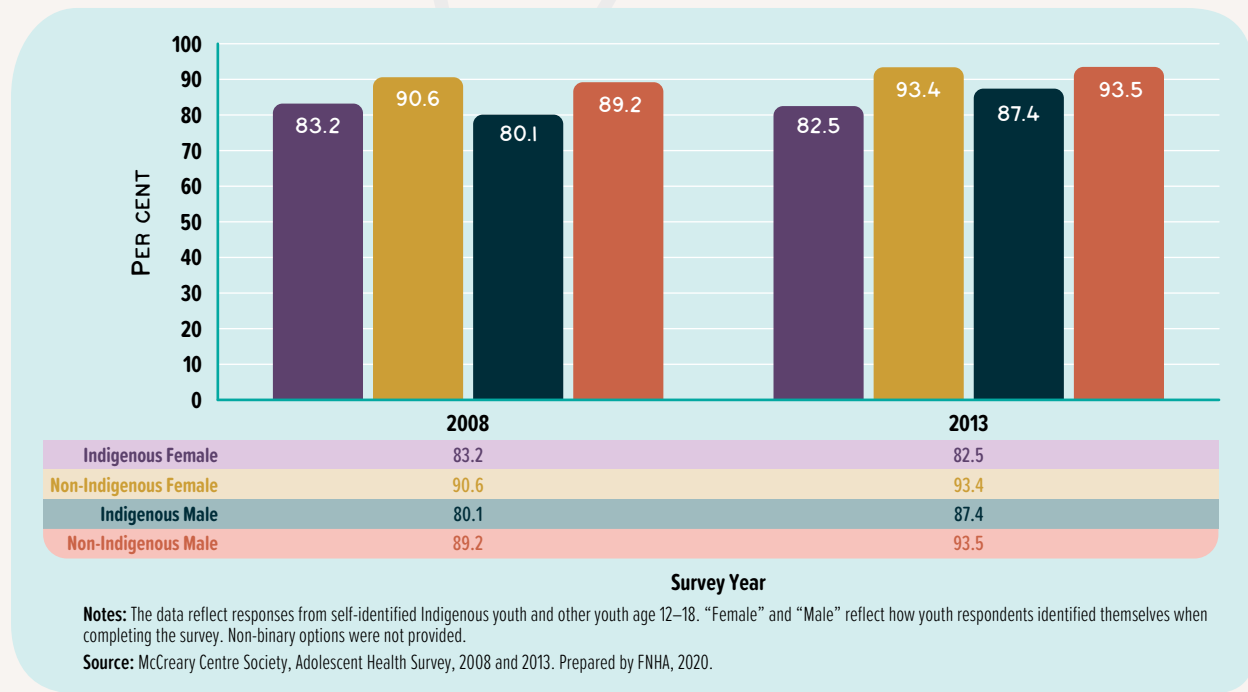
In 2014/2015, 39.3% of Indigenous students in grades 10 and 12 reported being taught about Indigenous peoples in Canada “always” or “many times,” as compared to 35.8% of non-Indigenous students.



NEVER GOING TO BED HUNGRY

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FIG 3.20 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED NEVER GOING TO BED HUNGRY DUE TO A LACK OF MONEY FOR FOOD, AGE 12-18, BY SEX, BC, 2008 AND 2013



The AHS (2013) showed that 82.5% of young Indigenous women age 12–18 reported never going to bed hungry due to lack of money for food. However, young Indigenous women experience the highest rate of hunger (17.5%) as compared to young Indigenous men (12.6%) and young non-Indigenous women (6.6%) and men (6.5%) in the same age group. In addition to income, having access to First Nations territories for hunting and gathering is an important component of food security and food sovereignty for First Nations.^{21,22}

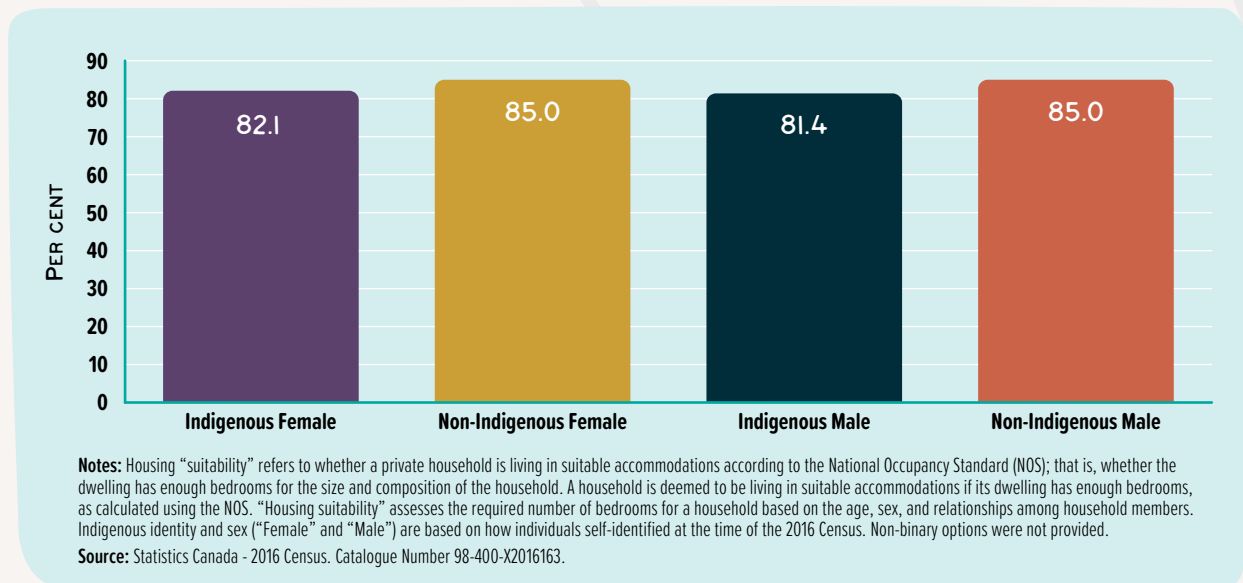




HOUSING

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FIG 3.21 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH LIVING IN HOUSING CONSIDERED TO BE "SUITABLE," AGE 12-18, BY SEX, BC, 2016

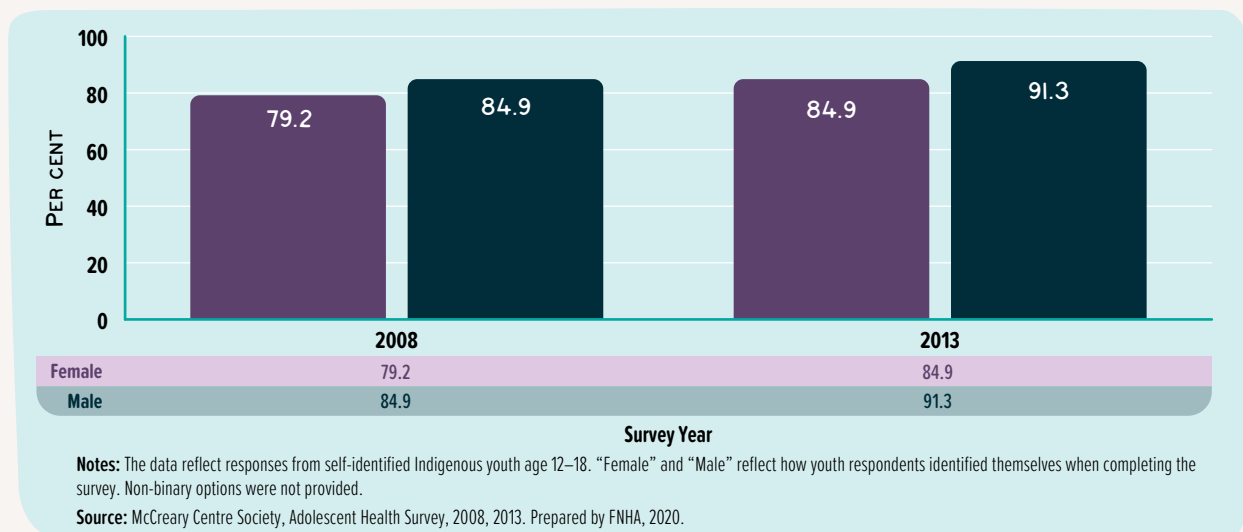


Statistics Canada reported in 2016 that 82.1% of young Indigenous women age 12–18 lived in “suitable” housing as compared to 85.0% of young non-Indigenous women, 81.4% of young Indigenous men, and 85.0% of young non-Indigenous men. Having a healthy and stable home environment contributes to the overall health and wellness of young First Nations women and may be protective against long-term mental health issues linked to high levels of stress.^{23,24}

SEEKING MEDICAL CARE WHEN NEEDED

FIG 3.22 PERCENTAGE OF INDIGENOUS YOUTH WHO EITHER DID NOT NEED MEDICAL HELP, OR GOT THE MEDICAL HELP THEY NEEDED, IN THE PAST YEAR, AGE 12-18, BY SEX, 2008 AND 2013

