Thursday, November 14, 2024

Marriott CF Toronto Eaton Centre









SEXUAL AND
GENDER
DIVERSITY
AMONG MÉTIS
YOUTH:

Challenging Stigma & Celebrating Resilience



HELLO-BOOZHOO!

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Assistant Professor in Psychology, U of Guelph Faculty Member, University of Guelph-Humber

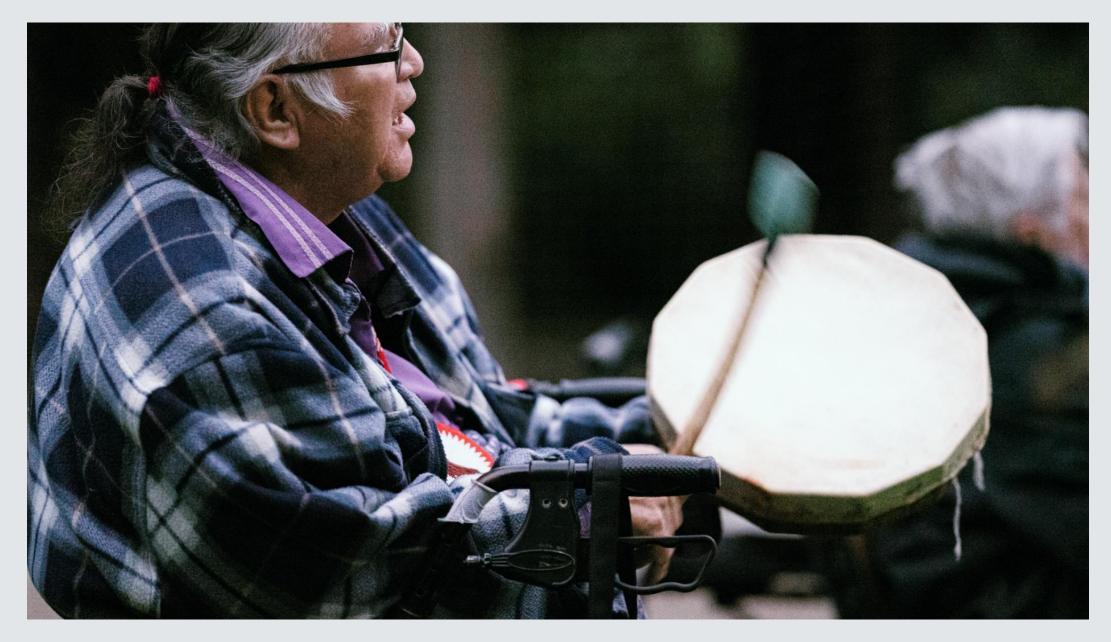
Clinical & Forensic Psychologist
Parkdale Psychology
Anishnawbe Health Toronto





Helpers!
(Who is in the room with me.)





Elder Dan Smoke

photo credit: Jason Plant

WHAT'S NEW

OUR CAPITAL CAMPAIGN

Anishnawbe Health Toronto has purchased, for a nominal fee, 2.4 acres of land in the West Don lands (Block 10) from The Province of Ontario which will be the site of the new Indigenous Health Centre. This prominent site was part of the 2015

PanAm/ParaPanAm Games Athletes' Village, and is adjacent to the thriving Distillery District, the new Cherry Streetcar line and near the popular Corktown Common. The new Anishnawbe Health Toronto building will be the first project on the site of a new Indigenous Community Hub for the city at this location. Anishnawbe Health Foundation is mounting a campaign to fund the building and to support programs at the new Centre.



