

Raven's Children III



Aboriginal youth health in BC

John R. Jones
2000

“The Raven Stealing the Sun’, as I see it, the Raven likes bright, shiny things so the Raven came and took hold of the Sun. This is how we get nightfall.”

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About the Artist:

Glenn George is a member of Tsleil-Waututh Nation in North Vancouver, BC. He has been a self-taught artist since childhood. His influence comes from his family and relatives in his community. He uses various techniques ranging from sketching, drawing and painting, to staining and woodwork. Currently, his main focus is with paints.

Raven's Children III

Aboriginal youth health in BC

The McCreary Centre Society is a non-government not-for-profit committed to improving the health of BC youth through research, education and community-based projects. Founded in 1977, the Society sponsors and promotes a wide range of activities and research to identify and address the health needs of young people in the province.

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ISBN: 978-1-926675-14-5

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Funding for this report was provided by the BC Ministry of Children and Family Development. Additional funding was received from the Office of the Representative for Children and Youth.

Funding for the BC Adolescent Health Survey was provided by the Province of British Columbia, Ministry of Children and Family Development; Child Health BC; Northern Health Authority; and Centre for Addictions Research BC, University of Victoria.

McCreary Centre Society thanks the Raven's Children III project Advisory Committee, the Inter-Ministerial Advisory Committee, Canadian Institute of Health Research, Public Health Nurses who administered the survey and participating school districts, principals and teachers.

Special thanks are also due to the Aboriginal youth who completed the survey, and to the youth, Elders and other community members whose participation in the development of this report is greatly appreciated. Quotes from Aboriginal youth who completed the survey and those who took part in discussions about the results are included throughout the report.

Suggested citation

Tsuruda, S., Hoogeveen, C., Smith, A., Poon, C., Saewyc, E. and the McCreary Centre Society (2012). *Raven's Children III: Aboriginal youth health in BC*. Vancouver, BC: McCreary Centre Society.

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Key findings

Aboriginal youth and adults in communities across the province discussed the data relating to Aboriginal youth health from the 2008 BC Adolescent Health Survey. They also provided input into additional analyses which were required for this report. The findings below are the ones unanimously selected as the most important to Aboriginal youth health. They are presented alongside a summary of the reflections of community members.

BC Adolescent Health Survey 2008	Community comments and feedback
Cultural connectedness	
Aboriginal students who reported high levels of cultural connectedness were more likely to report feeling connected to school and to exercise regularly.	Cultural connectedness is a strong protective factor for Aboriginal youth, and should be recognized and supported through program and policy planning, and in schools and communities. Specifically, learning from Elders plays an important role in understanding cultural teachings and values.
Language revitalization	
Aboriginal youth who spoke a language other than English at home were more likely to report a sense of cultural belonging (30% vs. 18% who spoke only English) and were more likely to be taking part in cultural practices (25% vs. 14%).	Progress is being made in BC where traditional languages are being taught in some schools in an appropriate cultural context. However, Aboriginal languages should be revitalized and recognized, especially in terms of fulfilling high school language course requirements.
Education	
<p>The majority of Aboriginal youth expected to graduate high school (76%) and most had not skipped school in the past month (61%). They were also more likely to enjoy school than in 2003 (80% vs. 76%).</p> <p>There were different protective factors for males and females which increased the likelihood that they planned to go on to post-secondary education.</p>	There is still often a lack of recognition of Aboriginal culture and history within the education system. Despite this, education is encouraged and valued within Aboriginal communities. It is recognized that sometimes young people have to leave their communities to follow their educational goals, so that they can return and make their communities stronger.

BC Adolescent Health Survey 2008**Community comments and feedback****Discrimination**

The percentage of Aboriginal youth who reported they had experienced racial discrimination decreased, from 20% in 2003 to 17% in 2008.

Although rates of racial discrimination may have decreased over time, further efforts are still needed to reduce the incidents of overt and more subtle racism that Aboriginal youth endure.

Abuse

27% percent of Aboriginal female youth had been sexually abused (similar to 2003). The percentage of males who had been sexually abused rose from 8% in 2003 to 11% in 2008. The percentage of young people reporting physical abuse rose from 20% to 25% between 2003 and 2008.

Abuse can be difficult for communities to talk about. The increased rates seen in the AHS may reflect a rise in young people identifying abuse, reporting their experiences, and having access to support services where they feel safe to disclose.

On reserve

There were differences in the health picture of youth growing up on reserve when compared to youth off reserve. For example, 23% of youth currently living on reserve missed out on needed medical care compared to 18% living off reserve, and 11% had been in government care in the past year (vs. 4% living off reserve).

However, youth living on reserve were more likely to be speaking a language other than English at home (57% vs. 31% off reserve) and to be participating in cultural practices.

The health of youth growing up on some BC reserves is being affected by federal funding cuts, which is exacerbating problems such as a lack of access to specialist health services, basic groceries and public transportation.

At the same time, youth living on reserves often experienced a greater sense of community and more opportunities to connect with their traditions and culture.

Food security

Rates of often or always going to bed hungry because of a lack of food at home ranged from 3% in the Interior to 14% in Vancouver Coastal.

Programs are needed to address the major discrepancies across the province in access to fresh and nutritious foods and affordable groceries.

Substance use

Rates of trying alcohol remained stable between 2003 and 2008, and 35% of Aboriginal youth had never tried it. Fewer students tried marijuana (54% in 2003 vs. 45% in 2008) or smoked cigarettes (49% vs. 41%).

Despite the declines seen in the survey, most Aboriginal youth felt that substance use was an issue for Aboriginal communities, and that there needs to be more awareness of the long-term effects of using drugs and alcohol.

BC Adolescent Health Survey 2008**Community comments and feedback****Accessing services**

21% of females and 15% of males reported that they had not accessed medical help in the past year when they felt they needed it.

24% of females and 10% of males had not accessed needed mental health services.

Geographical barriers and lack of practitioners limit access to a family doctor or to other physical and mental health services for some youth in the province.

Support networks

Most Aboriginal youth reported that they had friends, adults in their family and adults outside their family that they could turn to for help when they needed it.

Youth with supportive doctors, nurses, teachers, or school staff reported better health than those who approached these people for support but did not find the experience helpful.

The consistent presence of Aboriginal Education Workers is making a big difference in the lives of youth in school. They provide support, academic encouragement, and are positive role models for Aboriginal students.

Aboriginal youth in government care

Aboriginal youth who enter the care of the government have faced many challenges, yet if they had access to supportive peers and adults, the majority reported being in good or excellent health (67%), having high self-esteem such as feeling good about themselves (75%) and their abilities (82%), and having plans to continue their education.

Although there have been improvements within the care system, services still need to be improved to ensure cultural sensitivity, and to preserve contact between young people and their family, culture and community.

Building protective factors

Youth who felt they had skills; were engaged in their activities; and were connected to their culture, family and school all reported better health than youth without these factors present. This was true even for youth facing multiple barriers to healthy development.

The more youth feel that their ideas are listened to and valued, the greater their self-confidence and willingness to participate in their school and community.

Learning about their culture (such as the medicine wheel) is important to help youth figure out their way in life and ensure all the elements of their health are in balance: the mental, emotional, physical and spiritual.

Introduction

About McCreary

The McCreary Centre Society is a non-government, not-for-profit organization that aims to improve the health of BC youth through research, community-based projects and youth engagement work.

The largest survey that McCreary administers is the BC Adolescent Health Survey (AHS). The AHS is a voluntary and anonymous survey completed by Grade 7 to 12 students in mainstream public schools. The survey has been conducted about every five years since 1992. In 2008, almost 30,000 students in 50 of BC's 59 school districts completed the survey.

For the full results and details of the methodology of the 2008 survey, see *A Picture of Health* (2009) available at www.mcs.bc.ca.

About Raven's Children

Since 1998, McCreary has worked in partnership with Aboriginal researchers and community members to produce a specific report about the health of Aboriginal youth who complete the AHS. This is the third Raven's Children report and is an in-depth look at the health of the more than 3,000 young people who identified as Aboriginal on the 2008 survey.

There is a vast history of research on the health of Aboriginal peoples in Canada, and we have heard from many Aboriginal youth that they are frustrated with only hearing the negative. We were consistently reminded

that the results in this report cannot be viewed without acknowledging the ongoing impact of colonization, the Indian Act, and most notably of the residential school system. Yet we should also recognize that prior to colonization Aboriginal communities were healthier and thriving, and they still possess many positive strengths and attributes which will become even more solid as Aboriginal culture and Aboriginal peoples are treated more equitably.

Raven's Children III aims to present a balanced picture of Aboriginal youth health and to include information about how some areas of youth health can be improved. The data will be returned to Aboriginal youth through McCreary's Next Steps programs (for more details about this award-winning Aboriginal youth engagement model, please see www.mcs.bc.ca).

In the preparation of this report, we have tried to ensure that Aboriginal youth and adults were engaged in every step of the process, and have always aimed to create genuine and reciprocal partnerships with communities.

McCreary's Aboriginal research staff traveled throughout BC to facilitate discussions with groups of Aboriginal youth and adults. Listening to their voices has guided the analyses, provided context to the results, determined key findings, and helped ensure the report is as culturally sensitive as it can be. We spoke to four Elders, 45 adults and 53 youth during this process.

*“Most of my friends live on reserves,
go to school, get good grades...”*

– Youth

Our hope is that this report will provide useful information for anyone involved with Aboriginal youth, including those who are developing policies and programs which affect Aboriginal young people.

During the creation of this report, we also heard that there is an interest in looking specifically at the health of youth who identify as Métis. As a result, a fact sheet is currently being produced and will be available in 2012.

Communities included in the consultations

- A group of Elders in Abbotsford
- Cowichan Tribes Kw’am Kw’um Ththun Shqwaluwun Youth Centre
- Social workers, educators, health profession workers and community stakeholders in Kamloops
- Ki-Low-Na Friendship Society youth group in Kelowna
- Langley School District’s Aboriginal leadership group
- Nisga’a Lisims Government Youth Organizing Youth (YOY) group in the Nass Valley
- First Nations Studies students at the University of Northern British Columbia
- Social workers in Prince George
- Vancouver Coastal Health Aboriginal Child and Youth Mental Health Consultation Team
- Centre for Aboriginal Health Research at the University of Victoria
- YWCA Aboriginal Mentorship Program in Vancouver

We are sincerely grateful to the Advisory Committee of experts in Aboriginal youth health from across BC who have overseen this project, and to the youth and adults who have taken the time to share their experiences and wisdom to shape *Raven’s Children III*.

Report content

In addition to looking at the overall health picture of Aboriginal youth across BC, and considering the role of protective factors in improving their health, Aboriginal people we spoke to felt that it was important to look in more detail at the picture for youth living on and off reserve. They spoke about problems for young people living on reserve that have resulted from funding cuts and poor housing conditions, but also about the strengths that youth can gain from reserve communities (such as higher cultural connectedness).

In response to these requests we have included our results for youth living on and off reserve throughout the report and in a summary chart (see Appendix). While it is important to note that both youth living on or off reserve may both face challenges to their healthy development (such as if they experience the suicide of a family member or friend), the AHS results show that many differences in the health of youth living on and off reserve have emerged or increased since 2003.

Throughout the report, there are boxes entitled *Examples of good practice in BC*. These examples are not the only programs

*“There are some very progressive reserves
that are doing very well.”*

– Elder

and initiatives that work well in the province, but were the ones specifically mentioned by community members we spoke to in consultations.

Limitations

We would like to acknowledge some of the limitations of this report. Firstly, the AHS was not designed as an Aboriginal specific survey, and asked few culturally specific questions.

Additionally, although the survey was pilot tested with many Aboriginal students in the Lower Mainland, it may not have included items which would have captured the full experience of all Aboriginal youth in the province (e.g., there were no questions relating to hitchhiking which many people told us was a safety concern for youth in their communities). The cultural connectedness questions did not relate specifically to Aboriginal culture and therefore may have missed many of the strengths of Aboriginal community connectedness.

The survey also only captures the health picture of Aboriginal youth within BC's mainstream public school system who were in school on the day the survey was administered. It therefore may not be fully representative of all Aboriginal youth in the province.

Definitions used in this report

For the purpose of this report, the following definitions are used:

- **Aboriginal:** Any student who self-identified as First Nations (Status or non-Status), Métis or Inuit on the survey.
- **Binge drinking:** Consumed five or more drinks of alcohol within a couple of hours.
- **Regular binge drinking:** Binge drank six or more times in the past month.
- **Regular marijuana use:** Used marijuana six or more times in the past month.
- **Sexually abused:** Youth who reported that they had been sexually abused, had been forced to have sexual intercourse against their will or those who reported that they had engaged in sexual activity before the age of 12.
- **Skipped school:** Intentionally missed a full day of classes.
- **Regularly skipped school:** Skipped at least three days of classes in the past month.
- **Two-Spirit:** An Aboriginal person who carries two spirits: one female and one male. Some Aboriginal people refer to lesbian, gay, bisexual and trans-gendered people as Two-Spirited.

All associations and comparisons presented in this report are statistically significant at $p < .05$. This means there is a 5% likelihood that the results occurred by chance. All graphs and charts in this report relate to Aboriginal youth in Grades 7-12 (aged 12-19) unless otherwise stated. Graphs and charts show frequencies that are not necessarily statistically significant at every point. Where this is not obvious, it is indicated in the text below the graph.

Aboriginal youth in BC

The percentage of students in Grades 7 to 12 in BC who identified as Aboriginal rose from 7% in 2003 to 10% in 2008. Similar to 2003, almost a quarter (24%) of Aboriginal students took the survey in rural areas and 76% were in urban areas. Thirteen percent of students were currently living on a reserve (a decrease from 17% in 2003), and 23% had lived on a reserve at some point in their life.

Aboriginal students made up 23% of the youth population in the Northern region, 15% in the Interior, 12% on Vancouver Island, 7% in the Fraser and 4% in Vancouver Coastal. Almost all Aboriginal students living in BC were born in Canada (94%). Forty percent identified as exclusively Aboriginal, and the remainder reported a combination of Aboriginal and other ethnic backgrounds.

Aboriginal students who completed the 2008 AHS

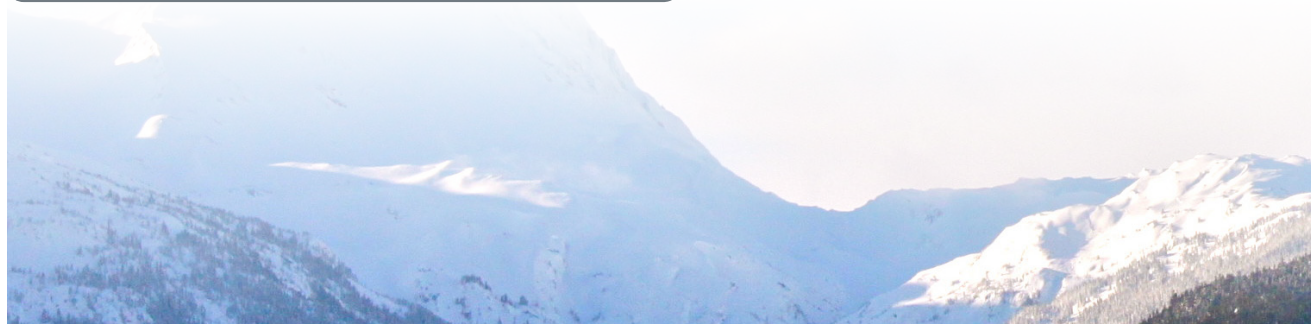
First Nations Status	37%
First Nations Non-Status	34%
Métis	24%
Inuit	3%
Other (specified band affiliations)	3%

Home life

Most students lived with their mother and/or father. One in five (20%) lived with both parents but at different times. Three percent were not living with any adults.

Youth living off reserve were more likely to be living with their parents (86% lived exclusively with parents vs. 71% on reserve), while youth on reserve were more likely to be living in homes with family members other than their parents (11% vs. 4% off reserve) or without any adults (10% vs. 2% off reserve).

Seventy-one percent of Aboriginal youth reported that at least one of their parents was home when they woke up in the morning on all of the last five school days, 48% when they ate their evening meal and 76% when they went to bed. However, a smaller percentage did not have a parent present when they woke up (10%), ate dinner (15%) or went to bed (6%) on any of those days.



More than a third (38%) of Aboriginal youth had moved homes at least once in the past year, and 12% had moved three or more times. Also, 18% had run away at some point over the past year, including 5% who had run away three or more times.

Frequently moving or running away was associated with negative health. For example, 70% of youth who moved three or more times in the past year reported being in good or excellent health, compared to 81% of those who had not moved.