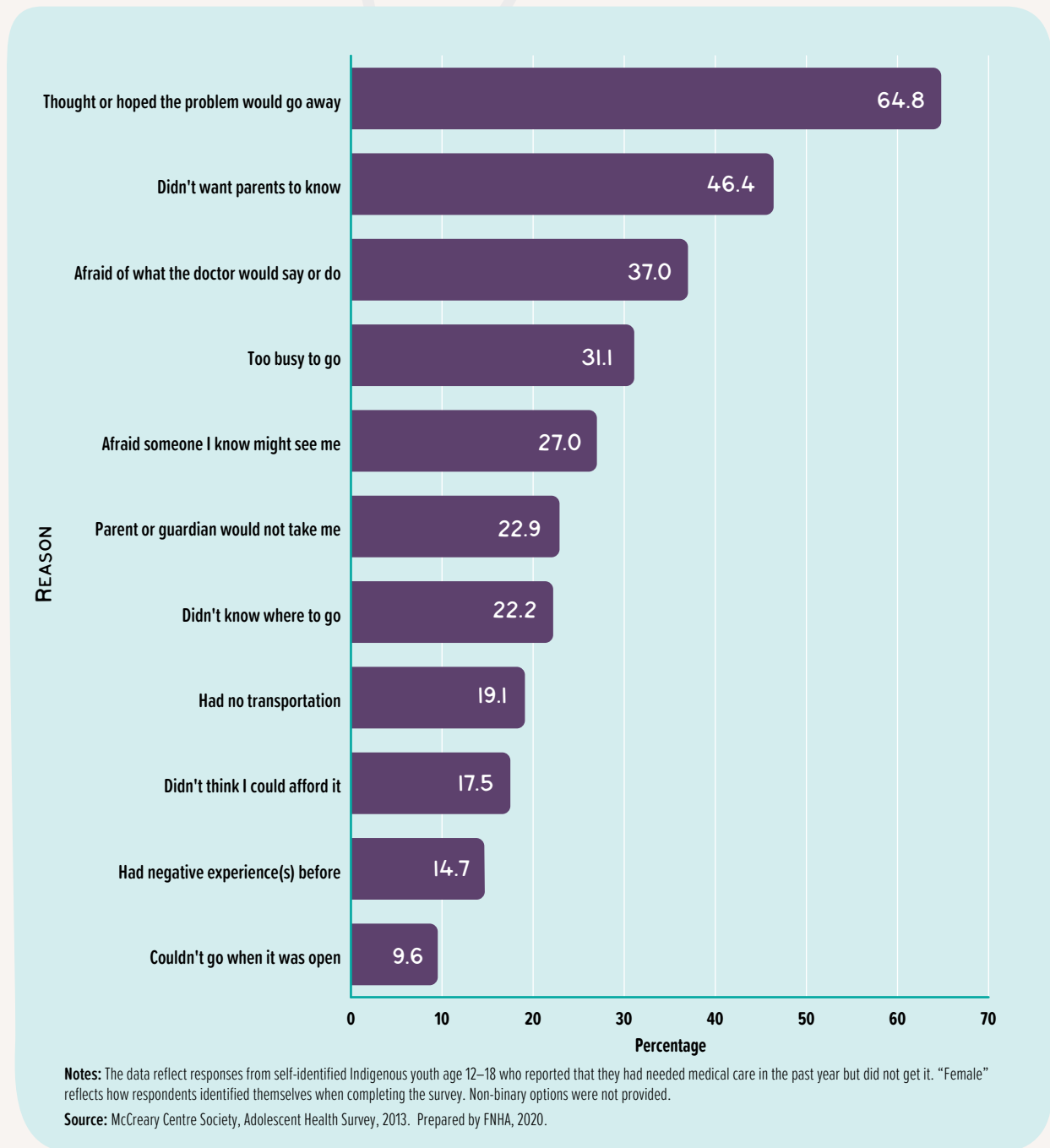
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From 2008 to 2013, the AHS showed a 5.7 percentage point increase, from 79.2% to 84.9%, in the proportion of young Indigenous women age 12–18 who reported either “not needing medical help” or “getting the medical help they needed” in the past year. A similar increase was seen among young Indigenous men in the same age group, whose values were consistently higher across the two time periods. Embedding cultural safety and humility into the health care system creates environments where young First Nations women feel safe, supported, and respected, and where they are more likely to access health care services and social supports when needed.²⁵



FIG 3.23 PERCENTAGE OF REPORTED REASON FOR NOT ACCESSING CARE, AMONG YOUNG INDIGENOUS WOMEN WHO FELT THEY NEEDED MEDICAL HELP AND DID NOT ACCESS CARE, AGE 12–18, BC, 2013



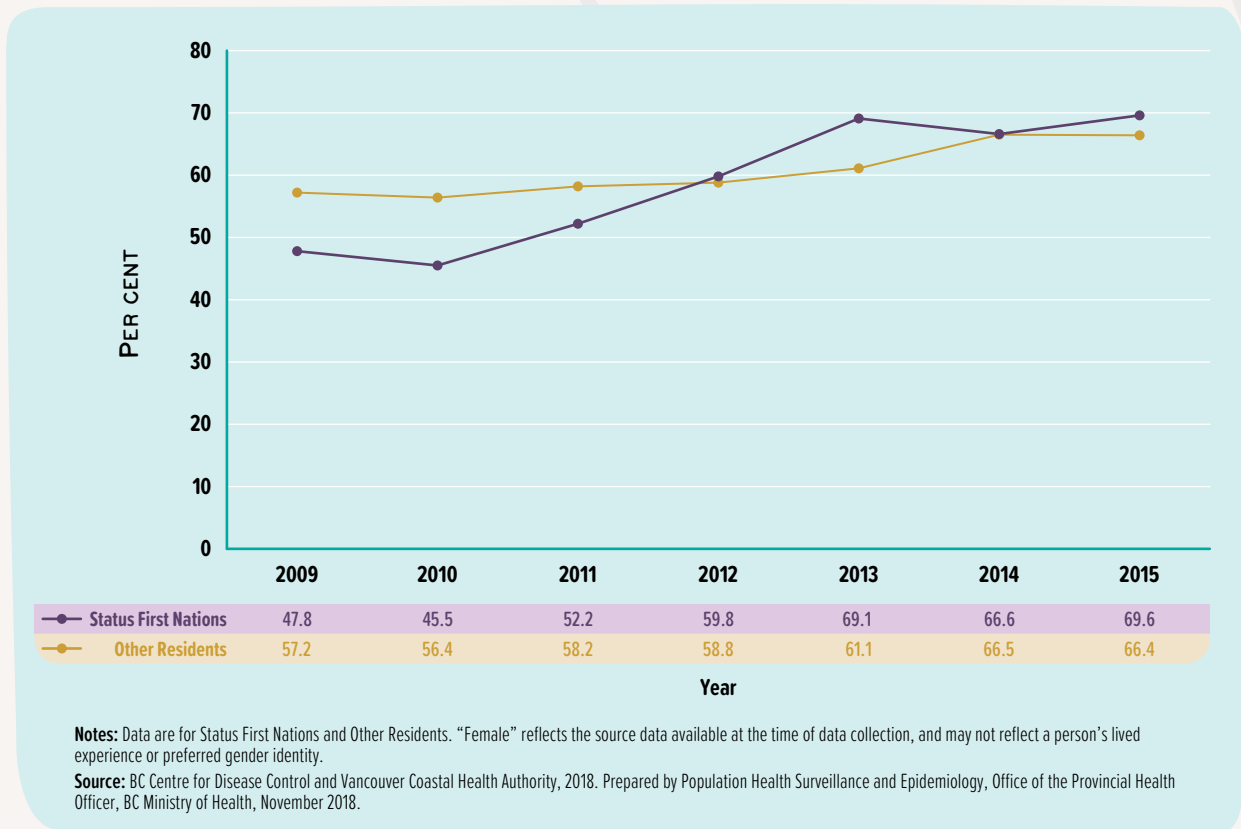
Adolescence is a time when youth are gaining independence and may be more reluctant to involve their parents or consult a health care provider for concerns, especially around topics such as substance use, emotional problems, reproductive issues, or gender and sexuality.^{26,27} The top three reasons reported in the AHS (2013) for young Indigenous women age 12–18 to forego medical help when needed were: thinking or hoping the problem would go away (64.8%), not wanting parents to know (46.4%), and fear of what the doctor would say or do (37.0%). Providers who approach care from a place of cultural humility, and who are sensitive to past traumas, may help to facilitate positive experiences that encourage young First Nations women to access the care they need.²⁸



HUMAN PAPILLOMAVIRUS IMMUNIZATION

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FIG 3.24 PERCENTAGE OF YOUNG WOMEN WHO COMPLETED THE HPV IMMUNIZATION SERIES PRIOR TO THEIR 16TH BIRTHDAY, STATUS FIRST NATIONS AND OTHER RESIDENTS, BC, 2009 TO 2015



In 2015, 69.6% of young Status First Nations women completed the human papillomavirus (HPV) immunization series prior to their 16th birthday, an increasing trend of 21.8 percentage points from 2009. The completion rate was lower or the same among young Other Resident women from 2012 to 2015.

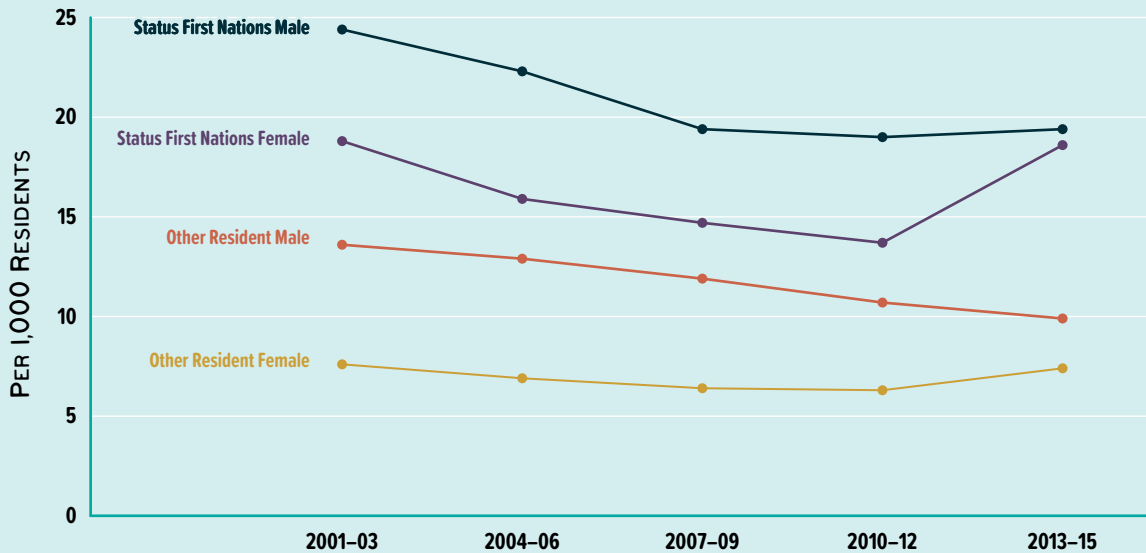




AVOIDABLE HOSPITALIZATIONS – INJURIES

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FIG 3.25 AGE-STANDARDIZED HOSPITALIZATION RATES FOR INTENTIONAL AND NON-INTENTIONAL INJURIES AMONG STATUS FIRST NATIONS AND OTHER RESIDENT YOUTH, AGE 10–19, BY SEX, BC, 2001–03 TO 2013–15



	2001–03	2004–06	2007–09	2010–12	2013–15
Status First Nations Female	18.8	15.9	14.7	13.7	18.6
Other Resident Female	7.6	6.9	6.4	6.3	7.4
Status First Nations Male	24.4	22.3	19.4	19.0	19.4
Other Resident Male	13.6	12.9	11.9	10.7	9.9

Years

Notes: Data are for Status First Nations and Other Residents age 10–19, standardized to the Canada 2011 population. “Female” and “Male” reflect the source data available at the time of data collection, and may not reflect a person’s lived experience or preferred gender identity.

Source: Hospital Discharge Records, Client Roster and First Nations Client File (Release v2013–2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, April 2019.