www.aht.ca



GUELPH-HUMBER

Current Students

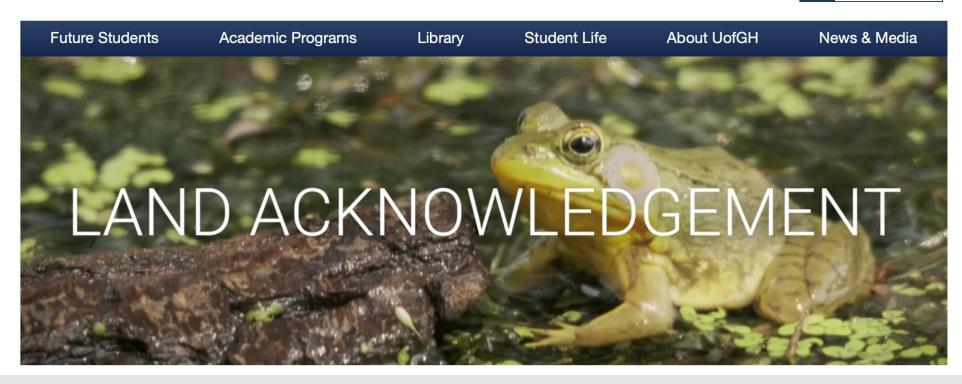
Faculty

Staff

Alumni

Others

Q & Quick Links



COURSE GOALS (FOR MY STUDENTS)

 $\begin{array}{c} 1 \\ \hline 1 \\ \hline \end{array}$

Consider sociopolitical contexts that impact Indigenous mental health Consider how these contexts relate to encounters with the helping professions

Reflect on the unique ethical considerations of Indigenous-non-Indigenous relations

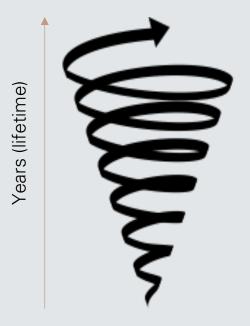
Grow your selfunderstanding and personal processes as they relate to the course materials

AN ETHICAL JOURNEY...

Critical Personal Reflection

Critical Cultural Reflection

Mental Health in Context



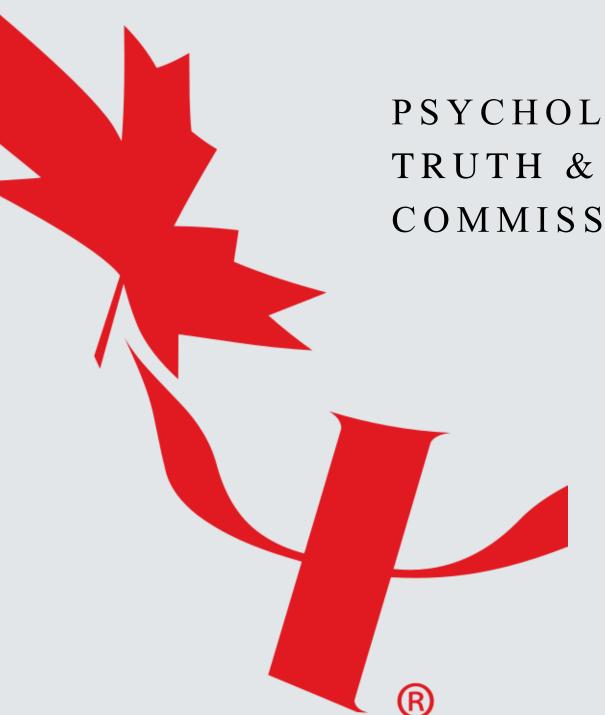




Psychology's Response to the Truth and Reconciliation Commission of Canada's Report

A report of the Canadian Psychological Association and the Psychology Foundation of Canada

Prepared by the Task Force on Responding to the Truth and Reconciliation Commission of Canada's Report



PSYCHOLOGY'S RESPONSE TO THE TRUTH & RECONCILIATION COMMISSION OF CANADA'S REPORT

OUR ETHICAL CODE:

- Respect for the Rights and Dignity of Persons and People
- Responsible caring
- Integrity in relationships
- Responsibility to society