Sexual orientation

Youth were asked about their sexual orientation, although the question did not include a culturally specific option such as Two-Spirited. Most Aboriginal youth identified as heterosexual (80%), 9% as mostly heterosexual, 6% as lesbian, gay or bisexual and 5% were not sure.

Language revitalization

Language revitalization was identified in community consultations as an important part of cultural connectedness and identity. Although the survey did not ask about specific languages spoken at home, it does

**Who Aboriginal youth lived with most of the time
(youth could choose more than one option)**

Mother	79%
Father	52%
Stepfather	10%
Other related adults	10%
Stepmother	5%
Other non-related adults	4%
Do not live with any adults	3%

appear that there may be an increase in language revitalization on reserve, where youth were nearly twice as likely as their peers living off reserve to speak a language other than English at home (57% vs. 31%). The rate of youth living on reserve who spoke another language at home increased from 42% in 2003.

Overall, the percentage of students who identified exclusively as Aboriginal and spoke a language other than English at home at least some of the time rose from 27% in 2003 to 37% in 2008. This rate was higher than among youth of mixed Aboriginal and non-Aboriginal heritage (37% vs. 28%).



“I was diagnosed [with diabetes] when I was ten. I exercise to keep it under control. Can’t eat that much junk food.”

– Youth

Spirituality

Just over half of Aboriginal students (52%) reported that they were not at all religious or spiritual. Eleven percent reported that they were very religious or spiritual, and females were more likely than males to do so (12% vs. 9%). More youth living on reserve identified as religious or spiritual, than those living off reserve (58% vs. 46%).

Limiting health condition or disability

Eighteen percent of females and 12% of males reported that they had a serious health condition or disability which stopped them from doing things their friends could do. Seven percent said they had a long-term illness, 6% had a mental or emotional condition, 4% had a limiting weight condition and 3% had a physical disability. Among youth with a chronic health condition or disability,

one quarter (26%) took daily medication and 12% missed a lot of school because of their chronic health condition.

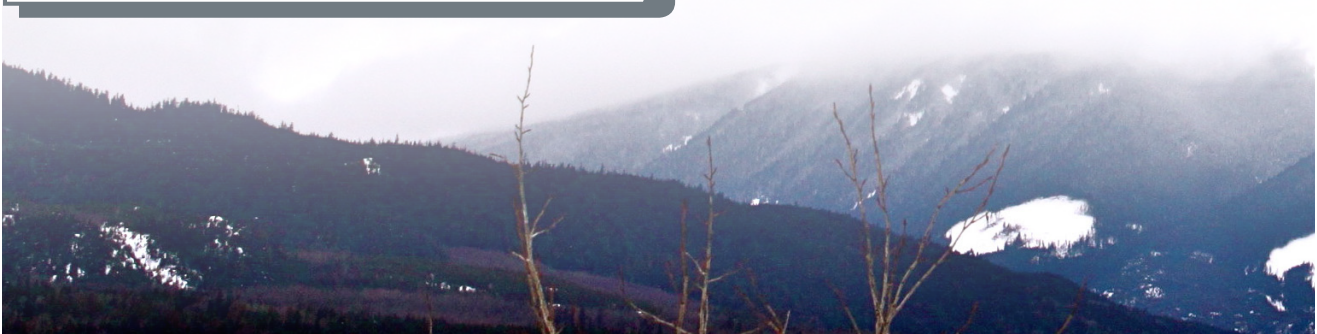
Living in poverty

When we talked with Aboriginal youth and adults in communities across BC, it was not surprising to them that the AHS results showed there were regional differences in the rates of young people going to bed hungry because of a lack of food at home. Specifically, youth in the Vancouver Coastal region were more likely than youth in other regions to say they went to bed hungry.

It was felt that people in smaller communities were often more aware if their friends and neighbours were struggling for food and this made it easier to share resources. Because of proximity and a greater sense of community, it was sometimes easier for youth in smaller

EXAMPLE OF GOOD PRACTICE IN BC

- Cowichan Tribes run a lunch program which provides food for 1,100 Aboriginal children and youth every day.



"In my community, by the time a kid is three, they can step into their backyard, catch a fish and gut it."

– Youth

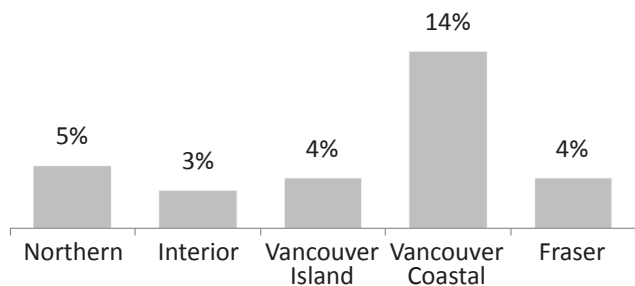
communities to be invited for meals at their friends' or other family members' houses than for those in big cities.

People also said that the high cost of living in Vancouver means that many families do not have enough money for food. In addition, they may have to travel long distances to reach a food bank, and urban surroundings prevent them from accessing food in traditional ways, such as by hunting and fishing.

Youth living on reserve were more likely than youth living off reserve to go to bed hungry often or always (16% vs. 3%), share a bedroom (20% vs. 10%), and to have no computer at home (13% vs. 3%). Also, 6% of youth living on reserve reported four indicators of poverty. Specifically, they had gone to bed hungry, shared a bedroom, had no computer and had not gone on holiday in the past year, compared to 1% living off reserve.

In BC, 27% of Aboriginal youth did not go on a holiday with their family in the past year, 11% did not have their own bedroom, 5% did not have a family computer and 5% often or always went to bed hungry because there was not enough food at home.

Aboriginal youth who often/always went to bed hungry because there was not enough food at home



Note: The only statistically significant differences were between Vancouver Coastal and the other regions.



Health profile of Aboriginal youth

“A lot of Aboriginal people are doing well because of Aboriginal helpers and support.”

– Youth

Physical health

Consistent with results over the past decade, most Aboriginal students (79%) rated their health as good or excellent. More males (34%) than females (19%) considered themselves in excellent health. Youth living off reserve were more likely to rate their health as good or excellent, compared to those on reserve (80% vs. 71%).

Although most Aboriginal students reported good health, many had experienced one or more physical ailments in the past six months such as a lot of headaches, stomach-aches, backaches or dizziness; and females

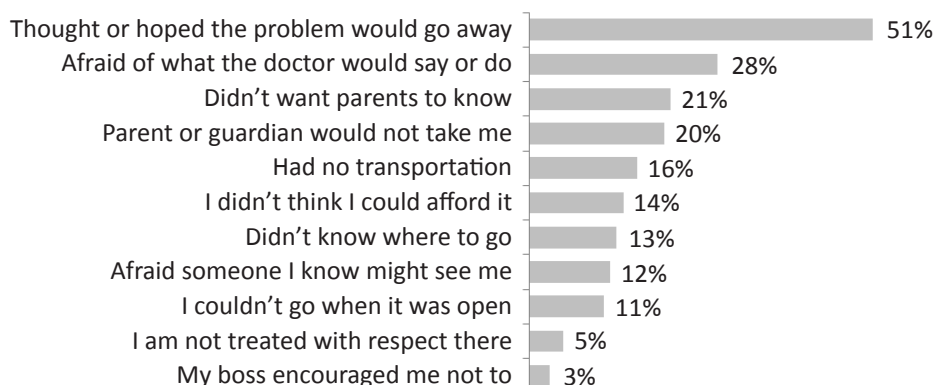
were more likely than males to do so (51% vs. 34%). Youth who felt they were under extreme strain, stress or pressure in the past month were also more likely to experience at least one ailment (e.g., headache or stomach-ache) a lot in the past six months (68% vs. 24% who felt no stress at all).

Access to medical services

The Aboriginal youth and adults we spoke with described the variability in access to medical services across the province. Although we found no regional differences in whether or not youth missed out on

21% of females and 15% of males reported that they had not accessed medical help in the past year when they needed it.

Reasons Aboriginal youth did not access medical care (among youth who felt they needed it)

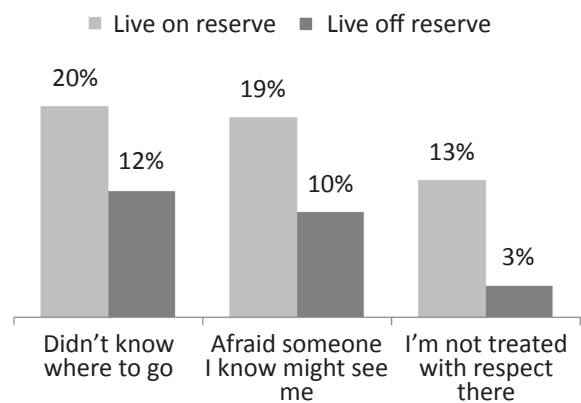


“Cost is a barrier [to health] – medications are expensive.”
– Youth

needed medical services, we did find some differences between youth living on and off reserve. Specifically, youth living on reserve were more likely to not know where to access services, be afraid someone they knew might see them, and report that they were not treated with respect there.

We heard from some Aboriginal young people that they were reluctant to seek help from services because they felt healthcare providers might perpetuate and hold stereotypes of their health needs as Aboriginal youth.

Reasons Aboriginal youth on or off reserve did not access medical care (among youth who felt they needed it)



EXAMPLES OF GOOD PRACTICE IN BC

- It is hard to access medical care in Kamloops because of a shortage of healthcare practitioners. As a result, some schools have introduced Aboriginal health programs which include nutrition and other elements to improve the health of students.
- Nisga'a peoples have transportation readily available to get them to doctor's appointments, and appointment travel clerks will coordinate more specialized services in urban centres such as Prince George and Vancouver.

“If I die in a car crash, then I die in a car crash.”

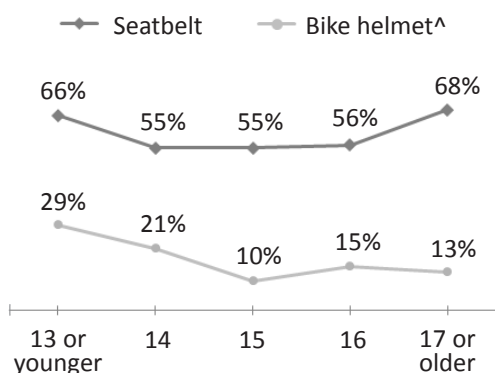
– Youth

Injuries

The percentage of Aboriginal students reporting an injury serious enough to require medical attention decreased from 42% in 2003 to 37% in 2008. More males (42%) than females (34%) reported having at least one serious injury in the past year.

The most common locations for getting injured in the past year were at a sports facility or field (30%), at home/yard (19%) and at school (17%). Injuries most frequently occurred while youth were playing or training for sports or a recreational activity (45%).

Aboriginal youth who always wore a seatbelt or bike helmet



^Among Aboriginal youth who had ridden a bicycle in the past year.

Injury prevention

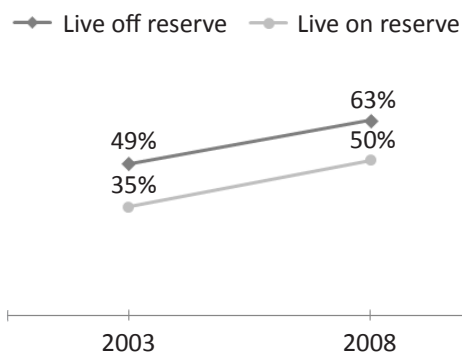
Aboriginal youth and adults told us that a disregard for injury prevention behaviour is linked to internal factors such as low self-esteem, but also to external factors such as a lack of enforcement of helmet and seatbelt laws, particularly in small or remote communities. Youth in rural communities also said they were not motivated to wear a seatbelt when driving short distances or on less crowded roads.

Similar to 2003, only 19% of youth always wore a helmet when cycling. However, there was an increase in the percentage who always wore a seatbelt when riding in a vehicle, from 47% in 2003 to 61% in 2008.

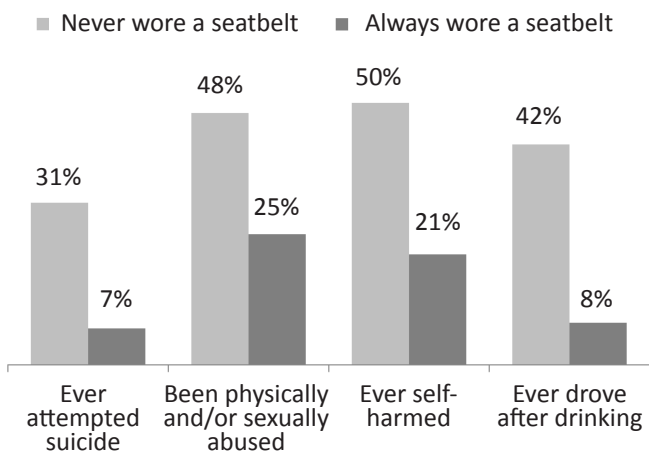
Youth living off reserve were more likely to always wear a helmet when cycling (20% vs. 9% on reserve). Always wearing a seatbelt was also more common among youth who lived off reserve, although rates of always wearing a seatbelt had risen since 2003 for youth both on and off reserve.

The rate of youth living on reserve that had driven after drinking alcohol in the past month increased from 8% in 2003 to 17% in 2008, whereas rates for youth off reserve remained stable at around 6%.

Aboriginal youth who always wore a seatbelt when riding in a vehicle



Aboriginal youth health and seatbelt use



*“If your parents aren’t eating healthy,
then you’re probably not eating healthy.”*

– Youth

Nutrition

Across the province we were told not only about the importance of good nutrition, but also about how difficult it can be for some families to access fresh fruit and vegetables and that youth may lack knowledge about how to eat healthily. Youth from Northern communities discussed the high costs and limited access to healthy food. Some areas struggled to grow vegetables or fruit (except berries) and there are no shops that sell fruits or vegetables located in or near their communities.

The AHS showed that most Aboriginal youth had eaten healthy foods on the day before they took the survey. More than three quarters (78%) ate at least one serving of fruit the

previous day, an increase from 71% in 1998. Despite this improvement, at least half of youth were not getting the recommended daily portions of fruits and vegetables. Males and females were equally likely to eat fruits and vegetables, but males were more likely to consume unhealthy foods and beverages the previous day, such as pop (63% vs. 44%) and junk food (61% vs. 47%).

Youth who were living off reserve generally reported a better diet on the day before they took the survey. Students living on reserve drank more pop and energy drinks, and ate more junk food such as pizza and chips (64% vs. 51%), and students living off reserve ate more healthy foods such as salad (72% vs. 58%) and dairy products (89% vs. 78%). The AHS also showed that more youth living off reserve drank water at least once a day (92% vs. 86% living on reserve).

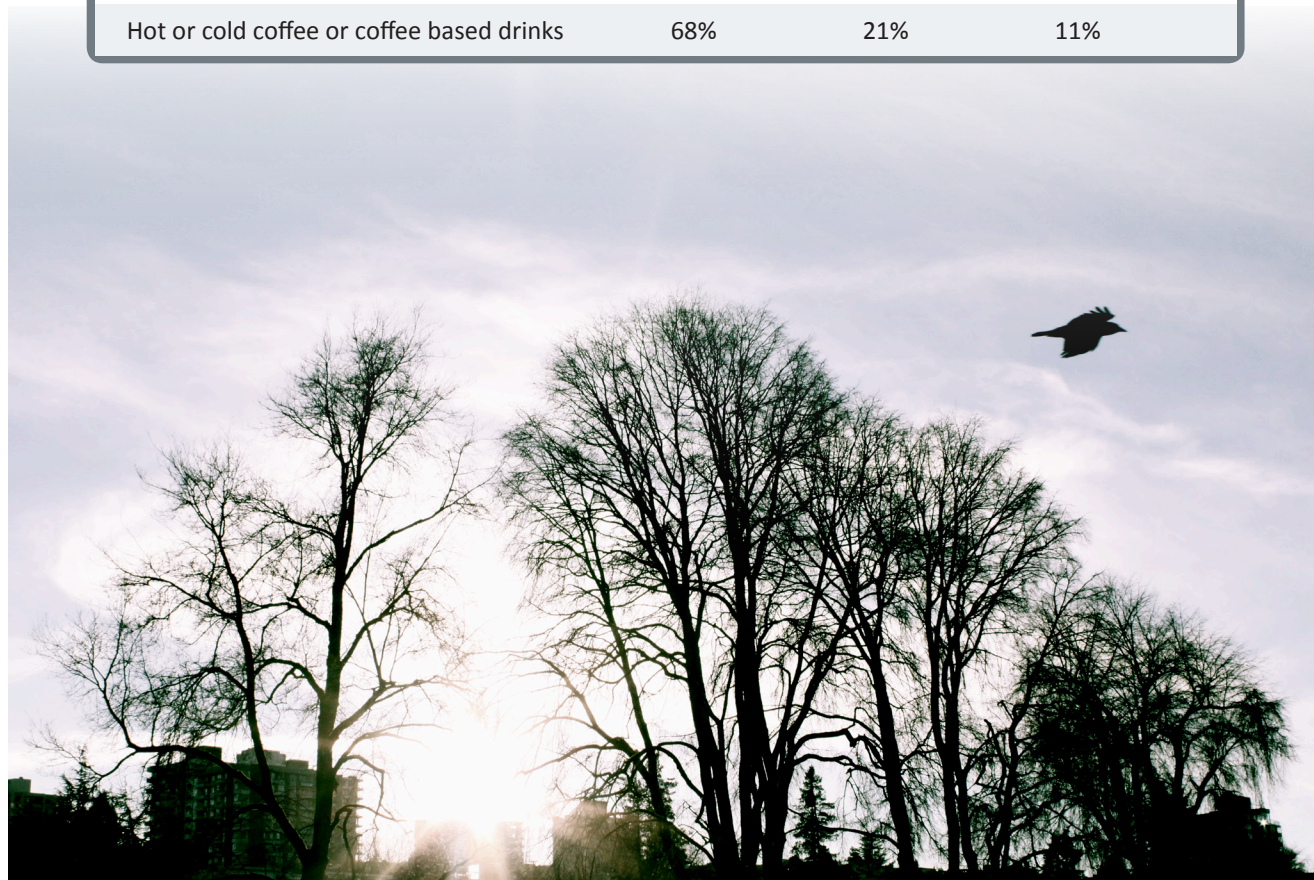
EXAMPLES OF GOOD PRACTICE IN BC

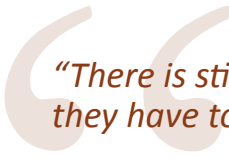
- In Langley, there is a nutrition program that introduces students to a different fruit or vegetable at each session. This helps them to try nutritious snack options that do not need to be prepared, such as kiwi fruits and cherry tomatoes.
- Many school districts offer breakfast programs and some also provide groceries to Aboriginal families that are struggling financially.

