

Missing and Murdered Indigenous Women in Canada: *Implications for Mental Health Practice*

In 2019, the National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIWG) found that Indigenous women, girls and Two Spirit people have been subjected to alarming levels of violence that meet criteria for some definitions of genocide. Racism, sexism and the violation of Indigenous sovereignty, both historic and ongoing, has created conditions in Canada where “Indigenous women and girls are 12 times more likely to be murdered or missing than any other women in Canada, and 16 times more likely than Caucasian”. As healthcare workers, it is important that we incorporate the Inquiry’s calls to actions into our practice. To this end, this document aims help us better serve Indigenous women, and in so doing, make our services safer and more accessible generally.

Translating the NIMMIWG calls to action into mental healthcare practice

- Indigenous people are experts in caring for and healing themselves. Offer connection to Indigenous led services and cultural programs wherever possible.
- Healthcare for Indigenous people must include support for healing from unresolved trauma.
- Supporting Indigenous people in accessing Indigenous centred suicide prevention, sexual trafficking awareness/ intervention, relationship/ gender diversity, healthy relationships, and mental health awareness wherever possible.
- Healthcare works should be provided with ongoing training in the history of colonialism , the genocide of Indigenous peoples, anti-racism, and local cultures, languages and healing practices.
- Support Indigenous people in

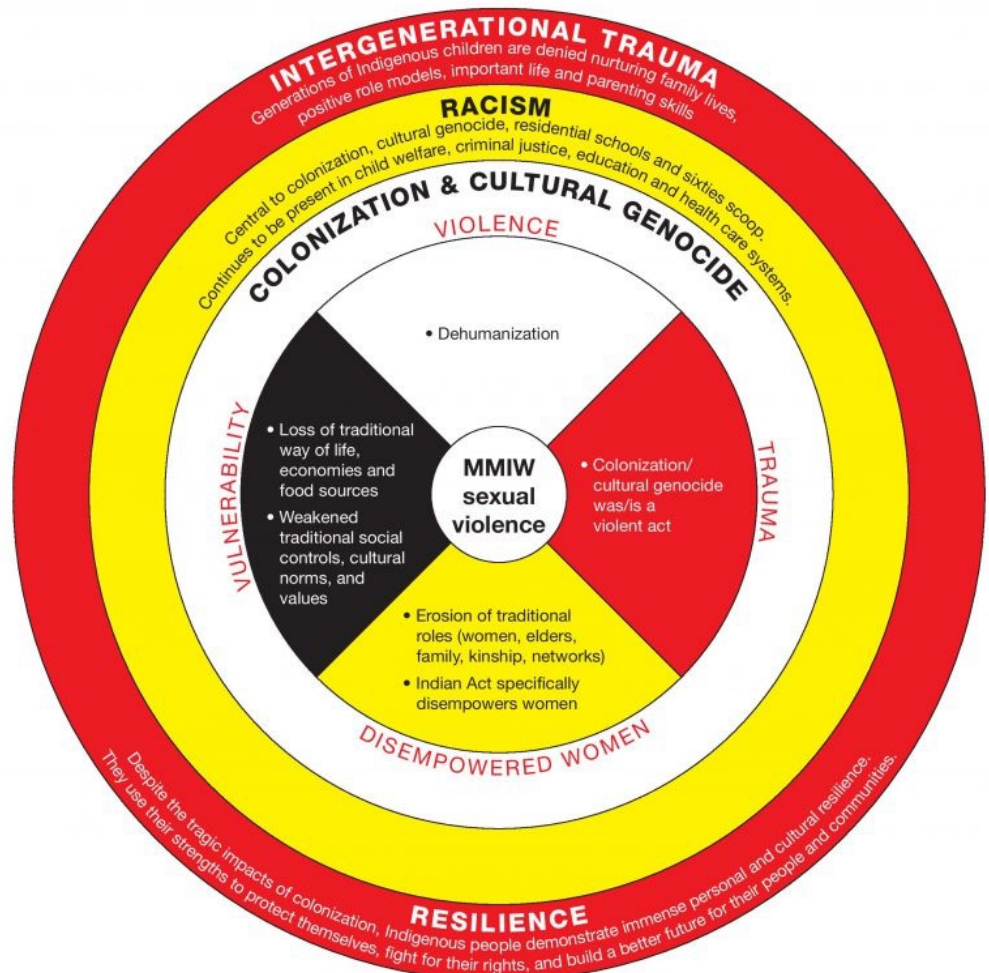
initiative that might enable them to work in health and wellness sectors in their own, possibly remote, Indigenous communities.