CANADIAN PSYCHOLOGICAL ASSOCIATION

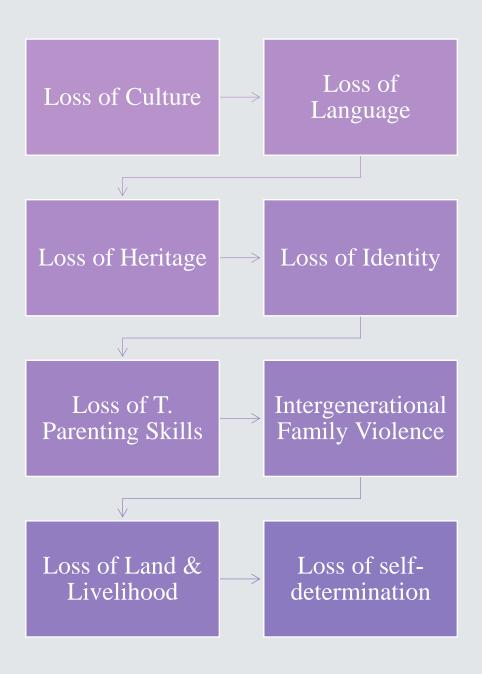


SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

STATEMENT OF APOLOGY As we acknowledge a **failure to meet our own ethical standards**, the profession of psychology in Canada must also acknowledge **our history of having caused harm toward Indigenous P**eoples. We acknowledge that these failings have roots as far back as the development of this profession in Canada. We apologize for not opposing discriminatory governmental policy. We apologize for colluding with policies and laws that have promoted the marginalization and oppression of Indigenous Peoples. We apologize for grounding our approaches to assessment and treatment in epistemologies and research that have little relevance to Indigenous Peoples. We apologize for the lack of acknowledgement of cultural and historical contexts of Indigenous Peoples in Canada in our professional work, and our failure to name the unjust impacts of our governmental policies on Indigenous Peoples. Although as a profession we have a strong commitment to healing in ways that are empirically supported, we have been biased, irresponsible and disrespectful to Indigenous Peoples in Canada in the manners described here. We apologize for failing to be supportive allies and advocates to Indigenous Peoples.

HISTORY: SETTLER COLONIALISM & COLLECTIVE TRAUMA

Haskell, D., & Randall, M. (2009). Disrupted attachments: A social context complex trauma framework and the lives of Aboriginal peoples in Canada. *Aboriginal Journal of Health*, *5*(3), 48–99.



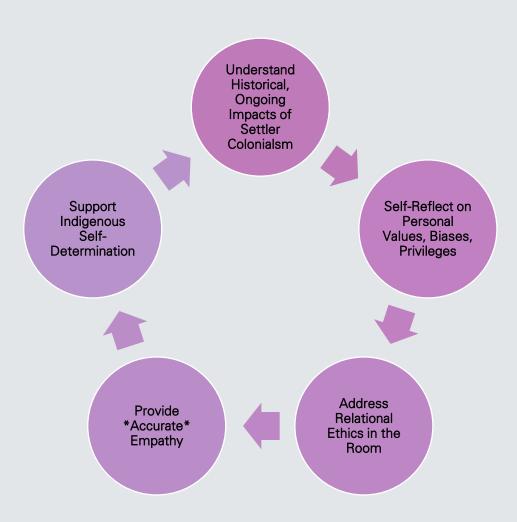
SELF-DETERMINATION



Cultural continuity as a hedge against suicide in Canada's First Nations.

Chandler, M. J., & Lalonde, C. (1998). Transcultural psychiatry, 35(2), 191-219.

INTERSECTING COMPONENTS OF "CRITICAL EMPATHY"