Similar to rates over the past decade, 41% of Aboriginal students always ate breakfast on school days (46% males vs. 37% females), with younger students more likely to have had breakfast than older ones. Among youth who always ate breakfast on school days, 88% said they had good or excellent health, compared to 63% who never ate breakfast.

What Aboriginal youth ate and drank yesterday

	No	Yes, once	Yes, twice or more
Water	9%	23%	68%
Fruit	22%	39%	40%
Green salad or vegetables	30%	43%	28%
Milk, cheese, yogurt	13%	39%	48%
Cookies, cake, donuts, chocolate bars	39%	46%	15%
Pizza, hot dogs, potato chips, French fries	47%	40%	13%
Pop/soda	48%	38%	15%
Energy drinks	80%	12%	8%
Hot or cold coffee or coffee based drinks	68%	21%	11%





“There is still a lot of girls who think they have to look a certain way.”

– Youth

Weight & body image

Youth who took part in the community consultations told us about the pressure on males to be strong and muscular and the even greater pressure on females to be thin *“like the models.”*

According to youths’ self-reported height and weight, their body mass index (BMI) indicated that almost three quarters (73%) of Aboriginal youth were a healthy weight, 17% were overweight, 7% were obese and 4% were underweight.

Females were more likely than males to be a healthy weight (77% vs. 68%) and less likely to be overweight or obese (20% vs. 28%), but were half as likely to be very satisfied with how their body looked (10% vs. 20%). More than a third (37%) of healthy-weight youth were trying to lose weight, and 14% were trying to gain weight.

Youth living off reserve were more likely to be a healthy weight (74% vs. 60% on reserve), whereas more of those living on reserve were obese (16% vs. 6% off reserve). The percentage of obese youth living on reserve doubled from 8% in 2003 to 16% in 2008. This is particularly concerning as obesity is strongly linked to developing diabetes and other health problems.

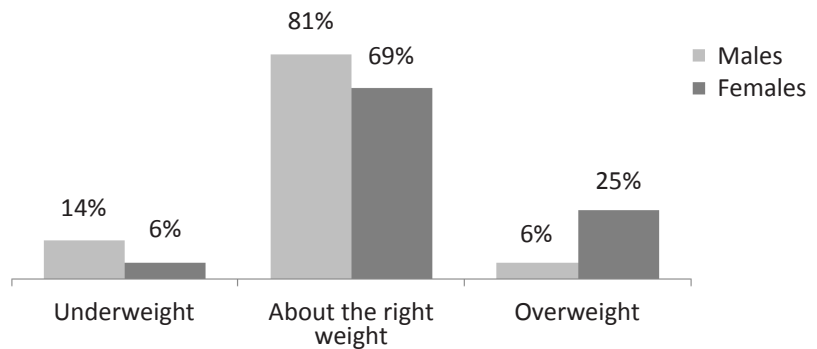
In discussions with youth in community consultations, they also talked about being bullied because of their weight and this leading to further weight problems. We then looked at AHS results from 2008, and similarly found that among youth who had been discriminated against in the past year because of their physical appearance, 12% reported they were always dieting, compared to 3% who had not experienced this type of discrimination.

- 48% of females and 18% of males had dieted in the past year.
- 7% of females and 3% of males reported they were always on a diet.
- 39% of females and 22% of males reported binge eating at least once.
- 10% of females and 6% of males reported binge eating at least once a week.
- 12% of females and 7% of males vomited on purpose after eating at least once.
- 4% of females and 2% of males vomited on purpose after eating at least once a week.

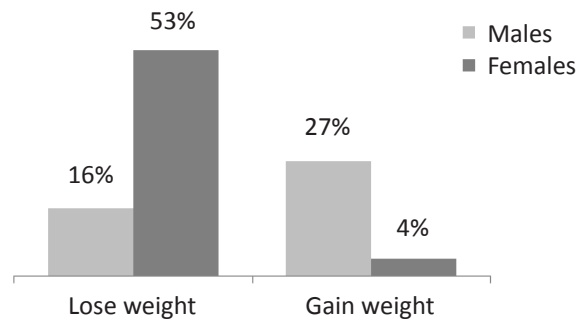
EXAMPLE OF GOOD PRACTICE IN BC

- Aboriginal female youth talked about life skills courses at school that help to increase their self-esteem and make them feel better about how they look.

Healthy-weight Aboriginal youth who thought they were...



Healthy-weight Aboriginal youth trying to lose or gain weight





"I just dance until I feel better."

– Youth

Mental health

During community consultations, young people told us about the factors that affect their mental health and how peer relationships, romantic relationships, school and family life all play a role.

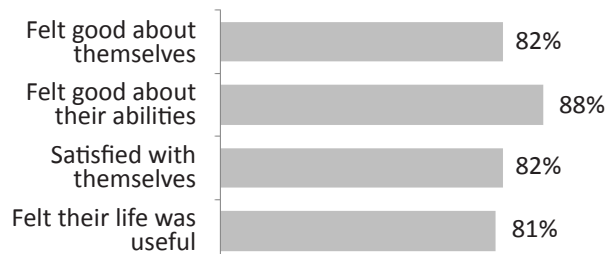
The AHS showed that most Aboriginal youth had positive feelings about themselves. However, although youth living on and off reserve

were equally likely to feel good about themselves and be satisfied with who they are, youth living on reserve were more likely to feel like they did not have much to be proud of (35% vs. 27% off reserve) and that they did not think their life was useful (25% vs. 19% off reserve).

Most Aboriginal youth experienced at least some stress in the past month (82%). Similar to results in 2003, 18% reported that the stress in their lives was almost more than they could take. Females were more likely than males to experience this level of stress (23% vs. 13%), as were older youth in comparison to younger ones.

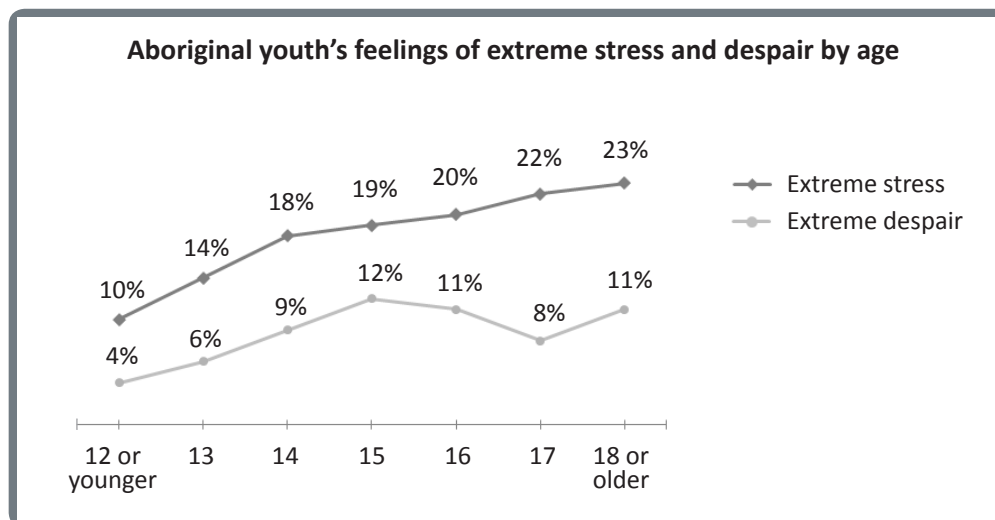
Nine percent of Aboriginal youth (12% of females and 5% of males) reported feeling such extreme sadness or hopelessness that they could not function properly.

Aboriginal youth who had positive feelings about themselves



EXAMPLES OF GOOD PRACTICE IN BC

- Cowichan Tribes have a comprehensive mental health team (although services off reserve can be harder to access). They take a wellness approach and organize cultural activities which promote mental health.
- *Healing Circles* with youth in Prince George includes a suicide prevention component as well as a focus on building relationships and empathy.
- The *Circle of Courage* in Kamloops works with children and their parents and uses the medicine wheel to engage young people in dialogues about their health and identify where they may have gaps or needs.



Self-harm

Youth may sometimes injure themselves on purpose (self-harm) as a way to try and deal with some of their negative emotions and feelings. Among Aboriginal students, 34% of females and 19% of males reported deliberately cutting or injuring themselves at some point in their lives without the intention of killing themselves, with 16% doing so once or twice, and 10% three or more times.

Some youth were at greater risk for deliberately hurting themselves, including youth who identified as lesbian, gay or bisexual (65% vs. 21% of heterosexual youth), youth who often or always went to bed hungry (59% vs. 25% who sometimes or never went to bed hungry), as well as youth who experienced bullying or sexual harassment.

Suicidal thoughts and suicide attempts

There was a decrease in the percentage of Aboriginal students who seriously thought about killing themselves in the past year, from 22% in 2003 to 18% in 2008. Eleven percent actually made a suicide attempt in the past year, a rate which has remained stable since 1992. Also consistent with past results, females were more likely to consider suicide than males (22% vs. 13%).

There were no improvements in the percentage of youth living on reserve who seriously thought about suicide in the past year (24%), but youth living off reserve were less likely to consider suicide in 2008 than in 2003 (17% vs. 23%).

A family history of suicide attempts can be a risk factor for youth suicide. More youth living on reserve reported that a family member had tried to kill themselves (43% vs. 25% off reserve).

“They don’t understand the pathways they are going through, they think they will end up on the psych ward, and they don’t know who to go to.”

– Support worker

Risk and protective factors for attempting suicide

There are many factors that are linked to a young person attempting suicide. We identified the most significant areas that appeared to either increase or reduce the odds of Aboriginal male and female youth having attempted suicide in the past year.

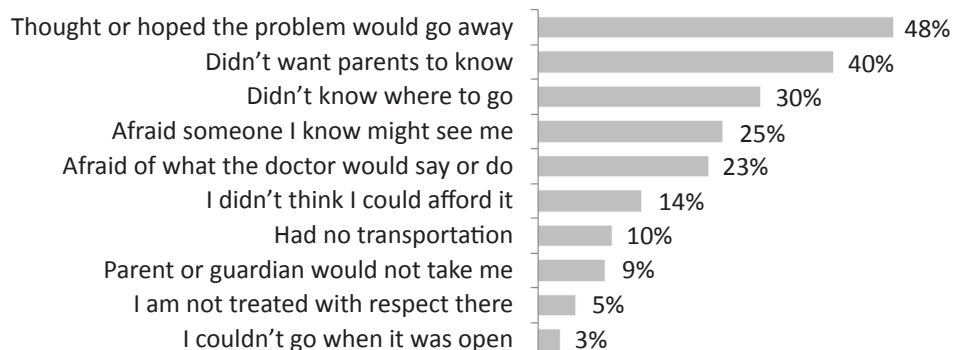
For males, three risk factors emerged above all other potential risk factors we looked at as being the most strongly associated with a suicide attempt. These were experiencing extreme despair to the point where they felt they could not function properly, having experienced a friend attempt or commit suicide, and having a family member attempt or commit suicide. However, the chances Aboriginal males had attempted suicide were reduced by nearly two thirds if they had strong family connectedness and felt safe at school, even if all three risk factors were present.

For females, the risk of attempting suicide was most strongly associated with feeling extreme despair, and a history of physical and sexual abuse. The strongest factors that protected against female suicide attempts were family connectedness, school connectedness and feeling safe at school.

Access to mental health care

In community consultations, we were told that there was a stigma for Aboriginal youth in accessing mental health services because (as with some medical services) they felt they would be judged and discriminated against. Youth also told us that they were sometimes mistrustful of government agencies because of previous negative experiences for themselves or their family, or they were concerned about confidentiality (particularly in smaller communities).

Reasons Aboriginal youth did not access mental health services in the past year (among youth who felt they needed them)



In communities across the province, we were told that accessing mental health services can be nearly impossible and there were long waitlists for some youth to see a mental health clinician. This was a major concern for youth, particularly when they were dealing with serious mental health concerns such as depression.

The AHS showed that almost a quarter of Aboriginal females (24%) and one in ten males had not accessed needed mental health services in the past year. This rate rose to 60% among youth who reported having a limiting mental or emotional health condition.

Females were more likely than males to not access mental health care because they were afraid of what the doctor would say or do (27% vs. 12%) and because they did not want their parents to know (47% vs. 22%).

Suggestions from communities

- Ensure youth have a trusted adult to accompany them to appointments.
- Have school-based mental health programs (where parental consent to participate is not required).
- Provide more mental health services for youth in BC.
- Ensure mental health services are culturally sensitive and supportive of Aboriginal cultural teachings.
- Have mental health workers in places where youth feel safe.
- Let youth know it is okay to seek help.
- Offer mental health awareness raising events in safe places like youth centres or malls (e.g., National Depression Screening Day).
- Train doctors to be more culturally sensitive and reduce discrimination within health care settings.



“[Work is] something you can do well at if you don’t do well in school.”

– Youth

Work life

The Aboriginal youth we consulted about the survey results told us that they work for a variety of different reasons. These ranged from contributing to the family income, paying for essentials, and buying items that their parents would not or could not buy for them, through to getting good work experience, building their résumé, gaining skills and increasing their self-esteem and self-confidence.

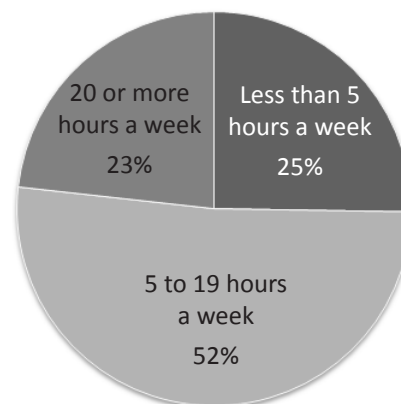
Working was particularly important for young people who did not see themselves as

academically strong as it gave them a chance to feel competent. Many young people were anxious about their job prospects, and this was particularly so among young people living on reserve, where there were often high rates of unemployment and a lack of stable, well-paying local jobs.

However, adults we spoke with were concerned about the number of Grade 11 and 12 students (especially males) who were choosing work over completing their high school education.

- 42% of Aboriginal youth worked at a paid job during the school year (compared to 37% in 2003).
- 10% of students who worked 20 or more hours a week did not expect to graduate from high school (vs. 3% who did not work).
- 13% of students who worked 20 or more hours per week often or always went to bed hungry (vs. 3% who did not work).
- Youth who were employed were more likely to report that they had access to a supportive adult outside of their family (63% vs. 54% of youth who did not work).