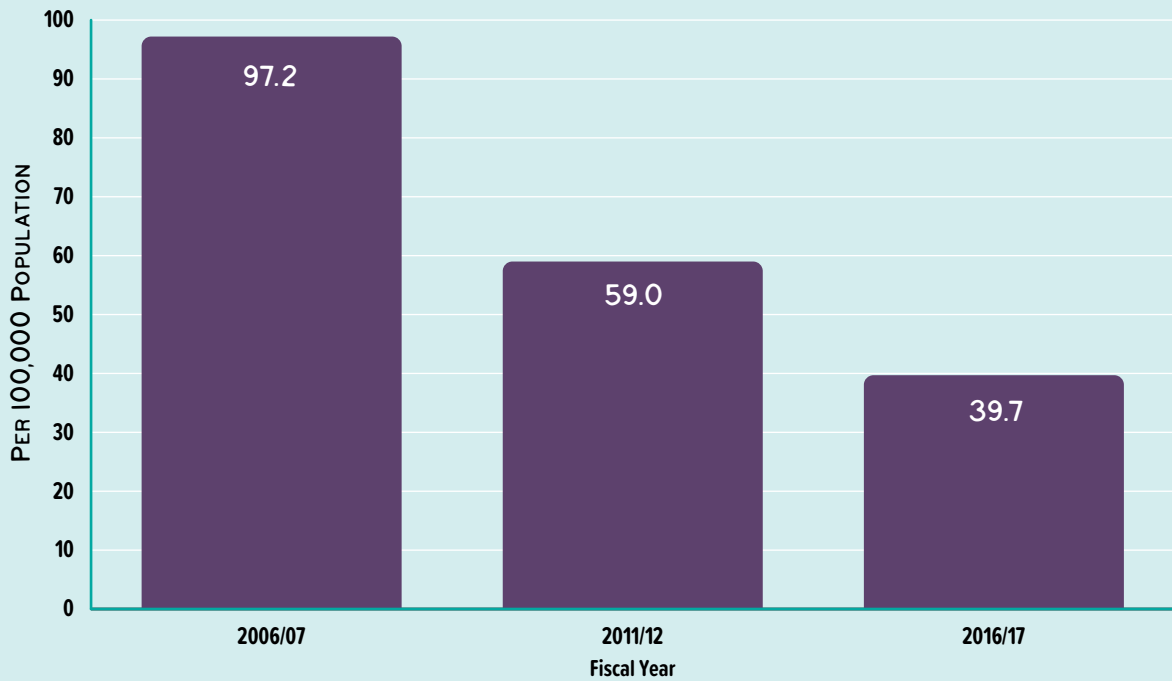
According to hospital discharge records, the age-standardized hospitalization rate for intentional and non-intentional injuries among young Status First Nations women age 10–19 remained consistently higher than for Other Residents in the same age group from 2001–03 to 2013–15. Rates for both young Status First Nations and Other Resident women showed a steady decline from 2001–03 to 2010–12 then, in 2013–15, returned to rates similar to those recorded for 2001–03.



YOUTH CUSTODY RATES

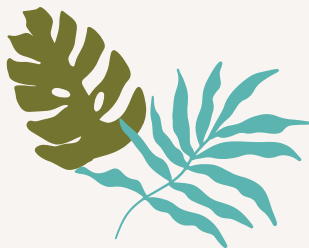
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FIG 3.26 RATE OF YOUNG INDIGENOUS WOMEN IN PROVINCIAL YOUTH CUSTODY, AGE 12–17, BC, 2006/07, 2011/12, AND 2016/17



Notes: This analysis reports the BC population-based proportion (rate per 100,000 population) for youth of the female sex who were in custody (either open or secure custody) by Indigenous status, showing a comparison of data reported during the 2006/07, 2011/12, and 2016/17 fiscal years. The population-based rate is calculated by simply dividing the average number of individuals who were admitted into provincial custody by the number of Indigenous individuals in the total BC population. The Indigenous population includes Inuit, Métis, Native, First Nations, and Aboriginal designations. The age range is 12–17 at the time of the offence, but it should be noted that a youth could be held in youth custody at the age of 18, 19, or 20 on a youth sentence. “Female” reflects the source data available at the time of data collection, and may not reflect a person’s lived experience or preferred gender identity.

Source: Data provided by the Ministry of Children and Family Development, Specialized Intervention and Youth Justice Branch, CORNET system. The Statistics Canada population estimates, provided by BC Stats, are from the 2006, 2011, and 2016 census years representing Indigenous individuals age 12–17. Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, April 2020.

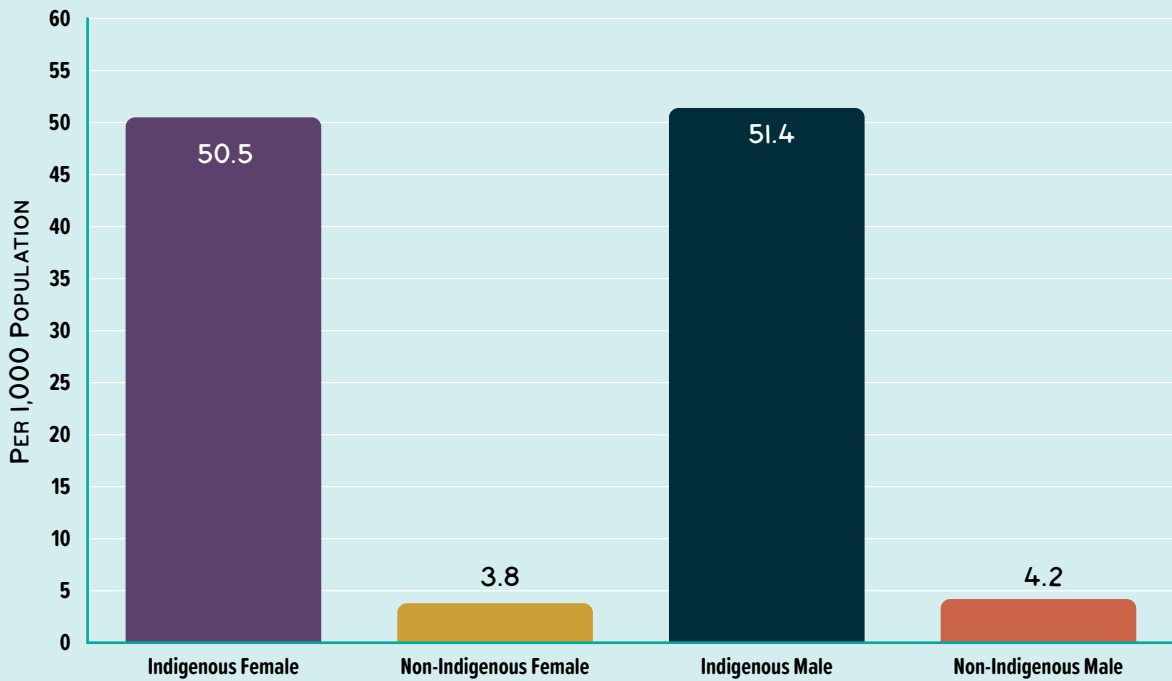


The BC Ministry of Children and Family Development reported a sharp, decreasing trend in the rate of young Indigenous women age 12–17 in provincial youth custody, from 97.2 per 100,000 (2006/07) to 39.7 per 100,000 (2016/17). These changes may be the result of recommendations, calls to action, and calls for justice from several inquiries and reports highlighting the colonial policies and approaches that have caused the over-representation of Indigenous youth in custody.^{29,30}



YOUTH IN CARE

FIG 3.27 RATE OF INDIGENOUS AND NON-INDIGENOUS YOUTH IN CARE, AGE 10–18, BY SEX, BC, 2016



Notes: The population-based rate for Youth in Care is calculated by simply dividing the total number of children age 10–18 in care for a given demographic by the entire BC population of children for that same demographic and expressing it as a rate per 1,000 population. Youth in care data include both youth in the care of BC Ministry of Children and Family Development (MCFD) and in the care of Delegated Aboriginal Agencies. “Female” and “Male” refers to the youth’s sex. This categorization reflects the source data available at the time of data collection, and may not reflect a person’s lived experience or preferred gender identity.

Source: Population data was produced by BC Stats using the Statistics Canada 2016 National Household Survey. The 2016 Children in Care data was provided by the MCFD from their Integrated Case Management system. This analysis was prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, August 2018.



In 2016, the BC Ministry of Children and Family Development reported the rate of young Indigenous women age 10–18 in care at 50.5 per 1,000, over 13 times that of the rate reported for young non-Indigenous women in the same age group. Similarly, the rate among young Indigenous men age 10–18 in care was 51.4 per 1,000, more than 12 times that of young non-Indigenous men. A growing number of First Nations communities are reclaiming control of their own child welfare services and reviving the systems of culture and knowledge that ensured the safe and effective protection of children and youth for thousands of years.³¹

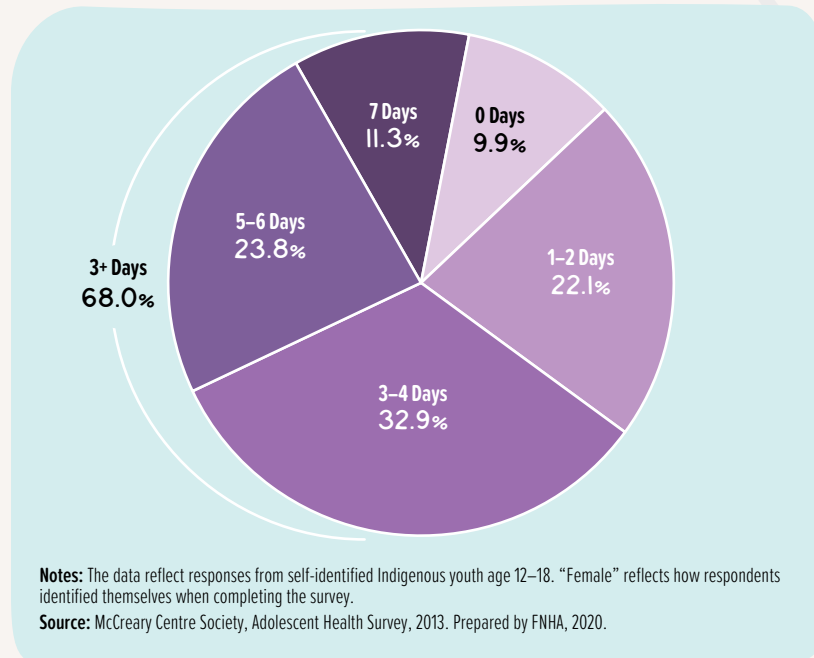
HEALTHY BODIES, MINDS AND SPIRITS

Young First Nations women who have well-nourished roots of wellness and supportive systems free of systemic barriers and racism will have the foundations necessary to flourish.