Allison Reeves & Stephanie Day

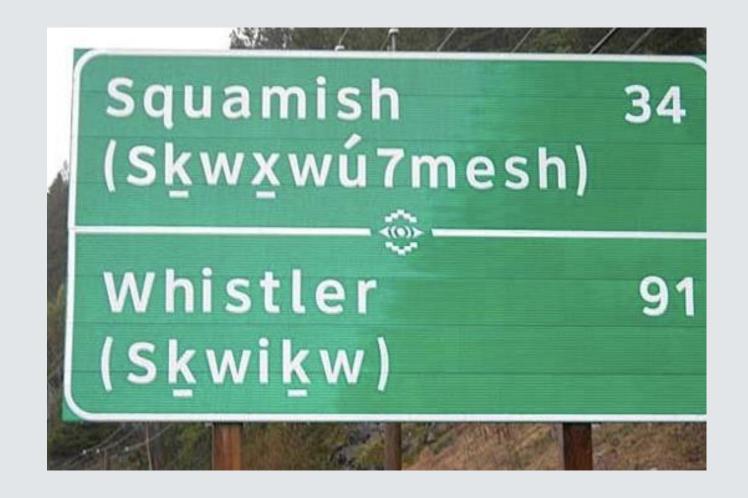


RECONCILIATION

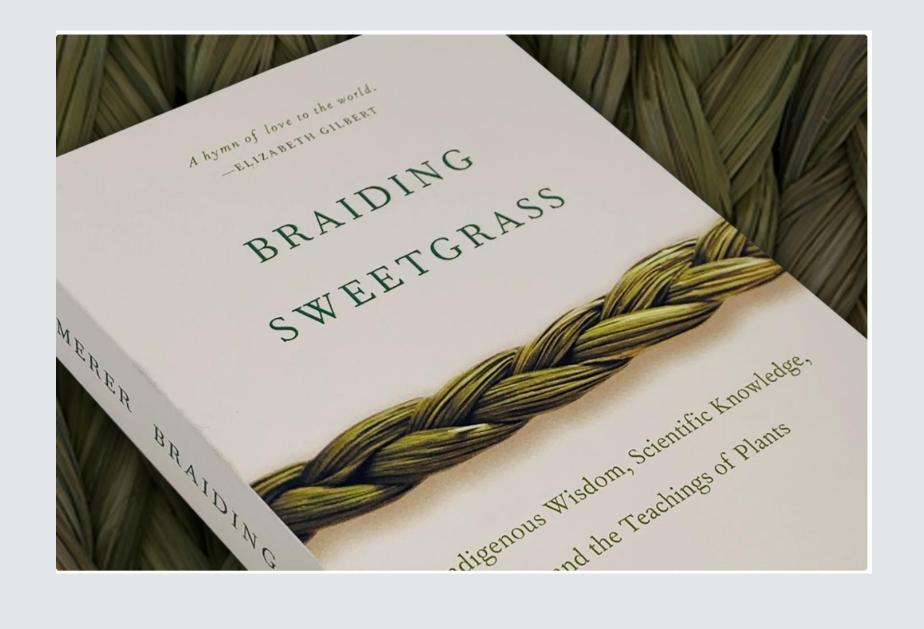
Reconciliation includes anyone with an open heart and an open mind, who is willing to look to the future in a new way. Let us find a way to belong to this time and place together. Our future, and the well-being of all our children, rests with the kind of relationships we build today.

Survivor Chief Dr. Robert Joseph

I'll know that reconciliation is happening in Canadian society when Canadians, wherever they live, are able to say the names of the tribes with which they're neighbours; they're able to pronounce names from the community, or of people that they know, and they're able to say hello, goodbye, in the language of their neighbours...because the language comes from the land...the invitation to you is to learn that and to be enlightened...be informed by our ways of thinking and knowing and seeing and understanding.









SHINING MOUNTAINS

Shining Mountains provides a wide range of community services for Métis people at risk for, and who are living with, HIV/AIDS and/or HCV, homelessness, domestic violence, and addictions.

This project was spearheaded by Shining Mountains.

Microsoft Teams

Kandace & Allison

2024-11-05 20:50 UTC

Recorded by

Organized by

Allison Reeves

Allison Reeves

Community Research



This project came together as a community-based research endeavour. Under the guidance of the Métis Wellness Advisory Council, this Red Deer-based project sought to explore youth and Elders' experiences around sexuality- and gender-related stigma, as well as to identify if there are culture-based teachings from Elders and youth related to coping and resilience for positive sexuality and gender identity.

With additional ethical approval from the University of Guelph and the University of Victoria, the project ran from 2022-2024.



What is stigma!

Systemic discrimination.

When something in society is seen as "bad" or "shameful", we build negative views around it. For example, if I tell you I have HIV, you may develop negative views toward me, you may treat me with disrespect, or you may discriminate against me.

Other examples include racism, homophobia, & transphobia.

What's worse is that other peoples' negative reaction or treatment of me makes me feel bad about myself.

In this way, stigma hurts our relationships with ourselves.