Hours Aboriginal youth spent working at a paid job
(among youth who worked)



*"I will forever continue to educate myself
and possibly anyone I can for the positive."*

– Youth

Education

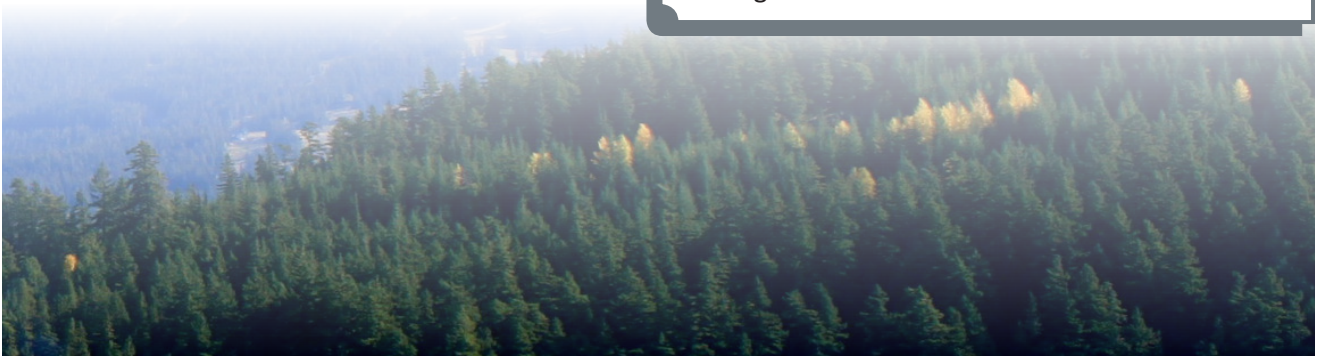
In conversations around the province, we heard there are many differences between communities in being able to attend school, academic support, and the encouragement to finish school. Youth told us that schools both on and off reserve tend to vary in quality and performance expectations of their students.

Despite these differences, we heard from youth and adults that education is valued within Aboriginal communities. However, it can sometimes be challenging for youth to engage in mainstream schools if the curriculum does not recognize Aboriginal culture, history, teachings or languages; if they have to travel long distances every day to attend; and if there are few Aboriginal teachers, Aboriginal support workers or other school-based role models.

We were also told that many Aboriginal students have to leave their communities to follow their educational goals, and often at a very young age. Although this was difficult, some youth felt it was important to do so in order to return and make their communities stronger.

EXAMPLES OF GOOD PRACTICE IN BC

- In Prince George, *The Tribes* program includes Aboriginal language and culture in a mainstream school setting. *The Tribes* program aims to help students achieve specific learning goals. Students learn to work together collaboratively in long-term groups (tribes) to complete tasks, set goals, solve problems, monitor and assess progress, and celebrate achievements.
- The Cowichan community is working together with the School District's Education Council towards a culturally appropriate curriculum, which also specifically includes Métis students.
- Langley School District offers an Aboriginal program that provides an Aboriginal Support Worker in each secondary school. Youth reported that the Worker is a positive role model who helps students stay connected to school and provides culturally specific support.
- Many school districts and communities have Aboriginal achievement programs and community events, like a First Nations Grad Dinner to celebrate academic, leadership and athletic success. These initiatives promote positive mental health among youth, as well as provide opportunities for the community to celebrate together.



“If it’s stressful at home, you don’t want someone telling you what to do, so you take off and go wherever you want.”

– Youth

School enjoyment

Most Aboriginal students (80%) liked school at least somewhat. This was an increase from 76% in 2003. Females were more likely than males to like school very much (19% vs. 14%), as were students in Grade 7 compared to those in Grade 12 (22% vs. 13%).

School enjoyment remained stable from 2003 to 2008 for youth living on reserve, but increased among those living off reserve. Almost three quarters (74%) of students living on reserve and 81% of those living off reserve enjoyed school at least somewhat.

There was a connection between liking school and having post-secondary aspirations: 67% of students who liked school at least somewhat planned to continue their education and graduate from a post-secondary institution, compared to 45% of students who did not like school.

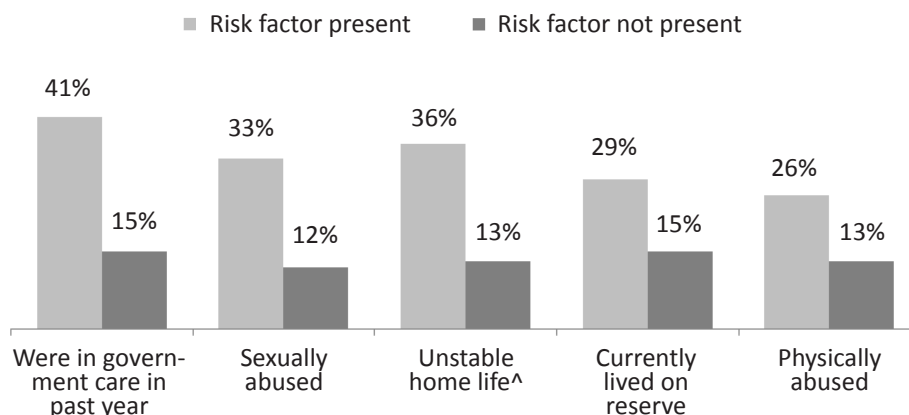
Skipping school

Aboriginal students we spoke to told us that long commutes to and from school, a lack of family support, an unstable or stressful home life, and a lack of culturally appropriate curriculum all influence them skipping school. Some youth expressed appreciation for the creation of safe spaces in their school for Aboriginal young people to access when they are not attending classes. This helps to keep them connected to school where previously they would have left the building. As one said: *“At my high school, a lot of kids [who were skipping a class] will hang out in the First Nations area. I think that’s good- sometimes kids are just not ready to learn.”*

In discussions, young people on reserve and those with First Nation Status talked about how the financial assistance they could receive to attend post-secondary education provided an incentive for them to attend school. For other youth we spoke to, the thought that post-secondary was unattainable to them meant that they were more inclined to skip school.



Aboriginal youth who skipped three or more days of school in the past month

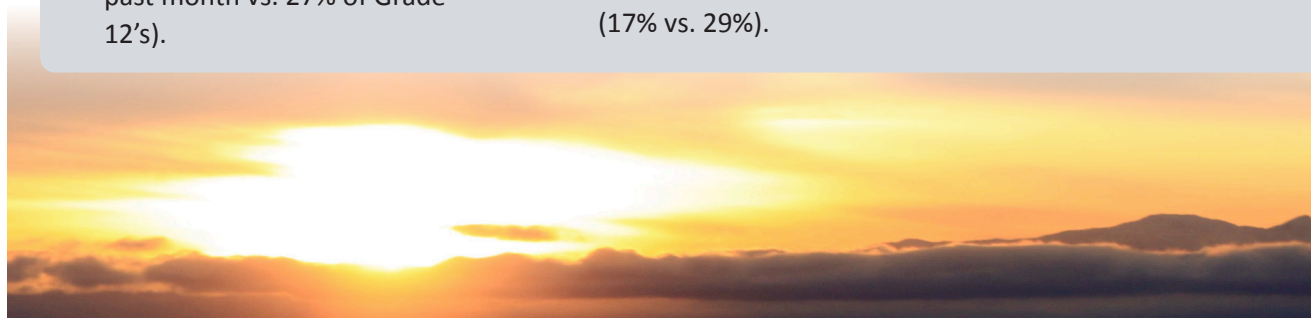


^For the purpose of this report, “unstable home life” refers to youth who had run away from home or moved three or more times in the past year.

- 61% of Aboriginal youth had not skipped a full day of school in the past month (similar to the rate in 2003).
- 23% skipped 2 or more days of classes in the past month.
- 5% skipped 11 or more days of classes in the past month.
- As youth got older, they were more likely to skip school (e.g., 8% of Grade 7 students skipped 3 or more days of classes in the past month vs. 27% of Grade 12's).

Some youth were more likely to skip school regularly. These included:

- Youth who had been discriminated against in the past year because of their race, sexual orientation or physical appearance (24% vs. 12% who had not been discriminated against).
- Youth who were the victims of school-based bullying such as teasing, social exclusion or physical assaults (19% vs. 13% who were not bullied).
- Youth living on reserve (29% vs. 15% living off reserve). Rates of skipping school remained constant among youth off reserve but increased for students on reserve between 2003 and 2008 (17% vs. 29%).



“With all those things working against them it’s like the salmon coming through the Fraser Canyon.”

– Youth worker

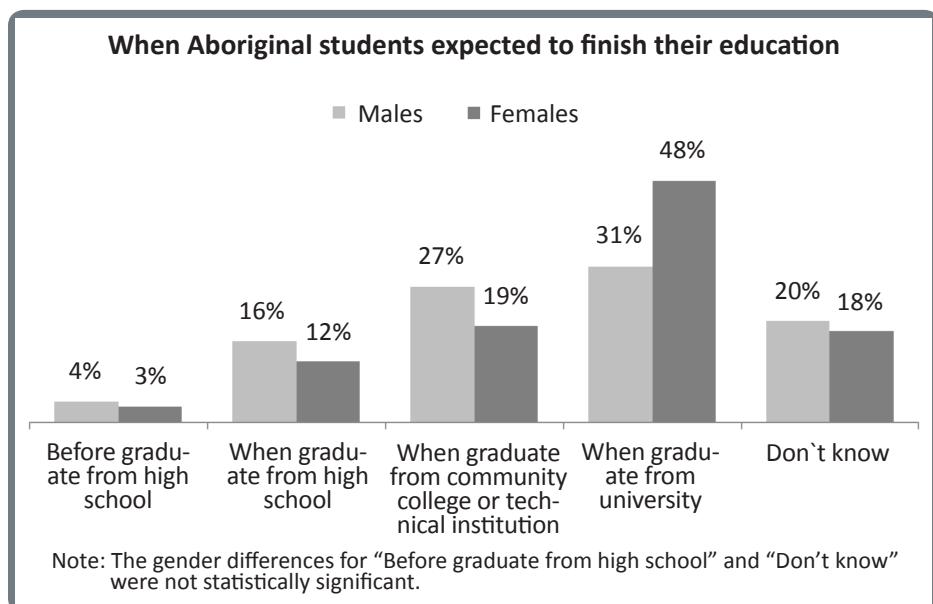
Educational aspirations

The AHS showed that most Aboriginal students expected to complete high school or continue on to post-secondary (76%). This was an increase from 2003 when 73% of youth indicated these aspirations. Older students were more likely to have plans to graduate from high school or a post-secondary institution (80% of Grade 12 students vs. 73% of Grade 7 students). However, in 2008, 3% did not expect to graduate high school, which was an increase from 1% in 2003.

One in ten students living on reserve expected to finish their education before graduating high school (vs. 2% off reserve). This was an increase from 2% in 2003. The rate of students living off reserve who did not expect to finish high school also doubled,

from 1% in 2003 to 2% in 2008. Youth living off reserve were also more likely to expect to graduate from a post-secondary institution (65% vs. 47% on reserve).

Nineteen percent of Aboriginal youth reported not knowing when they would finish their education. Younger youth, those who were not working, those who lacked a supportive adult (inside or outside their family) or those youth who could not name something they were good at were more likely to not know when they would complete their education. For example, 16% of youth who had an adult in their family they could confide in did not know when they would finish their education, compared to 24% who did not have this family support.



In community consultations, we discussed factors that affect educational aspirations. Aboriginal youth and professionals raised the following points.

Barriers:

- Learning culturally irrelevant material leads youth to disengage from education.
- Students do not get enough support at home when their families cannot relate to their schoolwork or to going to university.
- Some Aboriginal youth have not completed a Grade 11 language (which is needed to graduate high school), and currently Aboriginal languages do not meet BC graduation requirements.
- Although some Aboriginal youth may get external financial support to pursue their education, they need support to complete the application and must leave their home community to go to universities in urban centres.

Suggestions from communities:

- Have teachers, family members or mentors who support Aboriginal students' academic goals from an early age.
- Engage communities in partnership with schools to develop a culturally appropriate curriculum.
- Incorporate more experiential learning into curriculum, such as exploring the traditional territory their school is on.
- Make educational spaces reflective of Aboriginal culture (e.g., artwork, teachings or a physical space). As someone we spoke with said, *"White people need to be exposed to things too."*
- Aboriginal youth and adults agreed with the theory behind Aboriginal choice schools, in that youth are able to get an education while learning their own traditions and culture and apply them in everyday life. As one supporter said, *"At an Aboriginal choice school you sit in a circle, you smudge before school, there's a holistic approach...There are also different subjects [to those taught in mainstream school]. For example, science may involve a field trip and seeing what you can do with the land, and history is completely different."*



Risk and protective factors for post-secondary plans

Although university or college may not be for everyone, there have been consistent relationships between post-secondary aspirations and other positive health outcomes. We therefore looked in detail at risk and protective factors for planning to continue education beyond high school.

We ran analyses to see which potential risk factors may be most likely to lower the chance young people wanted to attend post-secondary education, and also which protective factors might be most helpful in overcoming these risks.

For males, the strongest risk factors were identified as skipping school in the past

month and living on a reserve. However, even when these risk factors were present, if males felt highly connected to their school, felt safe at school, and were highly connected to their families, the chance they wanted to complete a post-secondary education more than doubled.

For females, the strongest factors that lowered the probability they wanted to complete post-secondary education were having moved three or more times in the past year and going to bed hungry because there was not enough food at home. Yet if females with these risk factors present were involved in meaningful activities, liked school, and had friends who would be upset if they dropped out of school, the chance they planned to graduate from a post-secondary institution more than doubled.

EXAMPLES OF GOOD PRACTICE IN BC

- A youth group on Vancouver Island told us about a resource they find helpful called IOP (Individual Opportunity Planning) where members of the community help youth to connect to resources such as funding for school.
- Thompson Rivers University runs a *Transitions* program which has Grade 11 and 12 students attend university workshops and discussions so that they can experience the setting and feel it is possible to attend.



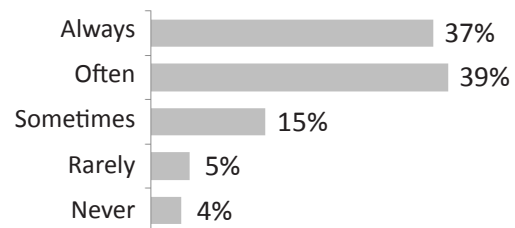
Safety at school

Similar to 2003, 37% of Aboriginal students reported that they always felt safe at school (40% males vs. 34% females). Students in Grade 12 (45%) were most likely to always feel safe, while students in Grade 9 (30%) were the least likely.

Most students usually or always felt safe in the library (80%), classroom (77%) and in the cafeteria (67%). Students were less likely to feel safe in unsupervised areas, such as the hallways (62%) and washrooms (60%).

Feeling safe at school had positive associations. For example, 13% of youth who always felt safe at school reported experiencing extreme stress, compared to 48% of youth who never felt safe at school. Similarly, 68% who always felt safe planned to go on to post-secondary education, compared to 40% of youth who never felt safe at school.

How often Aboriginal youth felt safe at school



EXAMPLES OF GOOD PRACTICE IN BC

- Youth told us that having Aboriginal counselors available to them and knowing that this role exists makes school feel safer.
- *Kamloops Young Women's Group* is a partnership between schools, community agencies and the local bands and nations. It aims to improve girls' safety by giving them a voice and access to positive supportive relationships. The model has been so successful that a boys group is now being developed with older boys acting as peer mentors. As one youth coordinator said, "[Youth] are in the same canoe, going down the same river, looking for the same answers."
- In Saanich the integration of Aboriginal culture in schools was reported to have made a big difference to attendance rates, as students felt more welcome and safe at school.



“Some of my cousins dropped out [of school] because of bullying.”
– Youth

Bullying

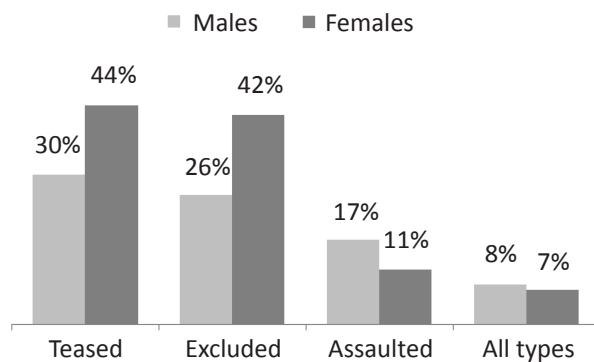
Rates of being teased, socially excluded or physically assaulted at school or on the way to or from school have remained stable since 2003.

Similar to 2003, 13% of students reported carrying a weapon to school in the past month (19% of males and 7% of females). Among those who carried a weapon, the most common weapon was a knife or razor (77%).

Carrying a weapon was more likely among youth who had been the victim of school-based violence or who did not feel safe or fit in at school. The more types of violence a young person had been subjected to, the more likely they were to have carried a weapon. For example, 41% of youth who had been physically assaulted in the past year had carried a weapon to school, and this rose to 50% among those who had also been cyber bullied, teased and socially excluded.