PHYSICAL ACTIVITY

p.62

FIG 3.28 NUMBER OF DAYS OF SELF-REPORTED MODERATE TO VIGOROUS PHYSICAL ACTIVITY AMONG YOUNG INDIGENOUS WOMEN, AGE 12–18, BC, 2013



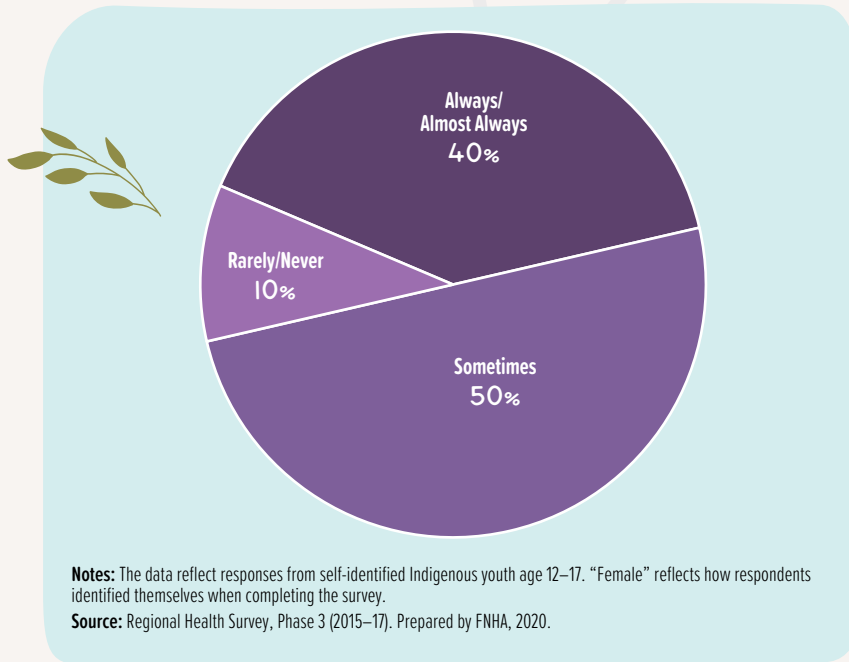
First Nations teachings emphasize the benefits and importance of being active. From the AHS (2013), 68.0% of young Indigenous women age 12–18 reported moderate to vigorous physical activity at least three days a week.



EATING NUTRITIOUS MEALS

p.63

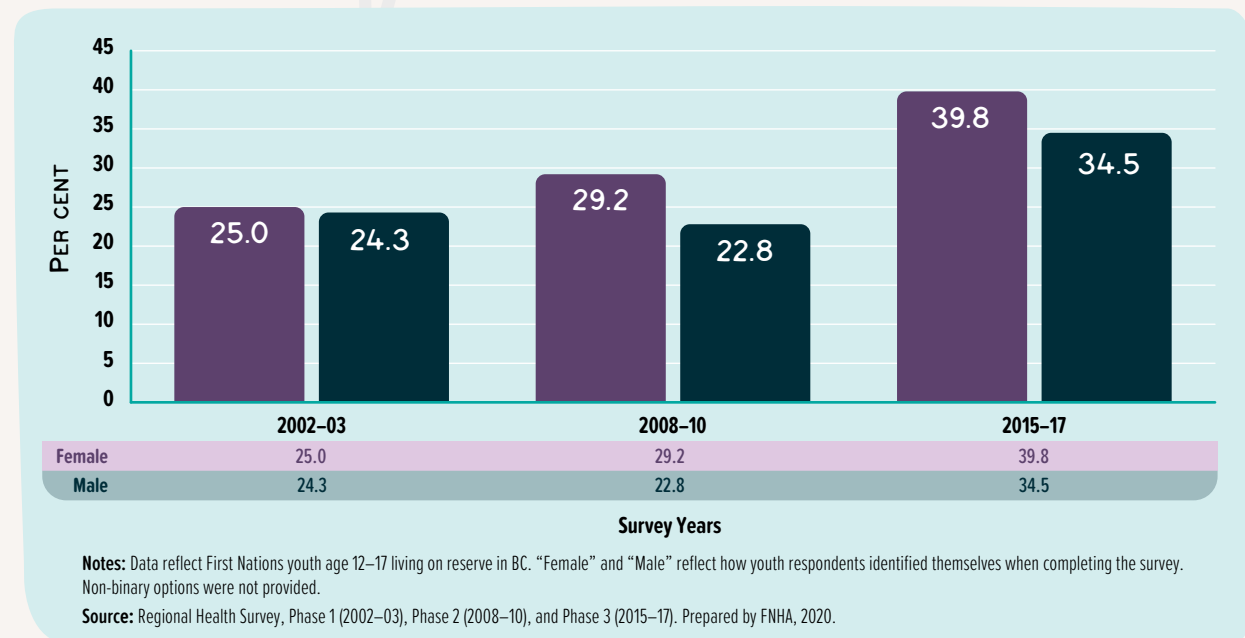
FIG 3.29 SELF-REPORTED FREQUENCY OF EATING NUTRITIOUS, BALANCED MEALS IN THE PAST YEAR AMONG YOUNG FIRST NATIONS WOMEN, AGE 12–17, BC, 2015–17



From RHS3 (2015–17), 40% of young First Nations women age 12–17 reported “always” or “almost always” eating nutritious, balanced meals in the past year. Half (50%) reported “sometimes” and 10% reported “rarely” or “never” eating nutritious, balanced meals in the past year. First Nations youth’s participation in the harvesting of food, and in the communal preparation and sharing of meals, is a key part of connecting with culture, family, community, and the land.³²

p.63

FIG 3.30 PERCENTAGE OF FIRST NATIONS YOUTH WHO REPORTED EATING NUTRITIOUS, BALANCED MEALS “ALWAYS” OR “ALMOST ALWAYS” IN THE PAST YEAR, AGE 12–17, BY SEX, BC, 2002–03, 2008–10, AND 2015–17

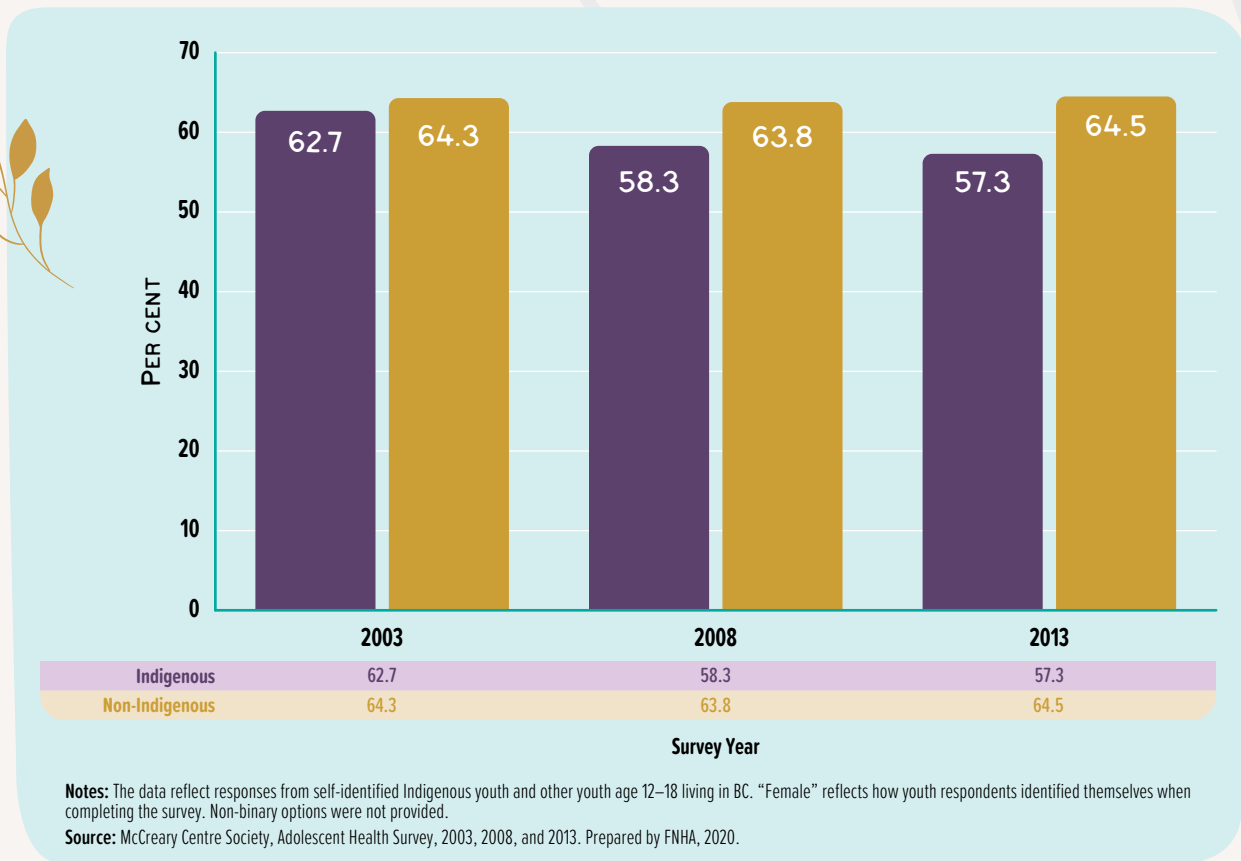


Comparing the three cycles of RHS, there was an increasing trend of 14.8 percentage points, from 25.0% (2002–03) to 39.8% (2015–17), among young First Nations women age 12–17 who reported “always” or “almost always” eating nutritious, balanced meals in the past year. A similar trend was seen among young First Nations men in the same age group, with an increase of 10.2 percentage points, from 24.3% (2002–03) to 34.5% (2015–17).