SEXUALITY & GENDER

People who are diverse in terms of sexuality and gender (2SLGBTQ+) face stigma and discrimination, causing mental health vulnerabilities.

These challenges can be layered when you add Métis identity & racism.

FIRST WORKSHOP













- Discussions on stigma
- Interviews
- Sash making

SECOND WORKSHOP



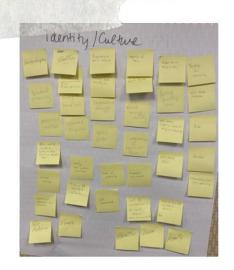
- Community-based data analysis
- Creation of visual research results

Resilience











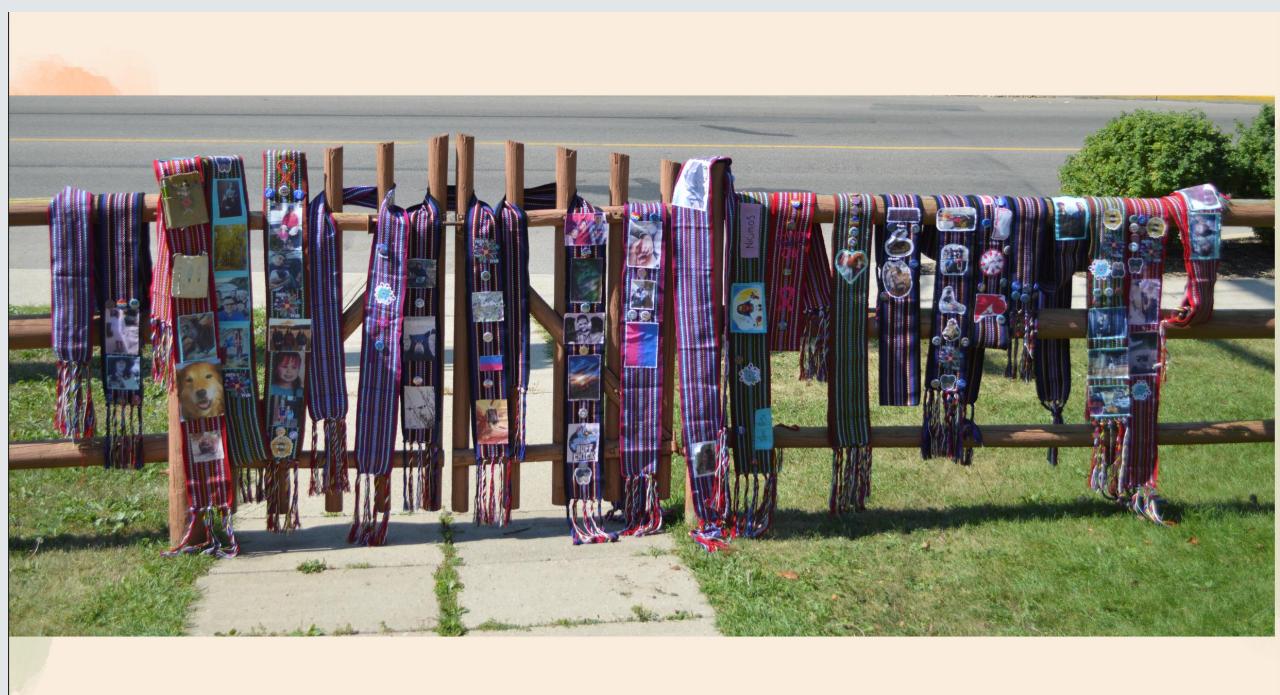
THIRD WORKSHOP