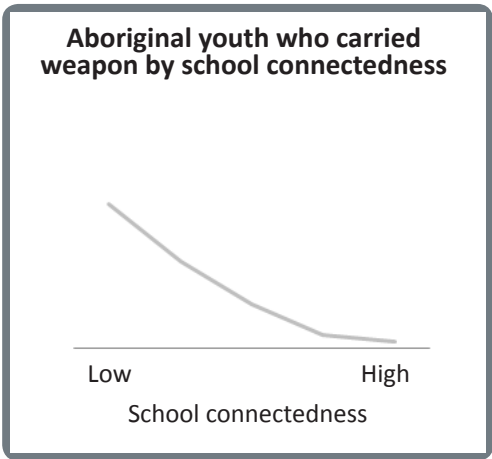
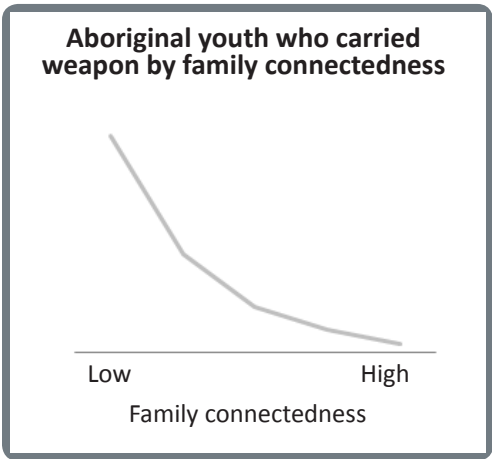
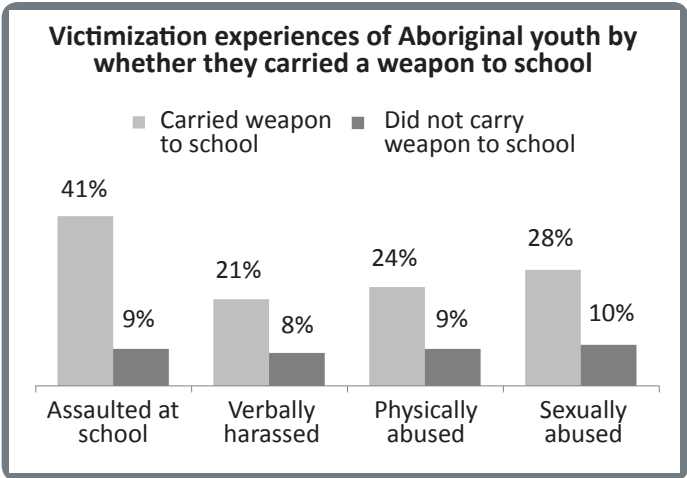
Youth living on reserve were more likely than those living off reserve to have been physically assaulted by another youth at school in the past year (21% vs. 13%). Whilst rates of weapon carrying remained stable for youth living off reserve (12%), they rose to one in five among those living on reserve (from 11% in 2003).

Aboriginal youth who experienced bullying at school or on the way to or from school



Note: The difference between males and females was not statistically significant for experiencing 'All types' of bullying.

While feeling unsafe was associated with a young person carrying a weapon to school, peer relationships were associated with reduced weapon carrying and improved feelings of safety. For example, youth were less likely to have brought a weapon to school in the past month if their friends disapproved of it (5% vs. 19%). Feeling connected to family or school and feeling engaged in their extra-curricular activities was also associated with a lower likelihood that students would have carried a weapon to school.



*“If you come from an unhealthy home,
[engaging in a sport or club] is a way
to feel safe.”*

— Youth

Sports & leisure activities

Physical activity

Across the province, young people and adults told us about the positive effect that engaging in sports and other physical activities has on the mental and physical health of Aboriginal youth, as well as in building community and connections. Beyond the value of getting physical exercise, peer-to-peer relationships and building self-esteem were identified as important reasons to ensure youth have access to sports and other extracurricular activities.

According to the AHS, almost half of Aboriginal students exercised strenuously for at least 20 minutes on five or more days in the week before they took the survey. Rates of exercising on five or more days remained stable

for males at around 52%, but increased for females (from 33% in 2003 to 38% in 2008). Unchanged from 2003, one in ten Aboriginal students said they had not exercised at all in the previous week.

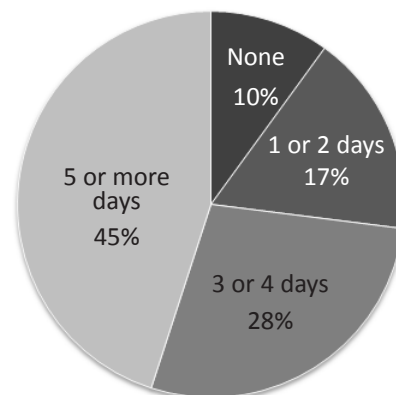
Just over half of youth (54%) took part in organized sports outside of gym classes (e.g., school teams, swimming lessons) at least weekly, although participation decreased with age. The highest rate of weekly participation was in Grade 7 (60%) and the lowest was in Grade 12 (45%).

Aboriginal youth also engaged in many other activities outside of school hours on a weekly basis such as volunteer work and doing a hobby or craft, and 68% played informal sports (such as biking, skateboarding or road hockey).

EXAMPLE OF GOOD PRACTICE IN BC

- Although cost remains a major barrier to participation in sports and other extracurricular activities, *2012 Legacies Now* and the *Junior Olympics* for Aboriginal youth were mentioned as two programs that are making a difference in getting more young people active.

Number of days Aboriginal youth exercised strenuously for at least 20 minutes during the week



“Something in my community that is positive for Aboriginal youth are gym nights hosted by Youth Centre Staff. [They] involve youth in high activity sports.”

– Youth

Screen time

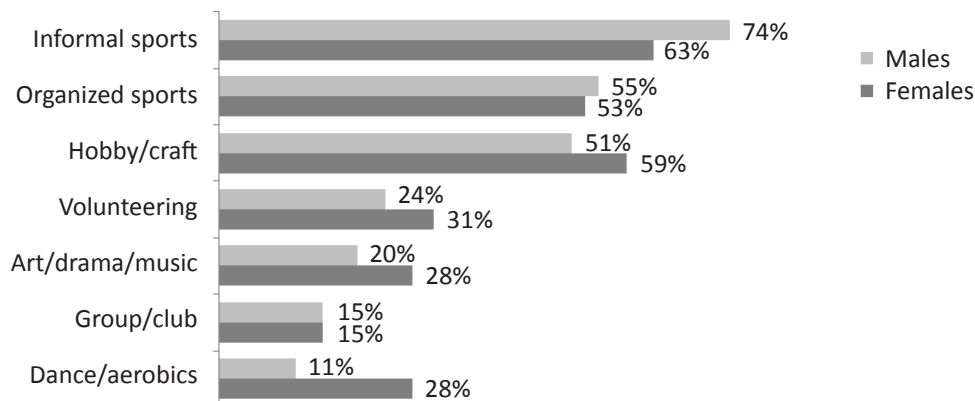
On an average school day, 87% of youth watched TV (a decrease from 94% in 2003), 84% spent leisure time on the Internet (an increase from 82% in 2003), 75% used their home or cell phone and 64% played video games.

Males were more likely than females to watch TV (17% vs. 12%) and play video games (21% vs. 5%) for at least four hours a day. Females, however, were more likely than males to spend at least four hours a day texting or talking on the phone (25% vs. 12%).

Gambling

Gambling is not only illegal for youth under 19 years old in BC, but previous McCreary research has also shown it is linked to risky behaviours, such as regular alcohol and marijuana use and skipping school. The percentage of Aboriginal students who had gambled in the past year (e.g., played cards for money, bet money at a casino or racetrack, or bought lottery tickets) decreased between 2003 and 2008 from 53% to 47%.

Aboriginal youth's weekly participation in activities in the past year



Note: The gender difference for participation in organized sports and for group/club was not statistically significant.



“We need to not tolerate [abuse], we ask schools to do it, but it can’t be just them.”
– Support worker

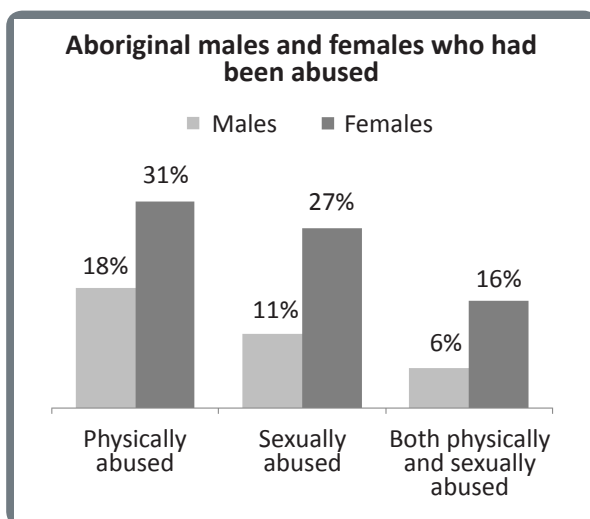
Abuse & violence

Across the province, youth and adults who reviewed the draft findings of this report felt that the percentage of youth reporting abuse was an underestimate. They believed that many youth would not feel comfortable disclosing abuse on a survey; would not yet be able to recognize what they had experienced as abuse; and would be scared that they would be removed from their home if they reported abuse. Despite the perceived underestimate, community members also felt that it was becoming safer and more acceptable to report abuse and that this might explain the rise in rates seen on the survey.

Young people and service providers also told us that youth who had been abused often

chose to disclose to their peers rather than to an adult they did not know, trust or feel safe with. In terms of supporting these youth, many commented on the need for more traditional healing to be incorporated into schools and programs through sweats, fasting and the presence of Elders. It was noted that treatment centres and custody centres had incorporated more traditional healing into their services than many community-based facilities.

When other types of violence victimization were discussed, such as harassment and discrimination, there was consensus that these would be reduced if there was a greater understanding of Aboriginal people and their culture among non-Aboriginal people in Canada.



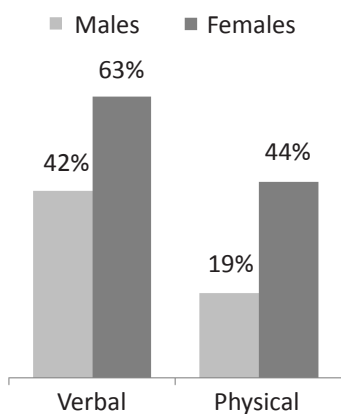
Sexual harassment

Rates of physical sexual harassment victimization (including unwanted sexual touching, grabbing or pinching) decreased for males from 25% in 2003 to 19% in 2008, but remained stable for females. However, overall rates of verbal sexual harassment rose from 50% to 53%. Females were more likely than males to have been both verbally and physically sexually harassed (38% vs. 13%).

*“Culturally we need to be safe and respectful,
and those who work with Aboriginal peoples
really need to know their history.”*

– Youth

Aboriginal youth who were sexually harassed in past year



EXAMPLES OF GOOD PRACTICE IN BC

- *We Care* is a program in Prince George run by the Justice Education Society which works with students in Grades 6-12 to talk about sexual abuse.
- *Girls United* in Kelowna provides peer support opportunities for girls who have been abused.
- Aboriginal Support Workers are a major source of support for youth who had been abused, because they are around consistently and can build a relationship with young people.

- 25% of Aboriginal youth reported they had been physically abused or mistreated (an increase from 20% in 2003).
- 27% of females reported that they had been sexually abused (similar to the rate in 2003).
- 11% of males reported they had been sexually abused (an increase from 8% in 2003).
- 11% of youth had been both physically and sexually abused (an increase from 9% in 2003).
- Youth who had been physically or sexually abused were more likely to have considered committing suicide in the past year (34% vs. 10% who had not experienced either type of abuse).

Some young people were particularly at risk of having experienced abuse. For example:

- 43% of youth with a health condition or disability had been physically abused and 35% sexually abused.
- 56% of youth who identified as lesbian, gay or bisexual had been physically abused and 58% sexually abused.
- 28% of youth living on reserve had been physically abused (a rise from 18% in 2003) and 30% had been sexually abused (unchanged from 2003).

Internet safety

Seventeen percent of youth reported they had been in contact with someone on the Internet who made them feel unsafe (25% females vs. 7% males). Females who thought they looked older than their same-age peers were more likely to have come into contact with someone on the Internet who made them feel unsafe (30% vs. 22% who looked their age).

One in four youth (25%) had been bullied or picked on through the Internet in the past year (32% females vs. 16% males).

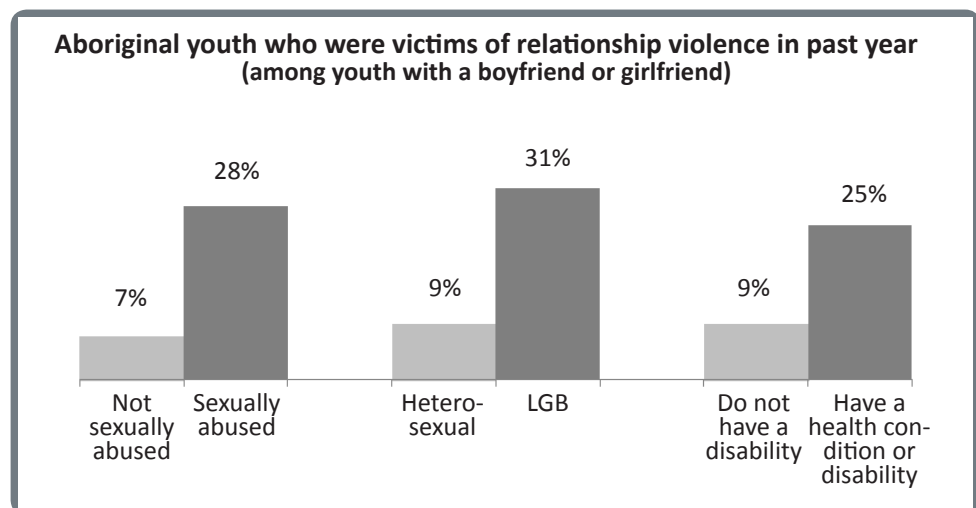
Physical fights

Consistent with 2003, 36% of Aboriginal students had been in a physical fight in the past year (44% males vs. 29% females). Also unchanged from 2003, of youth who had been in a fight, 13% needed medical attention as a result, with similar rates for males and females.

Youth who had not been in a physical fight in the past year were more likely to report that they always felt safe at school (41% vs. 30% of youth who had been in a fight in the past year).

Relationship violence

Among youth who had been in a romantic relationship in the past year, 12% reported being purposely hit, slapped or physically hurt by their boyfriend or girlfriend (up from 8% in 2003). Males and females were equally likely to have experienced relationship violence. However, students whose first sexual partner was four or more years older than them were more likely to report relationship violence (38% vs. 16% whose first sexual partner was with someone closer to their own age). Youth who identified as lesbian, gay or bisexual, those with a health condition or disability, and youth who had been abused were also more likely to report relationship violence.



*"I often get told I don't 'act' Native...
What does that even mean?"*

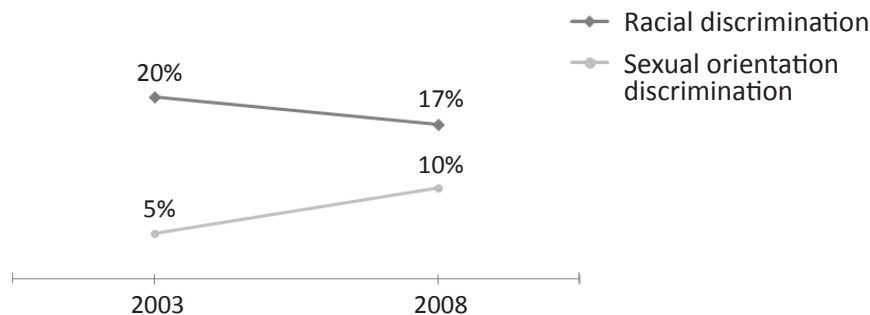
— Youth

Discrimination

The percentage of Aboriginal youth who reported they had experienced racial discrimination decreased, from 20% in 2003 to 17% in 2008. Rates of discrimination based on physical appearance have remained stable since 2003, at around 24%. However, rates of discrimination due to sexual orientation doubled from 2003 to 2008.

There were no gender differences in experiencing racial or sexual orientation discrimination, but as in 2003 more females than males were discriminated against because of their physical appearance (25% vs. 21%). Students who experienced any type of discrimination were more likely than their peers to feel extreme despair (16% vs. 5%), consider committing suicide in the past year (30% vs. 12%), and were less likely to enjoy school (72% vs. 85%).