BODY WEIGHT

p.63

FIG 3.31 PERCENTAGE OF YOUNG INDIGENOUS AND NON-INDIGENOUS WOMEN WHO FELT THAT THEY WERE "ABOUT THE RIGHT WEIGHT," AGE 12-18, BC, 2003, 2008, AND 2013



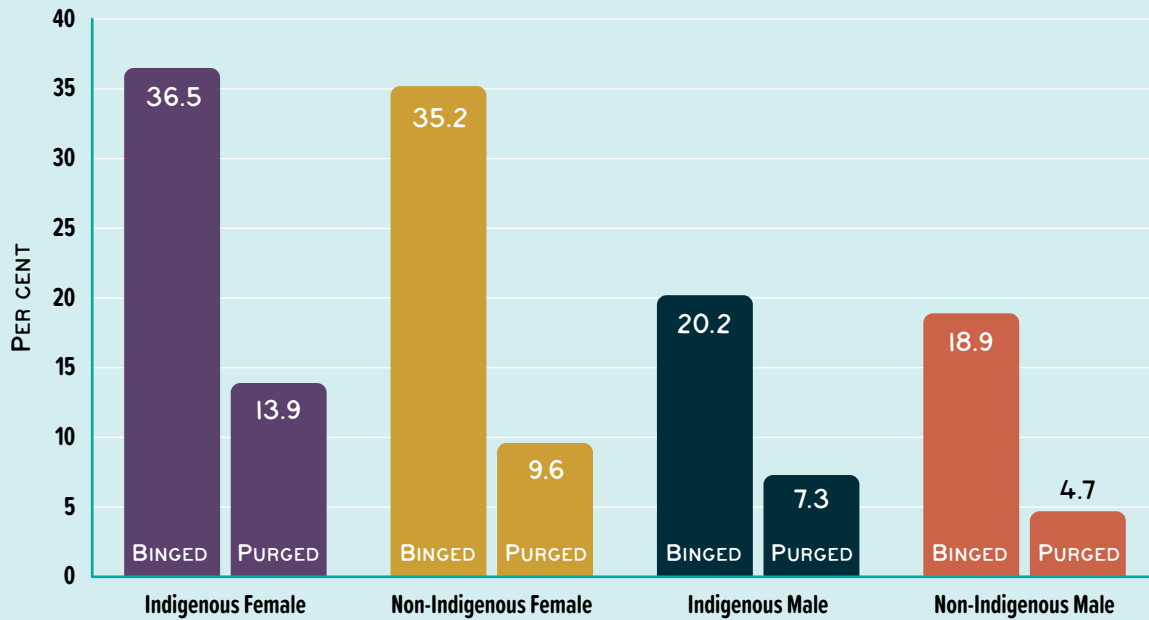
Comparing AHS cycles, there was a decreasing trend of 5.4 percentage points, from 62.7% (2003) to 57.3% (2013) in the proportion of young Indigenous women age 12–18 who felt they were “about the right weight.” Maintaining relationships with healthy First Nations women and Elders as role models and learning to gather and prepare healthy First Nations foods empowers young First Nations women, promoting the resilience to reject unhealthy mainstream social norms of beauty, body image, and objectification of women.^{33,34}



DISORDERED EATING

p.63

FIG 3.32 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO INDICATED THAT THEY ENGAGED IN BINGE-EATING/GORGING OR PURGING AT LEAST ONCE IN THE PAST YEAR, AGE 12-18, BY SEX, BC, 2013



Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12–18 living in BC. “Female” and “Male” reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: McCreary Centre Society, Adolescent Health Survey, 2013. Prepared by FNHA, 2020.

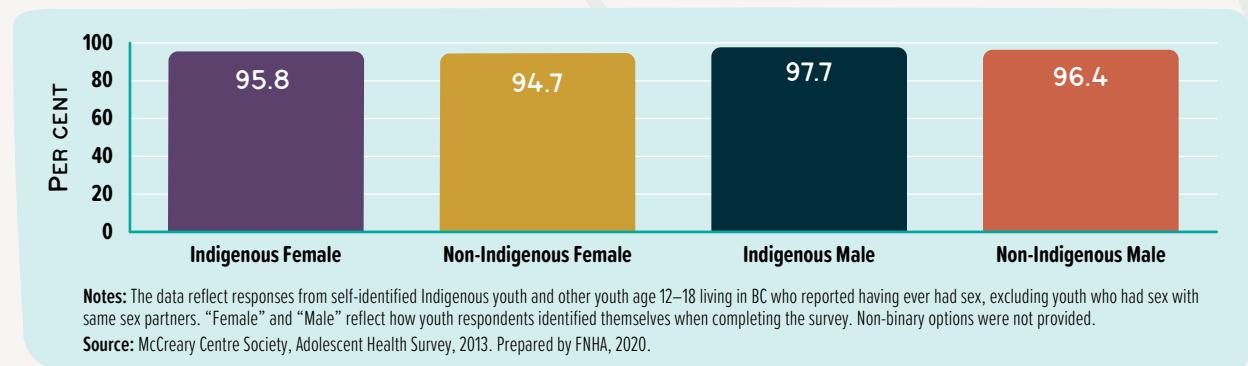


From the AHS (2013), both young Indigenous (36.5%) and non-Indigenous (35.2%) women age 12–18 engaged in binge-eating at much higher rates than young men in the same age group. Young Indigenous (13.9%) and non-Indigenous (9.6%) women also purged at higher rates than young men. Colonialism and racism are ever present factors that influence culture and identity for young First Nations women,^{33,35,36} and the introduction of Eurocentric ideals and body standards has negatively affected the health and wellness of many First Nations youth.^{33,37}

USE OF CONTRACEPTION

p.64

FIG 3.33 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO USED SOME FORM OF CONTRACEPTION THE LAST TIME THEY HAD SEX, AGE 12–18, BY SEX, BC, 2013

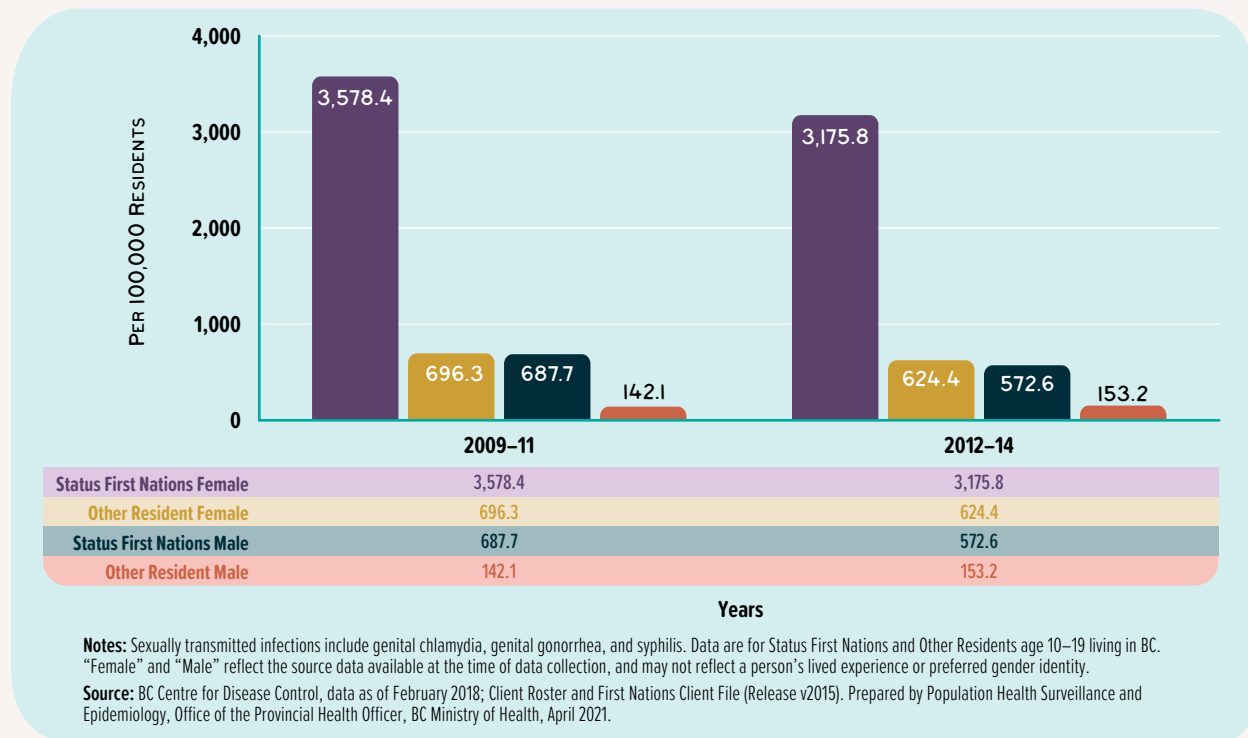


The AHS (2013) reported that 95.8% of young Indigenous women age 12–18 used some form of contraception the last time they had sex, which was similar to other comparison groups.

SEXUALLY TRANSMITTED INFECTION RATES

p.64

FIG 3.34 CRUDE RATE OF SEXUALLY TRANSMITTED INFECTIONS AMONG STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–19, BY SEX, BC, 2009–11 AND 2012–14

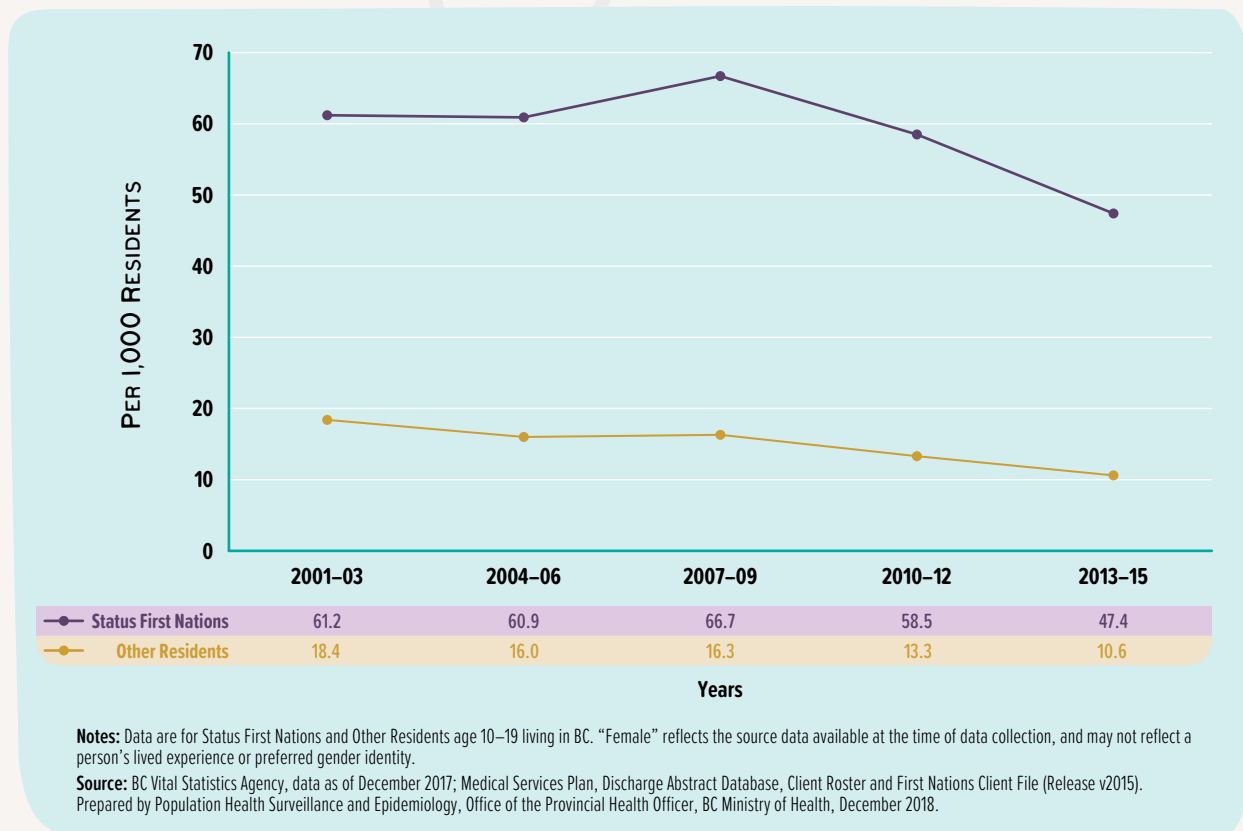


Data from the BC Centre for Disease Control showed a decrease from 3,578.4 per 100,000 (2009–2011) to 3,175.8 per 100,000 (2012–2014) in the crude rate of sexually transmitted infections among young Status First Nations women age 10–19. However, this rate has remained higher than all other comparison groups across the two time periods. Intergenerational traumas, experiences of abuse and sexualized violence, and traumatic practices such as coerced and forced sterilizations have contributed to the ongoing mistrust and fear that some First Nations women feel when accessing sexual health services. These barriers, in addition to the anti-Indigenous racism that is pervasive across the health care system, persist in the present reality for First Nations women seeking sexual health services.^{38,39}