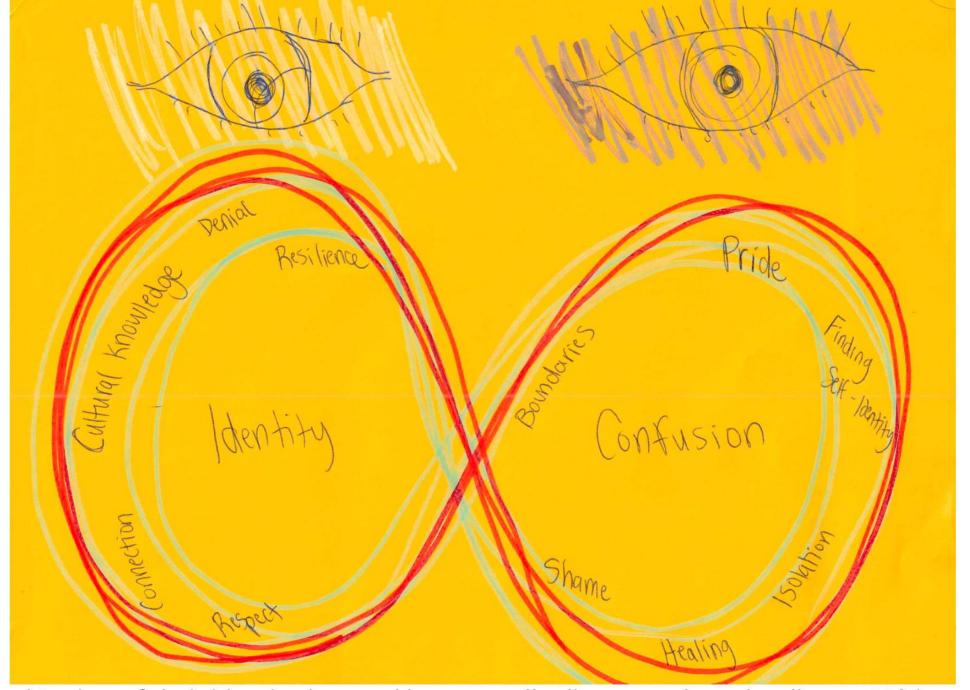
- Creation of knowledge sharing plan
- Mural design
- Academic papers
- Preparation for podcast







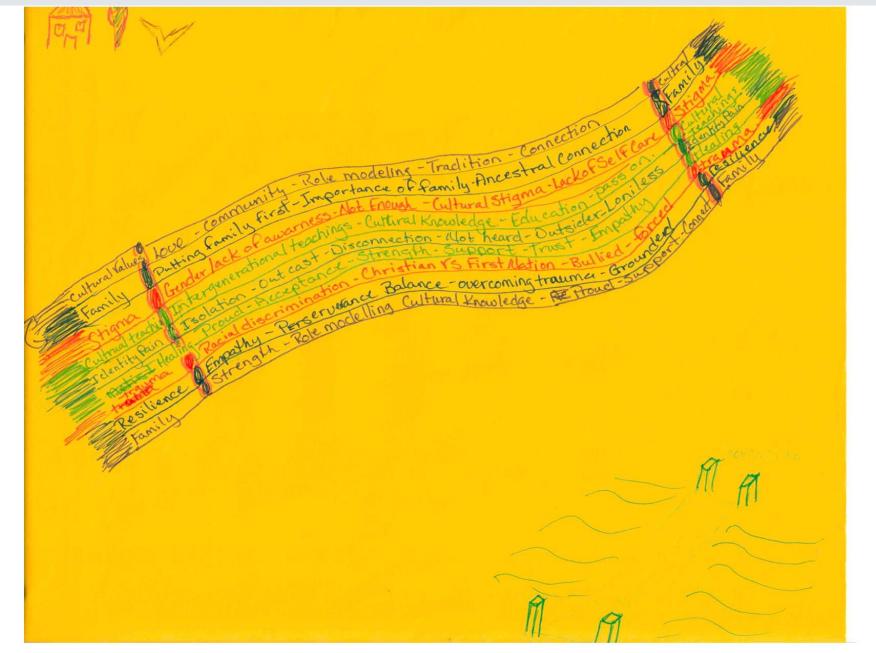




A youth's view of their identity (created by a sexually diverse and gender diverse Métis youth)



A youth's view of colonial harms



A Métis adult's view of stigma & healing, represented through the sash



What was discussed?



Layers of Stigma

RACISM, HOMOPHOBIA, TRANSPHOBIA

Diversity of Experience

AGE, RURAL VS. URBAN, FAMILY, WORK, ETC.