Aboriginal youth who experienced discrimination in past year

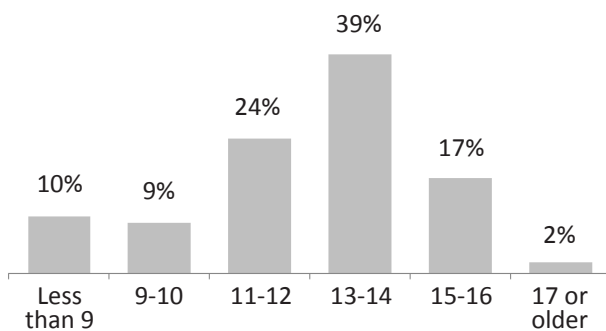


“ [Using drugs] gives you a mask
– takes the pain away.”
– Youth

Substance use

Many Aboriginal young people we talked to were concerned about substance use in their communities. Some youth thought that the use of alcohol and marijuana were being replaced with the use of other drugs including the misuse of prescription pills such as anti-depressants and oxycontin. They felt young people were using drugs because their friends were doing it, to cope with mental or emotional issues, and because of social pressures and community norms.

**Age when Aboriginal youth first tried alcohol
(among those who ever drank)**

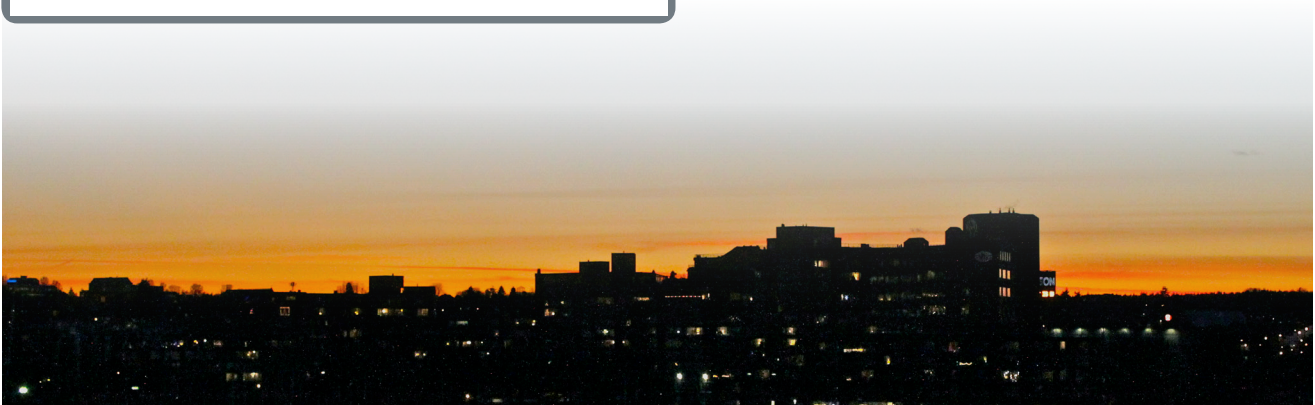


Alcohol

In 2008, 35% of Aboriginal students had never tried alcohol in 2008, which was an increase from 31% in 2003. The rate of youth who first tried alcohol at the age of 12 or younger declined over the past decade, from 51% in 1998 to 42% in 2008 (45% of males and 40% of females).

Among students who had tried alcohol, 33% had drunk on one or two days in the past month. Also, 8% had drunk three or more times a week in the past year. Males were more likely than females to have had no alcohol in the past 12 months (9% vs. 5%), but were also more likely to drink every day of the week (4% vs. 2%).

Consistent with 2003, similar rates of youth on and off reserve had ever tried alcohol. However, while the percentages of youth trying alcohol at a younger age were similar between youth on and off reserve in 2003, in 2008 more youth on reserve had their first drink at age 10 or younger (28% vs. 17% off reserve).



EXAMPLES OF GOOD PRACTICE IN BC

- In Surrey the *Youth Wellness Centre* is open every day and offers support to youth with issues relating to health including substance use.
- *The Buddy Program* in Langley offers peer support for younger students from those in Grade 10-12. The support is tailored to the needs of the individual, including help with academics, addressing behaviours, or needing someone to talk to.

Aboriginal youth from the Vancouver Coastal region were the least likely to have tried alcohol (59%), and youth from the Interior region were the most likely (68%).

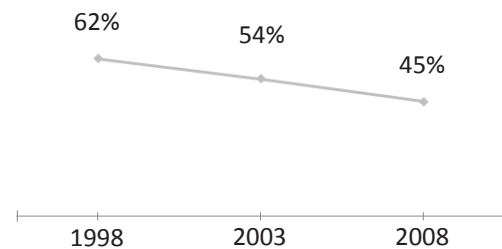
Similar to 2003, among youth who had tried alcohol, 48% had binge drunk (consumed five or more drinks in a couple of hours) in the past month. Males and females were equally likely to binge drink in the past month.

Marijuana

Fewer Aboriginal youth had tried marijuana than previously. As with alcohol and consistent with results in 2003, it was most common for youth to first use marijuana at the age of 13 or 14, and males and females were equally likely to have tried it. However, the percentage of youth who first tried marijuana before the age of nine doubled, from 3% in 2003 to 6% in 2008. Among students who had tried marijuana, 61% had used in the past month.

The Northern, Interior and Vancouver Island regions (48%-50%) had higher rates of youth

Aboriginal youth who ever used marijuana



using marijuana than the Fraser (40%) and Vancouver Coastal (38%) regions. Students living on reserve were more likely than those off reserve to have tried marijuana (56% vs. 45% off reserve).

Students who currently used marijuana (within the past month) reported poorer mental and physical health and were also more likely than other youth to have regularly skipped school in the past month (35% vs. 17%) and were less likely to feel that the activities they were involved in were meaningful (25% vs. 36%).

Other drugs

The use of drugs other than alcohol and marijuana was much less common. However, in 2008, almost twice as many Aboriginal youth used prescription pills without a doctor's consent as in 2003. There were also increases in the use of inhalants, hallucinogens, heroin, and steroids and in the use of injecting as a method of drug use. There was a decrease in the use of mushrooms.

Similar to 2003, females were more likely than males to use prescription pills without a doctor's consent (24% vs. 19%), and were more likely to have used ecstasy (17% vs. 11% males). However, males were more likely to have ever used steroids (5% vs. 2% females) and to have injected as a method of substance use.

For the first time, the survey asked students

about their use of ecstasy and crystal meth: 14% had used ecstasy in their lives, and 5% had used crystal meth.

Consequences of substance use

Most youth who reported using alcohol or drugs in the past year reported negative consequences as a result, including doing something they could not remember (45%) or passing out (38%). Other consequences included family and relationship problems, changes in school behaviours, violence, having unwanted sexual intercourse, and injury.

Drug and alcohol treatment

Among youth who had ever used drugs or alcohol, 7% felt they needed help for their drug use and 6% felt they needed help for their alcohol use in the past year.



Aboriginal youth who had ever tried other drugs

	2003	2008
Prescription pills (without an Rx)	11%	22%
Mushrooms	21%	16%
Hallucinogens (including ecstasy)	10%	14%
Cocaine	7%	9% ⁺
Inhalants	5%	8%
Amphetamines (including crystal meth)	6%	7% ⁺
Heroin	1%	4%
Ever injected an illegal drug	1%	4%
Steroids	2%	4%

⁺ The difference was not statistically significant between 2003 and 2008.

Direct consequences of Aboriginal youth's drug or alcohol use (among youth who drank or used drugs in the past year)

	Males	Females
Was told that I did something that I couldn't remember	36%	52%
Passed out	35%	41%
Damaged property	18%	12%
Argued with family members	16%	30%
Got in trouble with police	16%	13% ⁺
School work, marks, or behaviour at school changed	14%	23%
Got into a physical fight	17%	13%
Got injured	13%	18%
Lost friends or broke up with girlfriend or boyfriend	9%	17%
Had sex when I didn't want to	9%	13%
Overdosed	6%	4%*
Got into a car accident	4%	2%*
Had to get treatment for alcohol or drug abuse	4%	3%*
I used alcohol or drugs but none of these things happened	40%	33%

⁺ The difference between males and females was not statistically significant.

* Interpret percentage estimate with caution as the margin of error is higher than expected but still within an acceptable range.

“I started smoking when I was 9 but I stopped because I realized it was pointless and stupid.”

– Youth

Tobacco

Across the province, youth and adults told us that fewer young people were smoking, and that youth were aware of the health consequences of smoking.

The AHS results confirmed this, showing a decline in the percentage of Aboriginal students who had ever tried smoking, and that those youth who had tried waited longer to do so. The most common age for first trying smoking in 2008 was 13-14 years, a rise from 11-12 years in 2003. However, among those who had ever smoked there was an increase in recent smoking. Over half (51%) of those who had ever smoked had done so in the past month, compared to 44% in 2003.

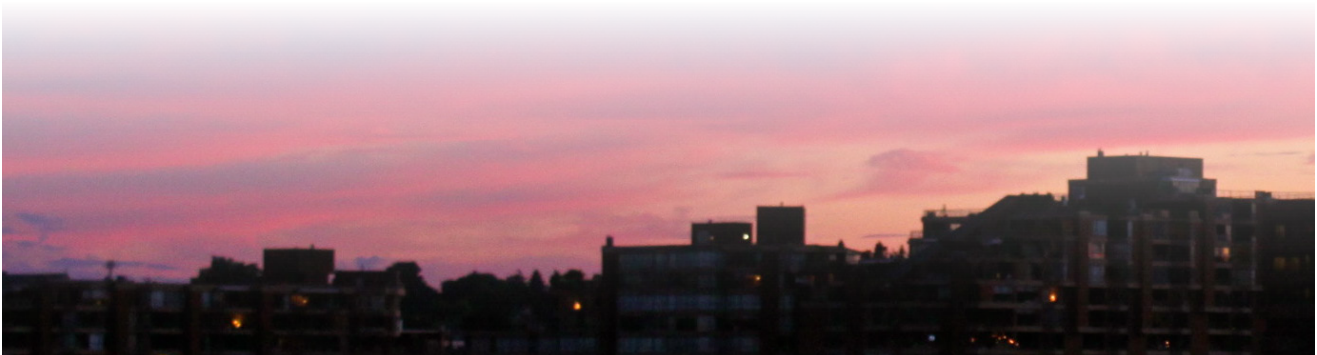
In 2008, females were more likely than males to have ever smoked a cigarette (45% vs. 36%), although males and females were equally likely to be current smokers. Students living on reserve were more likely than those off reserve to have smoked cigarettes (54% vs. 39% off reserve), and to have used chewing tobacco in the past month (16% vs. 6% off reserve).

Overall, males were more likely to use chewing tobacco in the previous month (11% vs. 4% of females), as were older students in comparison to younger ones. For example, 11% of 16-year-olds had used chewing tobacco in the past month, compared to 3% of 13-year-olds.

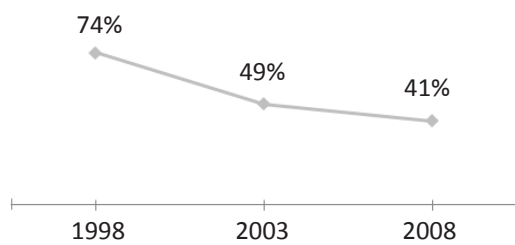
Second-hand smoke

Similar to 2003, 45% of youth were exposed to tobacco smoke inside their home or family vehicle. However, there was a decrease in the percentage of youth who were exposed to second-hand smoke on a daily or almost daily basis (from 25% in 2003 to 21% in 2008).

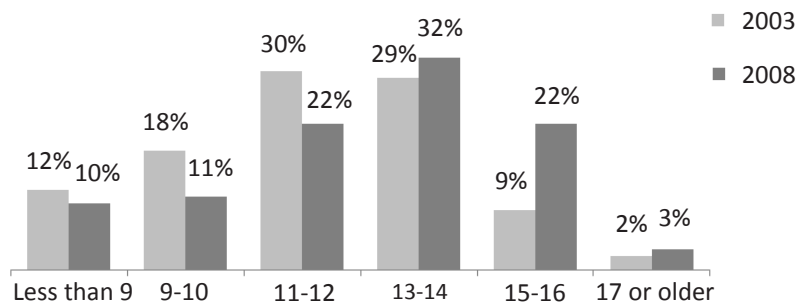
Youth who were exposed to second-hand smoke on a daily or almost daily basis were more likely to have smoked themselves than those who were not exposed (63% vs. 33%). They were also more likely to have tried alcohol (79% vs. 58% not exposed to second-hand smoke) and marijuana (65% vs. 38%).



Aboriginal youth who ever tried cigarette smoking



Age when Aboriginal youth first smoked a whole cigarette (among youth who ever smoked)



Note: The difference between 2003 and 2008 for those in the age categories less than 9, 13-14 and 17 or older were not statistically significant.

Sexual health

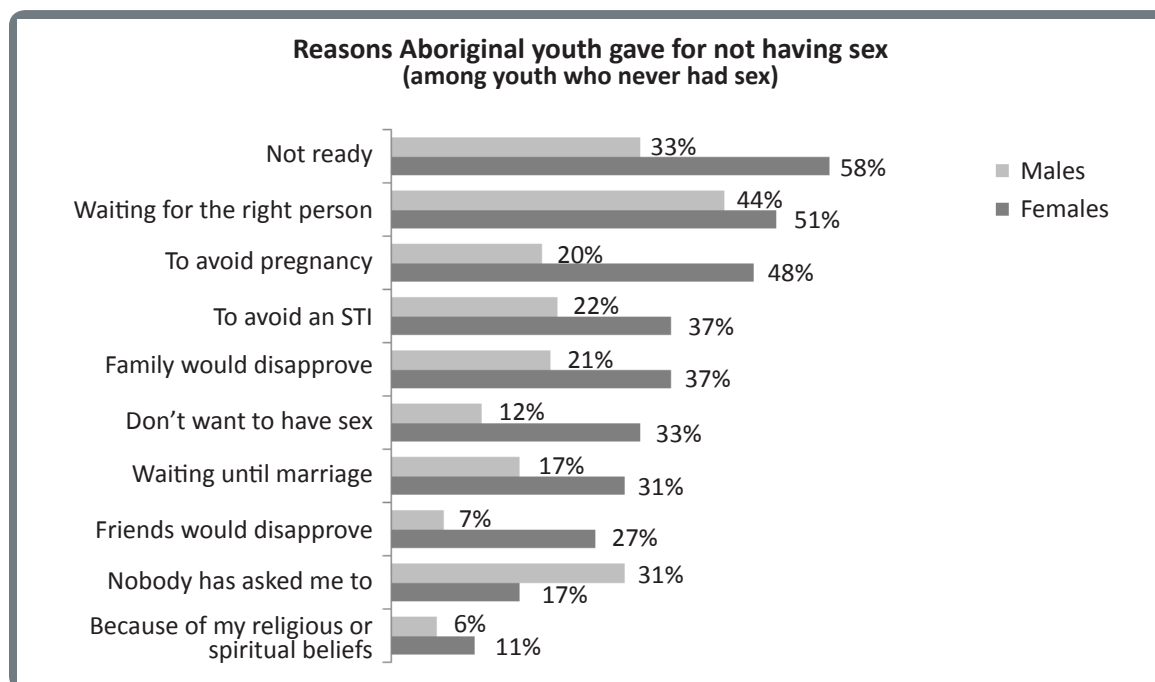
Sexual health was seen as a major concern by both adults and youth in Aboriginal communities around the province. The lack of education and awareness about contracting sexually transmitted infections (STI's) and HIV, and the realities of becoming a parent at a young age were considered particular areas of concern, as was the impact these experiences could have on young people's mental and emotional well-being.

While some youth we spoke with felt that they were well informed about sexual health and some had received good information through their school, others reported that they lacked knowledge about safer sexual practices, such as how to use condoms. They

stated that their lack of knowledge was not necessarily due to a lack of effort made to educate young people, but that they did not always connect with the way it was taught (e.g., some youth did not feel a classroom was a safe space for them to learn about sexual health).

Some young people also told us that although they could readily get free condoms, they did not access these resources because they or their partner did not like to use them. Furthermore, youth shared their interest in learning about how to negotiate healthy relationships and partnerships.

Consistent with 2003, the AHS showed that two thirds of Aboriginal youth reported not having sexual intercourse (66%). These youth



had a variety of reasons for not having sex. The most common reasons were waiting for the right person (48%), not being ready to have sex (47%) and not wanting to get pregnant or cause a pregnancy (35%).

Similar to findings over the past decade, males and females were equally likely to have had sexual intercourse. As youth got older they were more likely to be sexually active. There was a rise in the most common age for first intercourse from 14 years to 15 years between 2003 and 2008.