TEENAGE PREGNANCIES

p.65

FIG 3.35 CRUDE RATE OF PREGNANCIES, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–19, BC, 2001–03 TO 2013–15

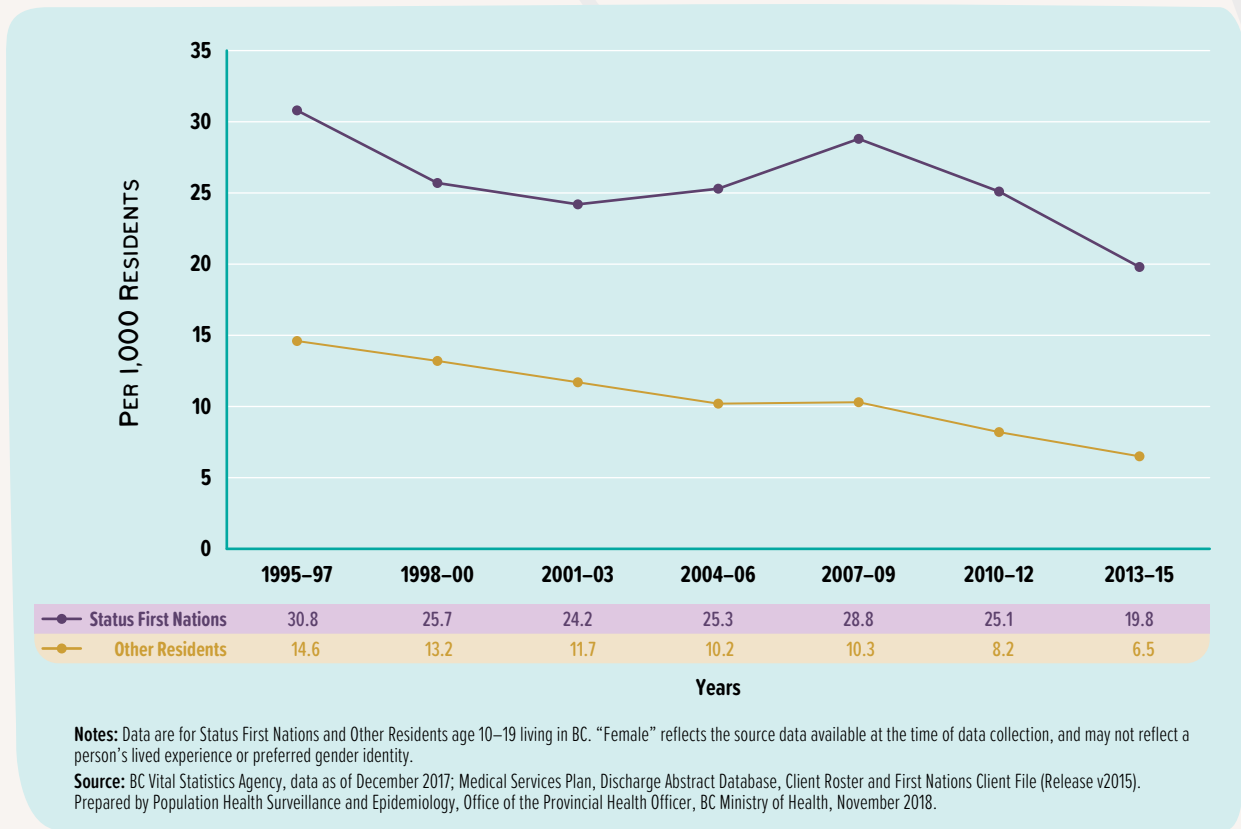


BC Vital Statistics Agency data showed that the pregnancy rate of young Status First Nations women age 10–19 has declined from 61.2 per 1,000 (2001–2003) to 47.4 per 1,000 (2013–2015). These rates have been consistently higher than those of Other Residents in the same age group. Many young First Nations mothers receive extensive support from their immediate and extended families, as well as through culturally interrelated systems of care that are common in First Nations communities.⁴⁰

ABORTION

p.65

FIG 3.36 CRUDE RATE OF ABORTIONS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–19, BC, 1995–97 TO 2013–15



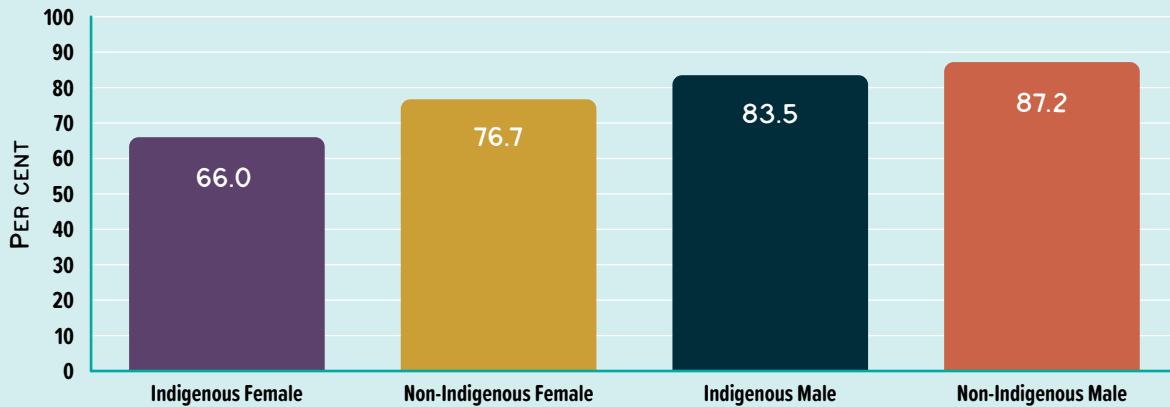
BC Vital Statistics Agency data showed that the abortion rate among young Status First Nations women age 10–19 has declined from 30.8 per 1,000 (1995–97) to 19.8 per 1,000 (2013–15). These rates were consistently higher than those of Other Residents in the same age group. A decreasing trend was also seen among Other Residents.



SELF-RATED MENTAL HEALTH

p.66

FIG 3.37 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO RATED THEMSELVES AS BEING IN EITHER "GOOD" OR "EXCELLENT" MENTAL HEALTH, AGE 12-18, BY SEX, BC, 2013



Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12-18 living in BC. "Female" and "Male" reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided.

Source: McCreary Centre Society, Adolescent Health Survey, 2013. Prepared by FNHA, 2020.

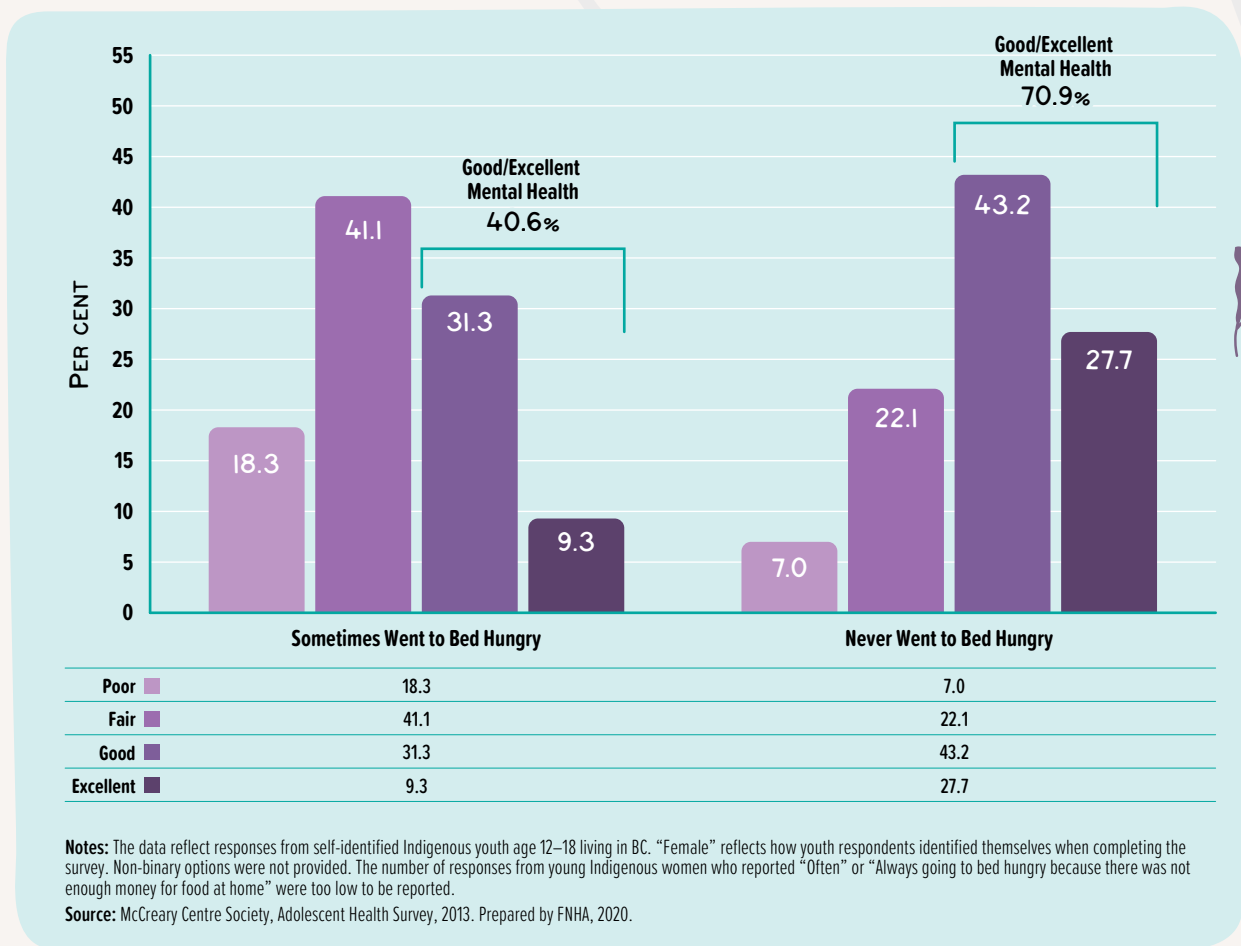


The AHS (2013) showed that 66.0% of young Indigenous women age 12-18 reported "good" or "excellent" self-rated mental health. This was the lowest proportion compared to young non-Indigenous women (76.7%), as well as young Indigenous (83.5%) and non-Indigenous (87.2%) men in the same age group.