*Experiences of discrimination and alienation, physical and verbal assault; dealing with stereotypes; feeling essentialized

*Fear of losing connections by coming out; Lateral violence (from Métis & LGBTQ+ community); Silence around mental health

"My best friend completely ghosted me right after I came out to her"

"I basically cut myself off from everyone [because of stigma]."

"I've had parents say I'm not allowed near their kids...It's very discriminatory...Just seems unfair, the stereotype...its extremely hurtful."

"I've been told, 'You're going to hell if you do anything!"" (In reference to same-sex sexual encounters)

When coming out as gender queer: "I have to defend myself again...convince others I'm human enough"

People think, "there's something wrong with you—something tragic must have happened to you if you're gay".



From a "Vintage" participant:

They shared that they experienced stigma as an "every week kind of experience" in their life. They offered a range of examples of stigma, including people driving by and yelling the "f" word (the derogatory term for gay person), and being seen as a "pedophile" or a "man in a dress", as well as experiencing homophobia from within the Métis community.

"I think it scares some people just by being who I am. I mean, that's the definition of phobia, right?"



Identity

*We all have a need to belong. Many participants felt they walk in two worlds but don't always belong in either.

*Participants shared a need to connect to Métis pride and to celebrate (traditional) Indigenous diversity

"I was always too Native for the White people in my class...but the Native kids wouldn't [hang out with] me because I was too White for them". She found comfort in regularly attending a Métis summer camp, "where there were other people like me—it was amazing".

"Our son is learning about our heritage, what has happened, and being able to share it with him helps as well."

"Today I shrug it off and say, I am gay. I am human. If you have an issue, it's your issue because I can live with myself."

"I'm going to wear my sash. I know what it represents."



MÉTIS PRIDE SASH





From an Elder participant:

"I'm a proud Métis man. I'm also a proud Métis gay man. I am Métis. I am distinct [...] I am unique. If you don't walk on the path you're meant to walk, you will never experience happiness. I am gay. I am human...if you have an issue, it's your issue, because I can live with myself...Who do you think made me? God made me, just like he made you."

Resilience & Healing

*Two-way generational teachings: "Things are getting better"

*Seeking non-judgemental help from family and community; connection to culture; self-compassion

"My grandpa was my hero. He was the first one I told that I liked girls AND boys and he was very accepting. He told me he didn't care who I ended up with so long as they treated me well."

One non-binary youth shared that their grandmother made them both a ribbon skirt for ceremony (typically given to women) as well as a ribbon shirt (typically given to men). They shared that due to encouragement from their grandmother they were able to "blend my Métis identify and also my gender identity,...that was cool to see it together...kind of together as Métis and queer".

Another youth shared: "I've learned a lot about what Métis People have gone through...I don't know...It helped me be way more open-minded." He goes on to share that he also applied these resiliency teachings to his life as a queer man.

"I don't necessarily feel excluded. Everyone's a lot more accepting now. Because I have a lot of trans friends. They're all accepted and supported. I use 'they/them' pronouns and some people don't know that—which is okay —but others that do...I feel pretty accepted anywhere—honestly. [...] I'm in a pretty nice friend group and a pretty good community that's not discriminatory."



Knowledge Shazing

Based on the project results, we will be creating several deliverables:

- 1) Shiring Mountains Podcast Episode on sexual and gender stigma (facilitated by Zane McArthur, Métis researcher with Shining Mountains)
- 2) Mural Creation (visual representation of healing and Métis pride), to become a portable mural for community events and/or a permanent fixture in Red Deer (facilitated by Steph Lowrie, Métis researcher)
- 3) Michif language translation of project key terms & ideas (facilitated by Carrielynn Lund, Métis researcher and Knowledge Keeper)
- 4) Academic papers (subject to MNA approval)







PROJECT OUTCOMES



- 1. **Knowledge Creation**. Research interviews revealed community-based anti-stigma understandings of positive sexuality and gender. An unintended (but happy) outcome was an examination of positive Métis identity as well.
- 2. **Building Community Research Capacity**. Community engagement was facilitated through the Métis Wellness Advisory Council, who drove the research vision, interviews, arts-based methods, data analysis, and results sharing.



MIIGWETCH!

THANK YOU!