Students in the Vancouver Coastal and Fraser regions were the least likely to have had sex (29%) and students in the Interior were the most likely (38%). Students living on reserve were more likely to have had sexual intercourse (41% vs. 33% off reserve). Similar to

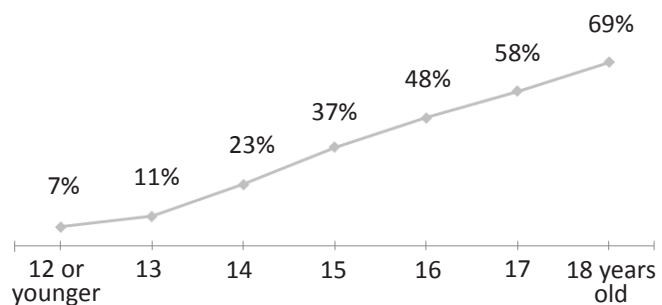
sexual intercourse patterns, youth in the Interior were the most likely to have had oral sex (38%) and youth in the Fraser region were the least likely (31%).

Forty-one percent of sexually active youth used alcohol or drugs before the last time they had sexual intercourse, which was an increase from 34% in 2003.

EXAMPLE OF GOOD PRACTICE IN BC

- In Cowichan, sexual health workshops are held at the youth centre to let young people know about the services available in their community, as well as to offer them sex education.

Aboriginal youth who had oral sex



Sexually transmitted infections (STI's)

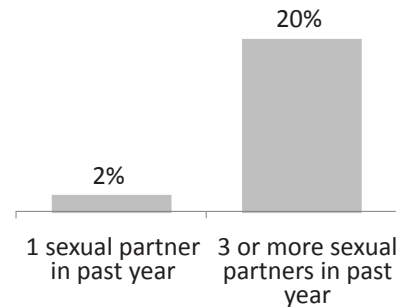
The number of sexually active youth who had been informed by a doctor or nurse that they had a sexually transmitted infection doubled, from 4% in 2003 to 8% in 2008. Rates of having an STI increased with the number of sexual partners youth had in the past year.

Birth control and pregnancy

Four percent of Aboriginal youth reported they had ever been pregnant or caused a pregnancy. This was an increase from 3% in 2003. Youth on reserve were over twice as likely to have been pregnant or have gotten someone pregnant (9% vs. 4% off reserve).

Also consistent with 2003, among sexually active youth, 63% used a condom the last time they had sex to prevent pregnancy, 41% used birth control pills, and 5% used emergency contraception ("the morning after pill").

Rates of STI's among Aboriginal sexually active youth



As youth got older, they were more likely to report the use of birth control pills as a method of contraception.

Sexually active youth living on reserve were more likely to have used no method of protection the last time they had sex (22% vs. 9% off reserve), and youth living off reserve were more likely to have used condoms (64% vs. 54% on reserve) and birth control pills (43% vs. 28% on reserve).

"Babies having babies, the way my parents put it, it's just making the world harder."

— Youth



Aboriginal youth with care experience

In discussions across the province, there were concerns that the cultural needs of youth were neglected once they enter the child welfare system, despite the Ministry of Children and Family Development's provision of packages aimed at maintaining the cultural ties of any child in government care.

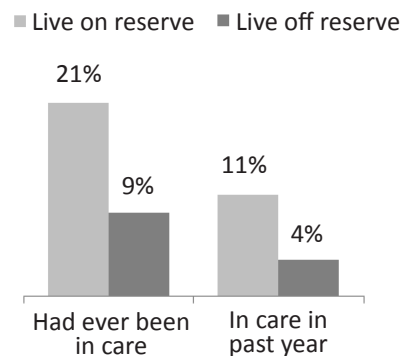
Many people we spoke with expressed concern about the lack of resources available to youth who need government care, ranging from a lack of appropriate foster placements to insufficient funding for youth to join in activities with their peers, such as organized sports.

In 2008, the AHS showed that 10% of Aboriginal students had government care experience (currently or previously had been in a foster home, group home, or on a youth agreement). Six percent had contact with the care system over a year ago and 4% within the past year. Although there was a decrease in

the percentage of students who had been in care in the past year (from 6% in 2003 to 4% in 2008), Aboriginal youth were still over-represented among youth with care experience (35% of all BC youth who had been in care in the past year identified as Aboriginal).

In 2003, youth living on and off reserve were equally likely to have entered the care of the government. However, in 2008 youth living off reserve were less likely than those on reserve to have been in care in the past year.

Aboriginal youth with care experience



EXAMPLE OF GOOD PRACTICE IN BC

- Interior Métis Child and Family Services held a dinner to honor Métis youth in care and their families, along with other families in the community - 324 people attended and as one participant said, "It felt right. The children were in the middle. We honored the children, the community was their family."



Supporting Aboriginal youth with care experience

Having a supportive adult, friend, or peer mentor in their lives was particularly important for the young people we spoke with who had been through the care system, as was preserving contact with family, community, and friends while they were in care.

The AHS showed that 60% of Aboriginal youth who had ever been in care reported that they had an adult in their family that they could talk to if they had a serious problem, and 54% reported having an adult outside their family that they could rely on in this way. Among those who reported that they could talk to an adult family member, 74% rated their health as good or excellent (compared to 52% who did not feel they could confide in an adult family member).

Seventy-nine percent of Aboriginal youth who had ever been in care had approached a friend for help in the past year, and 83% of those who had approached their friends had found this experience helpful. Having friends who would disapprove of risky behaviours was also important. For example, if youth in care had a friend who would be upset if they carried a weapon, they were more likely to want to get a post-secondary education (61% vs. 39% whose friends would not be upset) and more likely to report good health (75% vs. 60%).

If youth with experience of government care felt that a teacher cared about them, they were more likely to feel good about themselves and report being in good health. Liking school and feeling safe at school also increased the chances that young people would plan to continue their education beyond high school.

Rates of positive mental health among Aboriginal youth who had ever been in care

		Usually feel good about myself	Good/excellent health	Post-secondary educational aspirations
Adult in family they could talk to	Yes	88%	74%	53%
	No	56%	52%	39%
Friend upset if they used marijuana	Yes	82%	79%	60%
	No	70%	56%	37%
Meaningful involvement in activities	Yes	87%	81%	63%
	No	66%	54%	37%

A glance at the health of Aboriginal youth in care

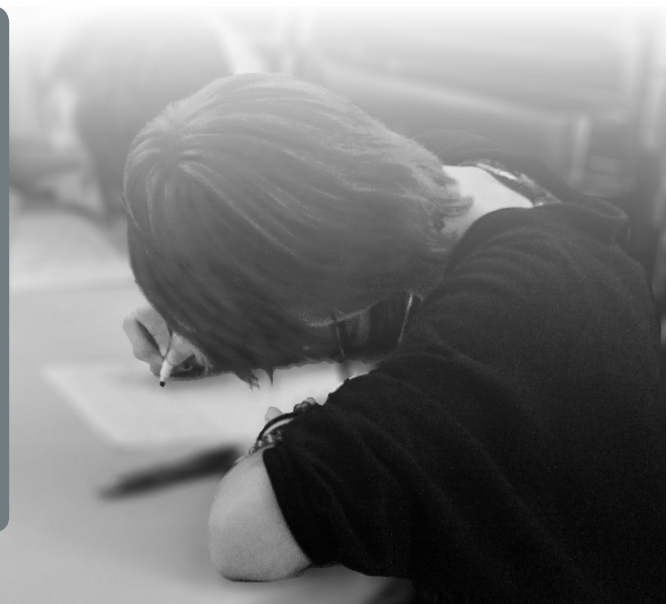
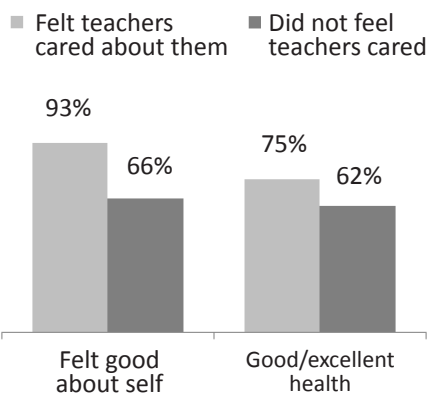
Youth who enter the care system are among the most vulnerable in BC. They often enter the care of the government with a history of trauma, abuse or loss. It is therefore perhaps not surprising that among Aboriginal youth who had ever been in care:

- 26% reported having a limiting health condition or disability.
- 30% had seriously considered committing suicide in the past year.
- 43% had ever been physically abused.
- 43% had ever been sexually abused.
- 31% had experienced racial discrimination.
- 43% had run away from home at least once in the past year.
- 33% had moved homes three or more times in the past year.

However, Aboriginal youth who had ever been in care also showed incredible resilience, optimism and engagement. For example:

- 26% did not have their own bedroom.
- 14% lived without any adults most of the time.
- 67% rated their health as good or excellent.
- 38% exercised five or more times a week.
- 41% played organized sports at least weekly.
- 53% played informal sports at least weekly.
- 75% usually felt good about themselves.
- 69% felt that their life is useful.
- 82% felt good about their abilities.

Aboriginal youth health and feeling teachers cared (among youth with care experience)



Youth talk about protective factors

When we brought results back to Aboriginal youth around BC, we asked them what is working for youth in their communities and what they would change. Below you will find what youth identified as current protective factors in their lives, and what they hope to see in the future.

Something that supports Aboriginal youth to do well is...

*"Positive support from family,
friends and support workers"*

"No discrimination"

*"Youth centre", "UNYA",
"Friendship centre"*

*"Working at the Day Care on
weekends"*

"Hikes, bike rides, canoeing"

"More activities = less trouble"

*"Have little workshops on their
opportunities for the future"*

"Youth and Elder walks"

*"Having adults support them and
listen to what they have to say"*



"I think there needs to be more programs for both Aboriginal and non-Aboriginal peoples. All helpful programs seem to always have 'Aboriginal' put in front of it. Everyone needs to learn about everyone else's culture."



Something I'd like to see changed is...

"How much drugs, tobacco and alcohol is consumed [by] youth and anyone"

"People being bullied and threatened in schools or the outside world"

"More free youth clinics"

"Less 'gangs' and gang-related activity"

"More opportunities"

"The amount of service for those youth living on their own and [the youth] who are homeless"

"Community centres open...so people don't drink and have somewhere to go"

"More youth involvement with culture"

"More positive role models"

Protective factors

In this section of the report we consider a number of protective factors that are associated with better health. We have already discussed some of them briefly (e.g., in relation to reducing the risk of a suicide attempt or increasing post-secondary educational aspirations). We will now focus in more detail on cultural connectedness, supportive relationships with peers and adults, engagement in activities, and other factors which can help promote Aboriginal youth health. We also note how these protective factors can work in the lives of even the most vulnerable youth.

EXAMPLES OF GOOD PRACTICE IN BC

- Kamloops/Thompson School District has a Cultural Content Coordinator whose role is to integrate Aboriginal culture throughout the school curriculum.
- BC's *Friendship Centres* provide a space for Aboriginal peoples to come together and celebrate their culture.
- The *Aboriginal Mentorship* program at the YWCA was described by one youth as "*a safe, accepting, encouraging environment that allows [us] to engage in conversation and positive expression. It is an amazing experience biweekly to be able to learn about our culture with other strong Aboriginal women.*"
- The *Girls Groups* in Kamloops/Thompson School District aim to support young Aboriginal women in making healthy life choices and increasing their self-esteem, cultural identity, and decision making skills.

The importance of cultural connectedness

One Elder told us that cultural connectedness is particularly important for Aboriginal peoples because most of the other ethnic groups who have come to Canada still have a home country to go back to where they can visit, practice their culture, and speak their own language. As this elder stated, "*The Natives didn't get that choice.*"

In the AHS, students were asked various questions relating to cultural connectedness (although nothing specific about Aboriginal culture), including if they felt attached to their ethnic group, took part in cultural practices, and if they felt a sense of belonging to their culture. In every community we visited, we heard that being connected to culture is a positive influence in the lives of Aboriginal youth, and that it impacts everything from academic performance to achieving life balance (e.g., the medicine wheel).

On the AHS, males and females who identified as solely Aboriginal were more likely to report higher levels of cultural connectedness than those who identified as being of mixed ethnic background. Additionally, among those who identified their background as exclusively Aboriginal, cultural connectedness was higher among those who spoke a language other than English at home at least some of the time.

*“As Native people, culture is who we are.
If you don’t have culture, who are you?”*
– Youth

Health and well-being

Males and females who reported high levels of cultural connectedness were more likely than their peers who felt less connected to report feeling connected to school and to exercise regularly. Additionally, for males the greater their involvement in extracurricular dance or aerobics classes, the higher their cultural connectedness. For females, the more frequently they participated in activities such as hobbies or crafts, the higher their cultural connectedness.

Females who reported the highest levels of cultural connectedness were more than twice as likely as less connected females to report good or excellent health, and were half as likely to have engaged in binge drinking on three or more days in the past month (among those who had tried alcohol). No such relationships were found for males.

Feeling engaged

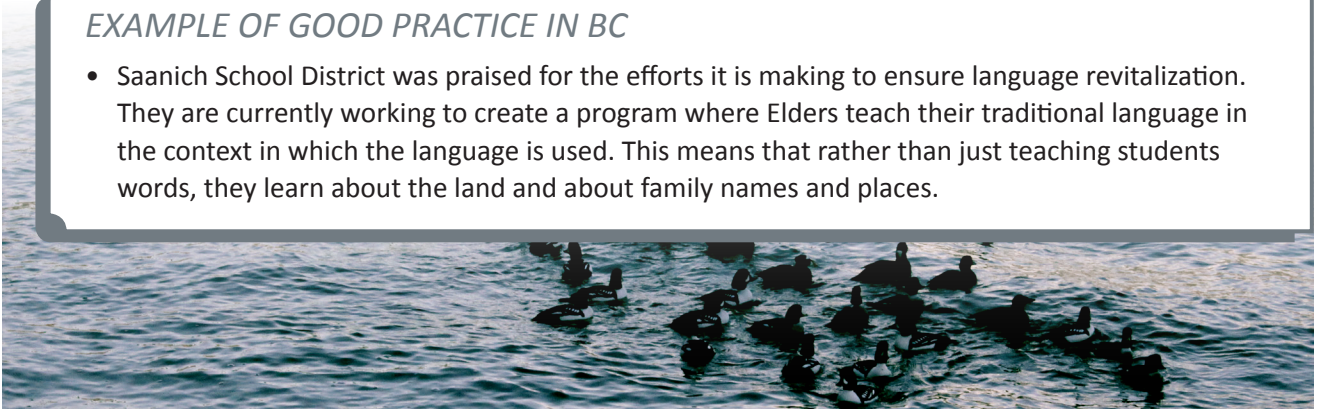
Young people we spoke to told us that the more empowered they felt, the more likely they were to have a strong Aboriginal identity. The survey results appear to support this as the more youth felt listened to and valued within their activities and the more that these activities were meaningful to them, the more connected they were to their culture. Furthermore, regularly volunteering in their community in the past year was associated with higher connection to their culture.

Language

Aboriginal youth who spoke a language other than English at home at least some of the time were more likely to strongly agree that they participate in cultural practices of their ethnic or cultural group (20% vs. 6% who spoke only English at home) and to feel a strong sense of belonging to their ethnic group (18% vs. 8% of youth who spoke only English at home).

EXAMPLE OF GOOD PRACTICE IN BC

- Saanich School District was praised for the efforts it is making to ensure language revitalization. They are currently working to create a program where Elders teach their traditional language in the context in which the language is used. This means that rather than just teaching students words, they learn about the land and about family names and places.





“If you achieve goals you feel empowered.”

– Youth

Feeling skilled

Overall, 81% of male and female Aboriginal youth reported that they felt that they were good at something positive, had a talent, or felt they were skilled in at least one area of their lives. Rates of feeling competent were similar between youth living on and off reserve.

If youth reported that they were good at something, they were asked to provide written details on the survey of what that was. The most common things that youth reported being good at were sports and having skills related to school (such as being a good reader, a good writer or good at a subject). Two percent of youth also reported being good at traditional activities, such as fishing, hunting, traditional dancing, singing or art.

There were gender differences in what youth reported being good at. For example, females were more likely than males to report being good at art, music, dance, acting, life skills and relationship skills; whereas males were more likely to report being good at trades, computers, video games and leisure activities.

As youth got older, they were less likely to report being good at sports. For example, 63% of Grade 7 students reported that they were good at a sport, compared to 43% of

Grade 12 students. In contrast, Grade 12 students were more likely than students in Grade 7 to report being good at arts (24% vs. 17%), life skills (12% vs. 6%) and positive relationship skills (22% vs. 9%).