Many young First Nations women living across BC are happy and thriving in connection with their communities and the land. But for some, intergenerational trauma and socio-economic inequities related to the effects of systemic discrimination, colonization, residential schools, land appropriation, Indian hospitals, and child welfare intrusion have caused significant harms and stresses. Young women impacted by these adverse experiences either directly or indirectly face greater barriers when it comes to establishing and maintaining balance in their lives. They are also more susceptible to problems associated with their mental wellness.⁷

- *Sacred and Strong: Upholding our Matriarchal Roles* (p.65)

FIG 3.38 PERCENTAGE OF SELF-RATED MENTAL HEALTH OF YOUNG INDIGENOUS WOMEN, AGE 12–18, BY HOW OFTEN THEY WENT TO BED HUNGRY, BC, 2013



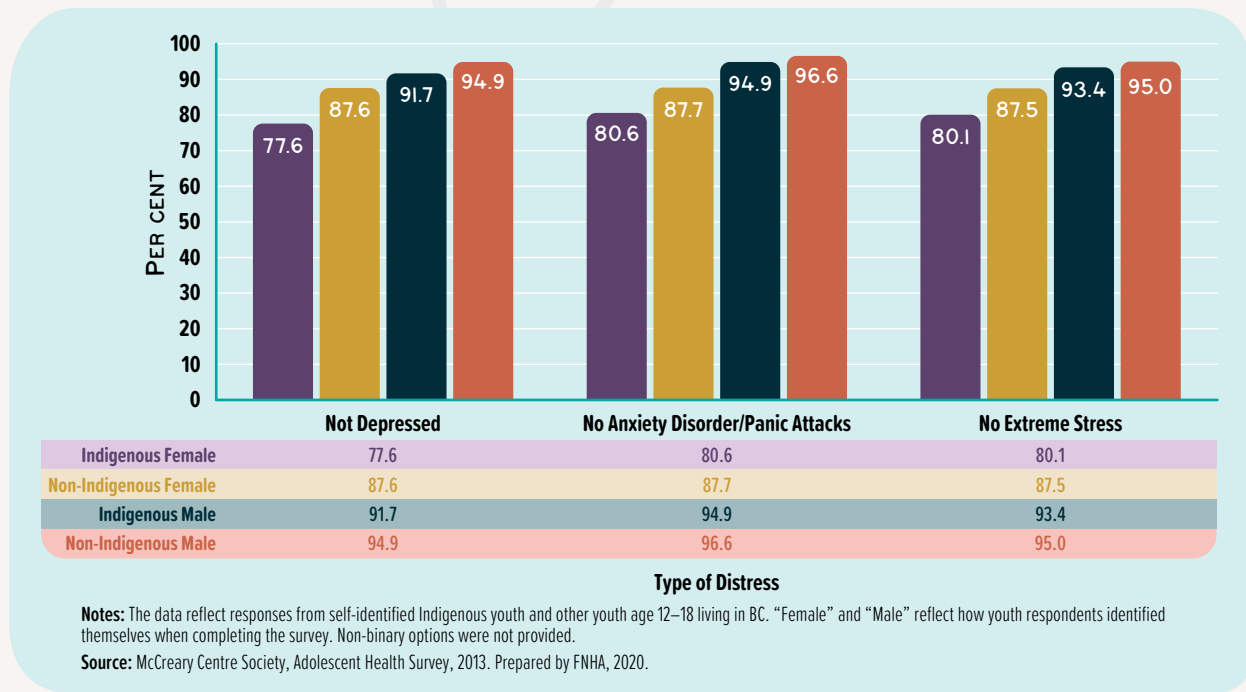
The AHS (2013) showed that, among young Indigenous women age 12–18 who never went to bed hungry, 70.9% rated themselves as being in either “good” or “excellent” mental health, in comparison with 40.6% of those who sometimes went to bed hungry. First Nations teachings affirm that “food is medicine” and that it has healing qualities for First Nations people’s physical, mental, spiritual, and emotional health.⁴¹ Providing First Nations people with access to healthy, traditional foods is especially important for improving their mental health; these foods are nutrient-dense and ground First Nations people to the land and their ancestors.⁴¹



STRESS, DEPRESSION, AND ANXIETY

p.66

FIG 3.39 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED HAVING NO FEELINGS OF MENTAL HEALTH DISTRESS IN THE PAST 30 DAYS, AGE 12-18, BY TYPE OF DISTRESS, BC, 2013



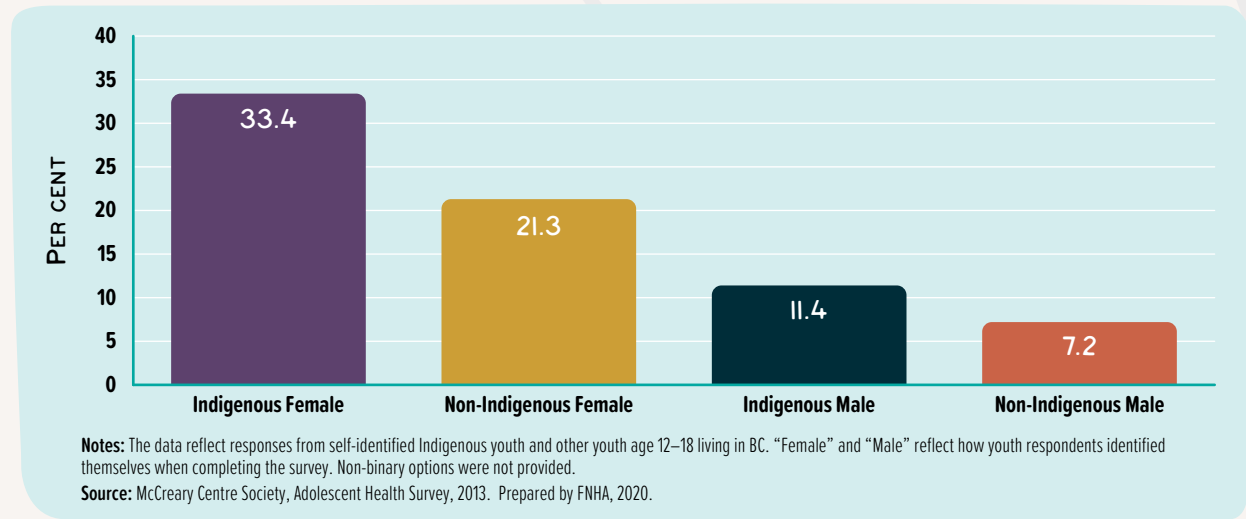
The AHS (2013) showed that in the past 30 days, 77.6% of young Indigenous women age 12–18 were not depressed, 80.6% reported no anxiety disorder or panic attacks, and 80.1% reported no extreme stress. However, these data also indicate that young Indigenous women have the highest reported proportion feeling depressed, having anxiety disorders or panic attacks, and feeling extremely stressed as compared to other groups surveyed.



SELF-HARM

p.66

FIG 3.40 PERCENTAGE OF INDIGENOUS AND NON-INDIGENOUS YOUTH WHO REPORTED THAT THEY HAD PURPOSELY CUT OR INJURED THEMSELVES AT LEAST ONCE IN THE PAST YEAR, AGE 12–18, BY SEX, BC, 2013

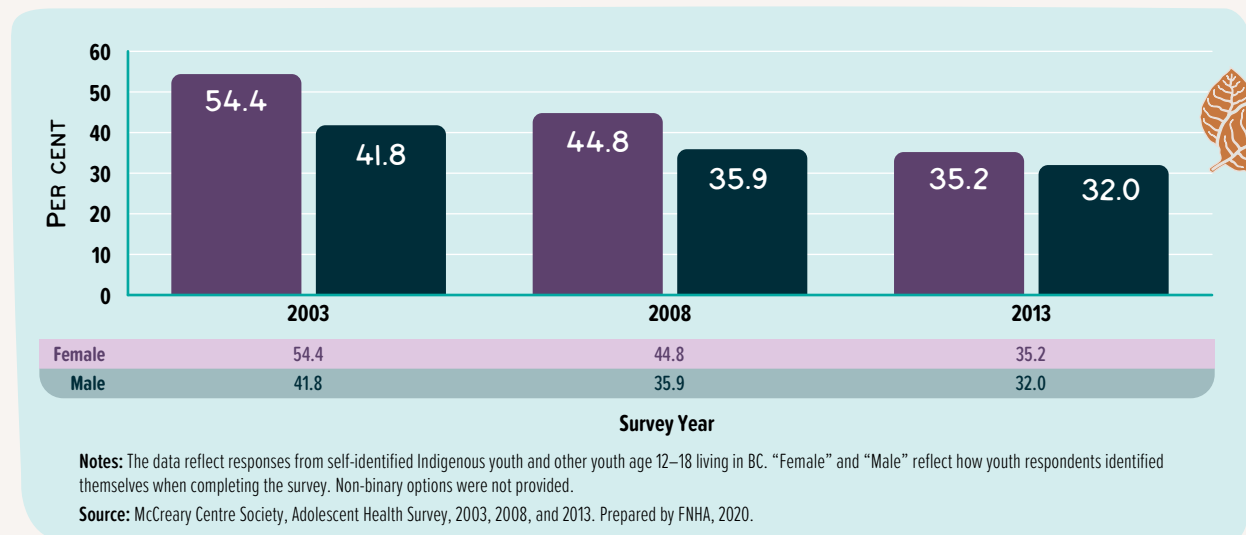


The AHS (2013) showed that 33.4% of young Indigenous women age 12–18 reported having purposely cut or injured themselves at least once in the past year, the highest proportion compared to other groups surveyed. Adolescence is a period of heightened stress for many young people, and these stresses can be particularly acute for First Nations youth who may also be experiencing disconnections with family, schooling, and their culture due to the ongoing legacy of colonization and social marginalization.⁴²