- Indigenous people must be offered more training opportunities in the healthcare sector.
- Healthcare workers engaging with Indigenous youth should offer education/ information around grooming of children and youth for sexual exploitation

Developing an Indigenous Centred Understanding of Trauma informed care:

For more info on Trauma Informed care and Gender Based Violence generally, please see [the Women’s Mental Health at the Royal flyer on Addressing Sexual Violence & Intimate Partner Violence in Practice](#).

An understanding of trauma, and trauma informed care is crucial to working with Indigenous people. For Indigenous women, this must also comprise an awareness of the gendered aspects of colonial violence as it manifests in the Canadian context. Understanding this, along with the history of institutionalized violence, clinicians must work to



reduce the potential for re-traumatization. By listening, displaying allyship, watching for signs of anxiety, working collaboratively, showing sensitivity, and advocating in circumstances where current models of care perpetuate injustice, clinicians are well positioned to do some of the important work/ repair necessary for reconciliation. Further, an understanding of historical colonial injustice, at least of the territories in which a practitioner is working, should be considered part of a trauma informed practice.

Possible Signs of Grooming:

- When a vulnerable person is being “love-bombed”: showered with gifts, needed items, substance, attention etc.
- When a vulnerable person is subject to the authority/control of someone else, and suddenly has access money/ resources while being simultaneously isolated from other family or friends.

Signs of Trafficking in the Healthcare context

Work toward trust and inquire about safety when you see much of the following:

- Acute injuries
- Nervousness
- Frequent texting
- STI's
- Fear of their potential trafficker
- Low self esteem and feelings of shame
- Lack of trust
- Lack of awareness about their situation/ exploitation
- Frequent bruising or visible burns
- Substance use

Positionality & Reflection for Practice:

- Are you aware that the Royal is located on the Algonquin Anishnaabe Territories ([click here to learn more](#))?
- Did you know that the term Indigenous encompasses many distinct groups generally divided up as First Nations (630+ distinct groups), Métis and Inuit?

- How do we address positionality in our practice (what dynamics of power might influence or complicate our interactions with Indigenous people)?
- Are there areas of our practice where empathetic listening, collaboration, and validation could be more consistently applied?
- Could clearer communication around intervention and consent be implemented in our practice?
- How can we honour and validate that Indigenous women, girls and gender diverse people are loved and valued members of our community?

Useful Resources:

[San'yas Anti-Racism Indigenous Cultural Safety Training Program](#) offers training specifically for health care workers looking to provide services to Indigenous communities.

First Nations and Inuit people with status can access funded access to mental health support through the [Non-Insured Health Benefits Program offered by Indigenous Services Canada](#).

In Ottawa, [Minwaashin Lodge](#) offers a variety of mental health specific services and cultural supports for Indigenous Women.

This organization also runs [Oshki Kizis](#)- a shelter for Indigenous Women fleeing violence ([consult this document on IPV](#) for more information on how to help someone access a VAW (Violence Against Women) sector shelter in Ottawa).

[Wabano](#) offers a variety of services to Indigenous people in the Ottawa area. Notably, they have a health clinic offering primary care, a variety of mental health services and culturally specific supports.

[Akausivik](#) is the Inuit specific Family Health Team. Offers primary care for Inuit people living in the Ottawa region.

[Tungasuvvingat Inuit \(TI\)](#) offers a variety of services to the Inuit population of Ottawa including mental health support and cultural/ language specific programming.

[Tewegan](#) offers transitional and communal housing for Indigenous youth from 16-29, a safe and “culture-oriented environment”.