SMOKING

p.67

FIG 3.41 PERCENTAGE OF INDIGENOUS YOUTH WHO HAD EVER TRIED SMOKING COMMERCIAL CIGARETTES, AGE 12–18, BY SEX, BC, 2003, 2008, AND 2013

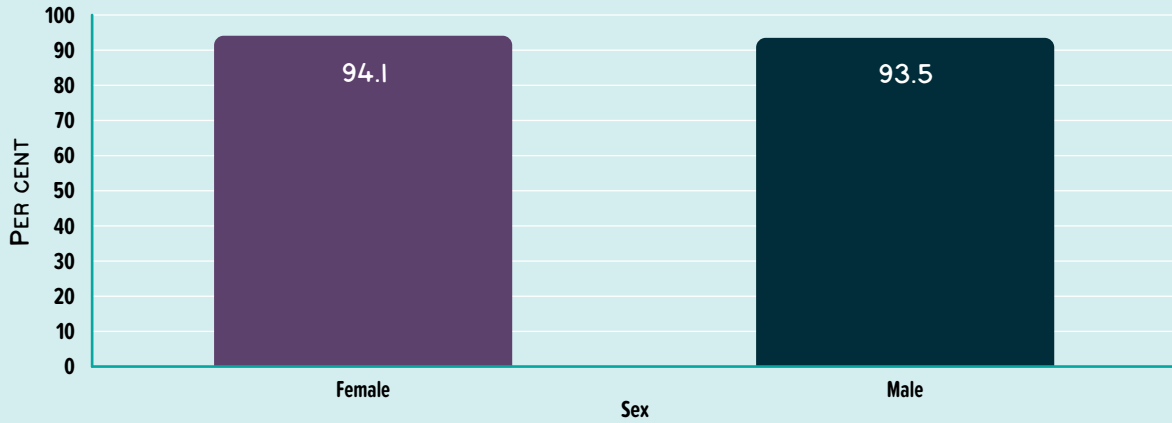


There was a decreasing trend of 19.2 percentage points among young Indigenous women age 12–18 who reported ever trying commercial cigarettes, from 54.4% (2003) to 35.2% (2013) across three cycles of the AHS. There was a similar trend among young Indigenous men in the same age group, from 41.8% (2003) to 32.0% (2013). Many First Nations use tobacco as an integral part of ritual, ceremony, and prayer. First Nations youth have demonstrated strong leadership in restoring respect around the use of tobacco and reducing rates of youth smoking.⁴³

ALCOHOL AND OTHER SUBSTANCE USE

p.68

FIG 3.42 PERCENTAGE OF FIRST NATIONS YOUTH WHO REPORTED THAT THEY ABSTAINED FROM USING ANY SUBSTANCES IN THE PAST YEAR, AGE 12–17, BY SEX, BC, 2015–17



Notes: Data reflect First Nations youth living on reserve in BC age 12–17. “Female” and “Male” reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided. Data reflect any use of the following: cocaine, amphetamines, methamphetamine, ecstasy, hallucinogens, heroin, and other specified substances (reported by respondent). Data exclude use of cannabis, inhalants, and salvia.

Source: Regional Health Survey, Phase 3 (2015–17). Prepared by FNHA, 2020.

RHS3 (2015–17) showed that 94.1% of young First Nations women age 12–17 abstained from using substances including cocaine, amphetamines, methamphetamine, ecstasy, hallucinogens, heroin, and other specified substances in the past year. In 2016, BC declared the toxic drug crisis to be a public health emergency, one in which First Nations people are staggeringly overrepresented in the number of toxic drug events and deaths.⁴⁴

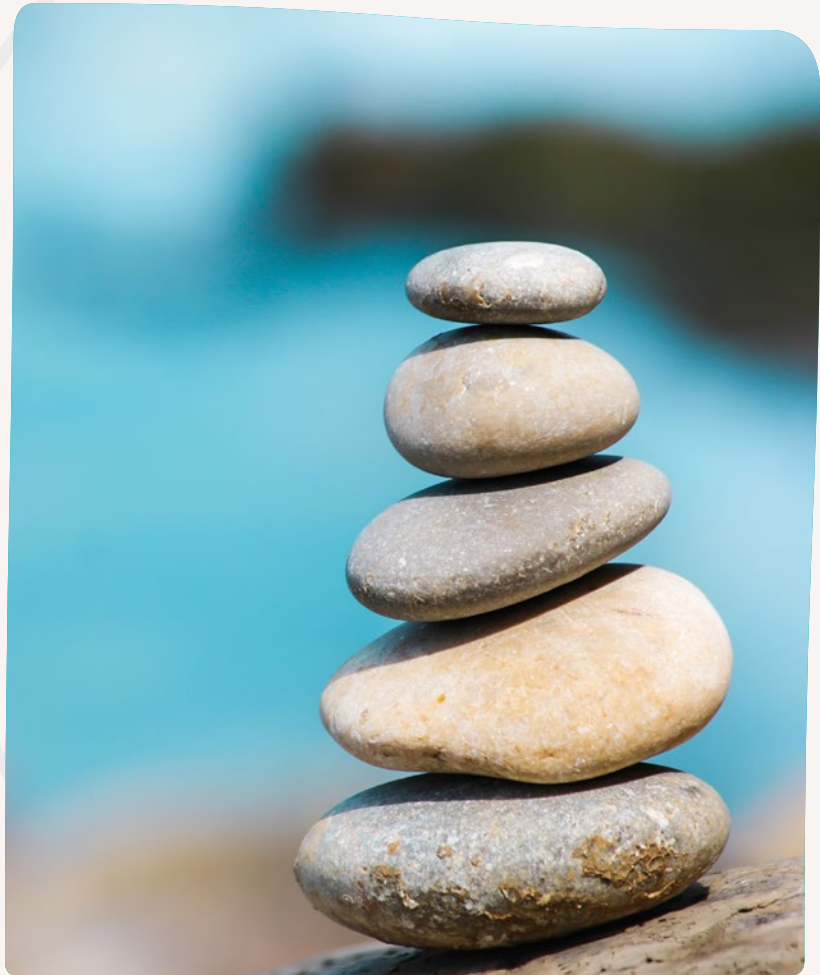
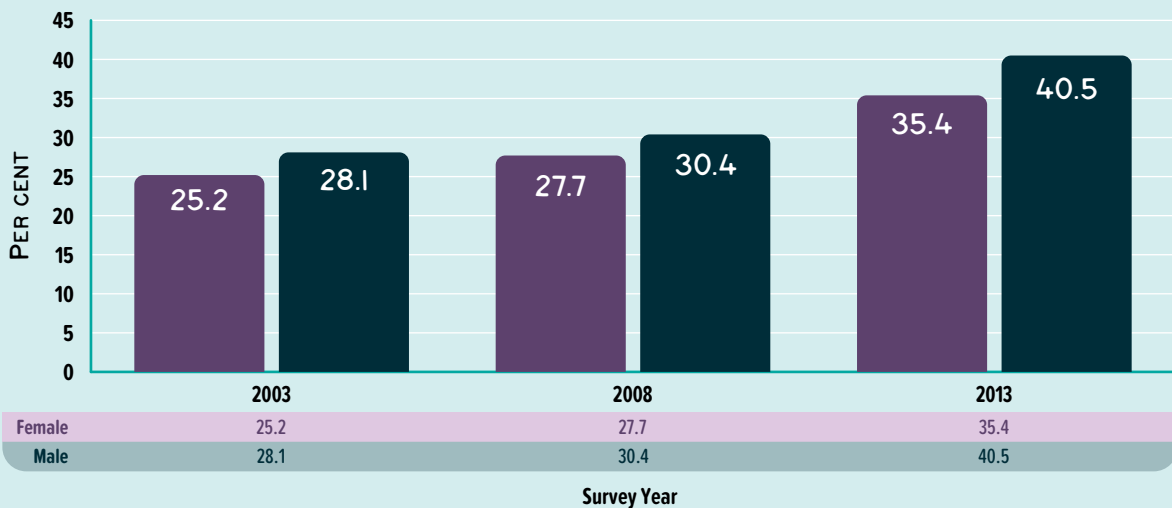


FIG 3.43 PERCENTAGE OF INDIGENOUS YOUTH WHO REPORTED THAT THEY ABSTAINED FROM USING ALCOHOL AND OTHER SUBSTANCES IN THE PAST YEAR, AGE 12–18, BY SEX, BC, 2003, 2008, AND 2013



Notes: The data reflect responses from self-identified Indigenous youth and other youth age 12–18 living in BC. “Female” and “Male” reflect how youth respondents identified themselves when completing the survey. Non-binary options were not provided. While this question was asked on each iteration of the survey, the response options were not consistent between survey cycles.

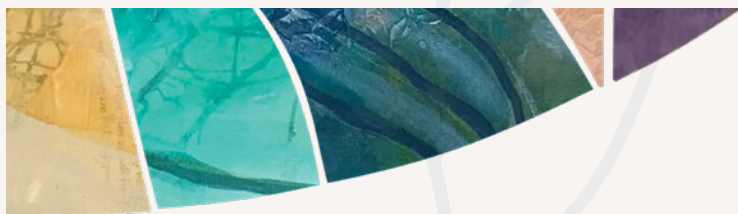
Source: McCreary Centre Society, Adolescent Health Survey, 2003, 2008, and 2013. Prepared by FNHA, 2020.

Across three cycles of the AHS, there was an increasing trend of 10.2 percentage points among young Indigenous women age 12–18 who reported abstaining from using alcohol and other substances in the past year, from 25.2% (2003) to 35.4% (2013). Higher proportions were reported among young Indigenous men, following the same increasing trend over time. Indigenous youth use alcohol and other substances for a wide variety of reasons.⁶ Youth living with trauma and intergenerational trauma may use substances to try and numb the pain they feel and temporarily relieve emotional distress;⁴⁵ however, having a supportive adult in their lives helps protect youth from harms related to substance use.^{6,46,47}

“I was really struggling with a bad addiction to alcohol and I was using some other types of drugs. I went down to the fire pit and talked to an Elder and we’re talking for a bit and she told me to keep on going in life. Just talking to an Elder will help you to go on the right pathway and sometimes life gets hard, but you keep on going and don’t give up because everybody cares about you and you’re a warrior, you should stay strong. Talk to an Elder, or a teacher, or somebody that really cares, ‘cause I matter, you matter, we matter.”

- Mary Modeste, Coast Salish, Quwut’sun (Cowichan) Territory

- Sacred and Strong: Upholding our Matriarchal Roles (p.68)



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