Although youth living on and off reserve were equally likely to report being good at something, there were differences in the skills that they reported. For example, Aboriginal youth who were living off reserve were more likely than those living on reserve to report being good at art (19% vs. 13%), music (14% vs. 8%), dancing and acting (10% vs. 4%); whereas youth on reserve were more likely to be good at hunting, fishing and other traditional activities.

There were many healthy links for youth who felt that they were good at something positive, regardless of what that was. For example, youth who felt skilled at something were less likely to skip school on a regular basis. Over a quarter (29%) of Aboriginal youth who could not name anything they were good at skipped school regularly in the month before taking the survey, compared to 13% of youth who could identify at least one thing they were good at.

Possessing certain skills appeared to be strongly linked to better health outcomes. Aboriginal youth who reported that they were good at any type of sport were more likely to report good or excellent health (88%

vs. 70% who did not report being good at sports), and more likely to always feel safe at school (41% vs. 33%). They were also less likely to have experienced extreme stress (14% vs. 23%) or extreme despair in the past month (5% vs. 13%), or to have attempted suicide in the past year (7% vs. 15%).

Feeling skilled at sports was also associated with a lower likelihood that youth would have binge drank regularly in the past month (7% vs. 13%, among those who had tried alcohol), misused prescription pills (17% vs. 26%), or

ever tried other substances such as ecstasy (9% vs. 20%) or cocaine (5% vs. 13%).

Although sports were the activity associated with the greatest range of positive health benefits, feeling competent in other areas also appeared protective. For example, youth who felt that they were good at something related to school were more likely to report good or excellent health than those who did not report having a school-based skill (86% vs. 78%).

Things that Aboriginal youth reported they were good at

	Males	Females
School-based skills (e.g., reading, science, math, writing)	14%	18%
Sports (e.g., extreme sports, team sports, individual sports)	57%	47%
Art (e.g., painting, drawing)	10%	27%
Music (e.g., singing, playing an instrument)	9%	18%
Dancing and acting	2%	15%
Trades (e.g., car mechanics, plumbing)	6%	1%
Leisure (e.g., good with animals, playing board games)	11%	7%
Life skills (e.g., cooking, budgeting, cleaning)	7%	11%
Positive relationship skills (e.g., listening, being a good friend)	8%	17%
Computers/video games	17%	4%
Risky behaviours (e.g., fighting, drinking to excess)	5%	2%
Traditional activities (e.g., fishing, hunting, traditional dance)	4%	1%

Supportive relationships

Across the province, young people told us about the importance of their relationships with their friends but also with adult mentors in their lives. Examples they gave included youth workers, Aboriginal Education Workers, and older family members. They also told us about how difficult it could be to trust professionals such as health care providers or build relationships with adults if they had been abused, abandoned, or let down by other important adults in their lives. However, their trust improved when they had the opportunity to build relationships with adults (such as Aboriginal Education Workers), and when they shared things in common, such as coming from the same community.

Adults

Most Aboriginal students reported that they had an adult family member (72%) or an adult outside their family (58%) that they could talk to if they were facing a serious problem. Forty-five percent of youth had both of these supportive adults, but 15% felt that they had neither. Females were more likely than males to report that they had a supportive adult outside their family (63% vs. 52%), as well as more likely to have both types of adult support (48% vs. 43% of males).

Having supportive relationships with adults was linked to higher rates of positive behaviours, such as feeling skilled and planning to

Suggestions from communities

- Provide more peer mentors for youth.
- Offer training to young people in areas such as recognizing if someone is suicidal and being told about resources so that they know how to support their friends when they are in need.
- Ensure adult supports such as doctors, nurses, counselors and mental health workers are trained to be culturally appropriate.
- Have more Aboriginal doctors and other health care providers.

“[Aboriginal youth in BC] face many different challenges both internally and externally and deserve the chance to thrive in an environment that cultivates them as humans, spiritual and cultural beings.”

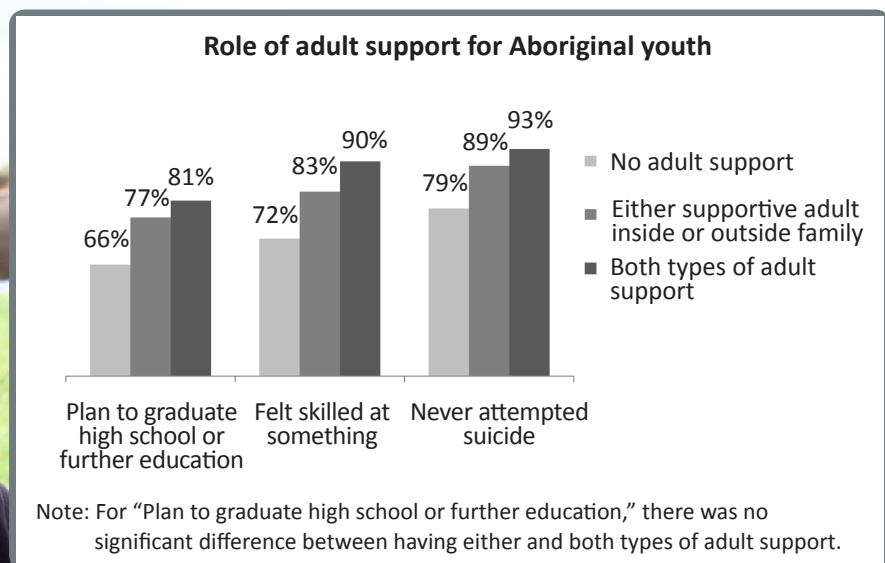
– Youth

graduate high school or a post-secondary institution. Supportive adults were also linked to lower rates of potentially risky behaviours, such as attempting suicide or gambling. For example, youth were less likely to have gambled in the past year if they had an adult in their family they could talk to when they had a problem (45% vs. 50% who did not have such an adult in their family) or if they felt their teachers cared about them quite a bit or very much (40% vs. 50% who felt teachers cared to a lesser degree).

We asked Aboriginal youth about specific sources of professional support they may have accessed in the past year. Males were more likely than females to approach professional adults for assistance, such as teachers

(48% vs. 39%), other school staff (29% vs. 23%), youth workers (28% vs. 23%), religious leaders (25% vs. 20%) and social workers (23% vs. 17%).

If youth reported that the person they approached for support had been helpful, they reported better mental health outcomes than if the person they approached was not helpful. For example, if youth found a school counselor, teacher, doctor or nurse helpful, they were more likely to report post-secondary educational aspirations and to feel good about themselves, and were less likely to have self-harmed than if they had approached these people for help but had not found them helpful.



“People our age are easier to talk to than an adult.”

– Youth

Friends

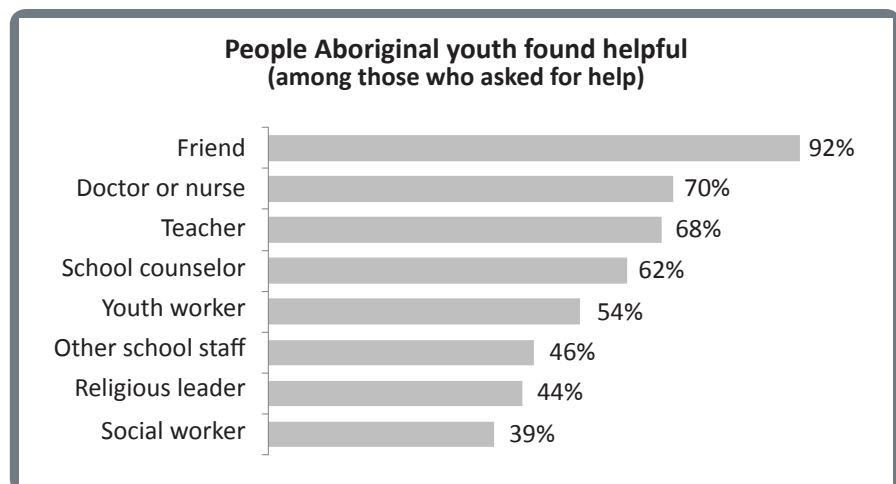
Most Aboriginal youth had asked a friend for help in the past year (87% of females and 73% of males), and the majority found their friends to be helpful (93% of females and 90% of males). If youth found their friend to be helpful when they asked for support, they were less likely to have seriously considered suicide in the past year (17% vs. 39% whose friends were not helpful) and half as likely to have ever been pregnant or caused a pregnancy (4% vs. 10%).

In addition, youth who felt their friends were helpful were more likely to engage in injury prevention behaviour such as always wearing a seatbelt (62% vs. 50% who had found their friends unsupportive when they asked for help). They were also less likely to have driven after drinking in the past month (6% vs. 17% of youth with unsupportive friends).

Youth were also asked about their friends' attitudes towards risky behaviours. Youth with friends who would be upset if they dropped out of school were more likely to expect to graduate high school or complete further education (80% vs. 64% whose friends would not be upset) and were less likely to have regularly skipped school in the past month (14% vs. 27%).

If Aboriginal youth had friends who would be upset if they got drunk, they were less likely to have ever tried alcohol (32% vs. 80% whose friends would not be upset) or marijuana (21% vs. 69%).

Additionally, youth with friends who would be upset if they beat someone up were more than half as likely to have been in a physical fight in the past year (22% vs. 47% whose friends would not be upset). Also, if they had



“Every child needs one adult they feel safe with.”
– Youth

friends who would be upset if they carried a weapon for protection they were less likely to have brought a weapon to school in the past month (5% vs. 19%).

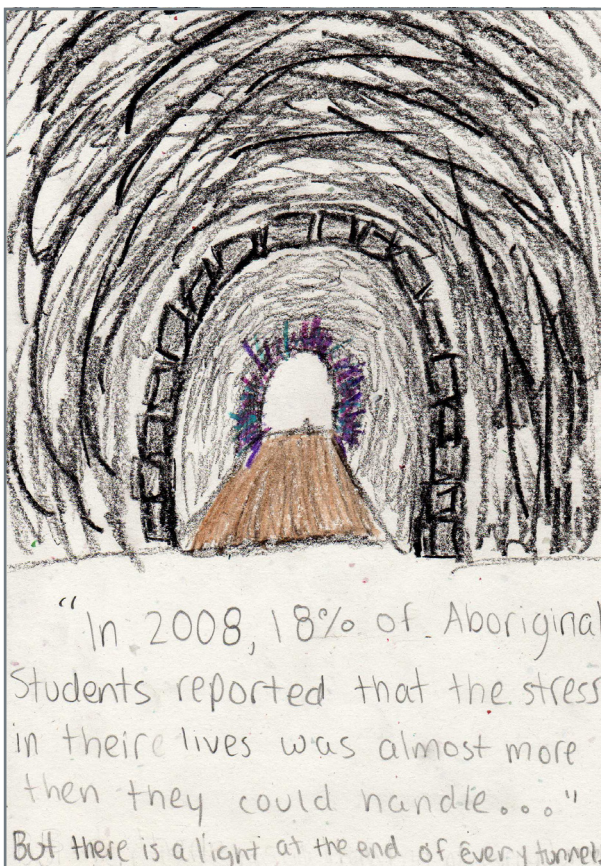
The importance of adult support for vulnerable youth

Our community consultations told us how difficult it can be for young people who have experienced multiple traumas to trust adults and form positive connections. Results from the AHS confirmed this. For example, youth who had been sexually abused were more likely to seek out the help of professionals (such as social workers, teachers, counselors, doctors or nurses). However, compared to their peers who had sought help but did not have a history of abuse, they were less likely to find this experience helpful.

Despite this, when Aboriginal youth did find adult support helpful, they showed improved mental and physical health outcomes. For example, if youth who had been physically and/or sexually abused found a doctor or nurse to be supportive when they approached them for help, they were more likely to report being in good or excellent health (74% vs. 59% who did not find them supportive).

We saw earlier that youth who had been harassed or discriminated against reported poorer outcomes, yet youth who had been sexually harassed reported more positive health outcomes if they had a family member to talk to or a supportive adult like their teacher in their lives.





Many Aboriginal youth have experienced a family member or friend attempting or committing suicide, yet having a family member to talk to can make a difference in these young people's lives. For example, if youth who had a family member or friend attempt or commit suicide, but felt comfortable confiding in a family member, they were less likely to have had suicidal ideation (19% vs. 43% who did not have a family member they could talk to) or to have attempted suicide themselves (12% vs. 32%) in the past year.

Finally, we have seen that youth living on reserve are at risk for some negative health outcomes, yet if these youth had a family member to talk to, it made a difference in their lives. For example, they were less likely than youth who did not have such a family member to confide in to engage in regular binge drinking (13% vs. 23%, among those who had tried alcohol).

Rates of positive mental health among Aboriginal youth who were verbally or physically sexually harassed

		Usually feel good about myself	Good/excellent health	Plan to graduate high school or post-secondary	Never self-harmed
Family member to talk to	Yes	86%	81%	82%	74%
	No	56%	61%	70%	48%
Helpful teacher (among youth who sought help)	Yes	88%	87%	82%	74%
	No	67%	71%	70%	56%

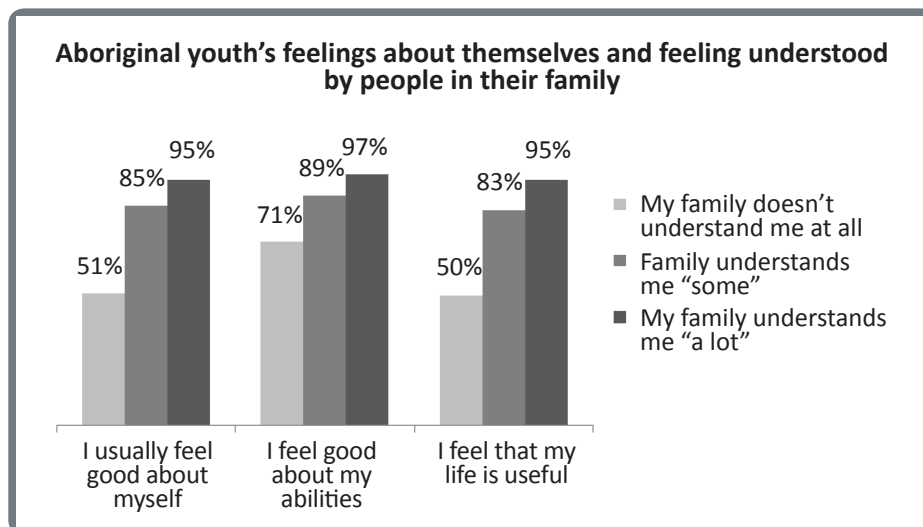
“They have to be good parents... We’re all not perfect, but you can try.”
– Elder

Family connectedness

Family connectedness considers relationships youth have with their parents and other family members. Youth were asked to answer questions on the AHS based on who they consider to be their parents and family including foster parents, stepparents or adoptive parents. Questions about family connectedness include closeness, caring, love, satisfaction and understanding.

Our community consultations confirmed

what other McCreary research has shown about the impact that feeling connected to family can have on a young person’s health. For example, Aboriginal youth with high levels of family connectedness were more likely to report good or excellent health, plan to finish high school or a post-secondary education, and to feel good about themselves. Youth who felt connected to their family also reported lower rates of health risk behaviour, such as regular binge drinking in the past month (among those who had tried alcohol) or ever attempting suicide.



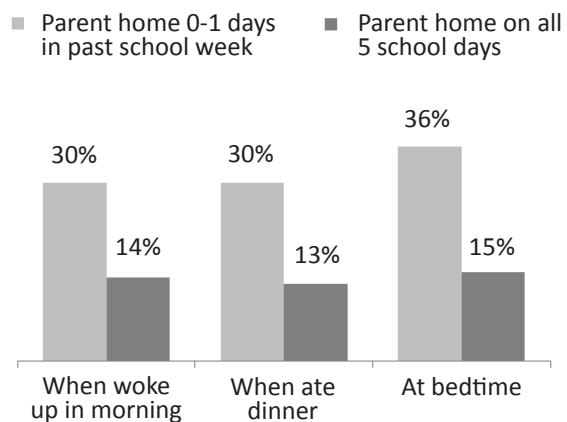


Aboriginal youth who reported that their family paid them a lot of attention were more likely to expect to graduate from high school and college or university (80% vs. 56% of youth who did not feel their family paid any attention to them), and less likely to have been pregnant or caused a pregnancy (2% vs. 16%).

Youth who had a lot of fun with their family were less likely to have ever tried alcohol (57% vs. 80% of youth who did not feel they had fun with their family) or to have ever used marijuana (38% vs. 61%).

Parental monitoring was also important. Youth were less likely to have seriously thought about suicide in the past year if they had a parent figure at home when they woke up in the morning, ate dinner or went to bed on all five school days.

Aboriginal youth who considered suicide in past year



School connectedness

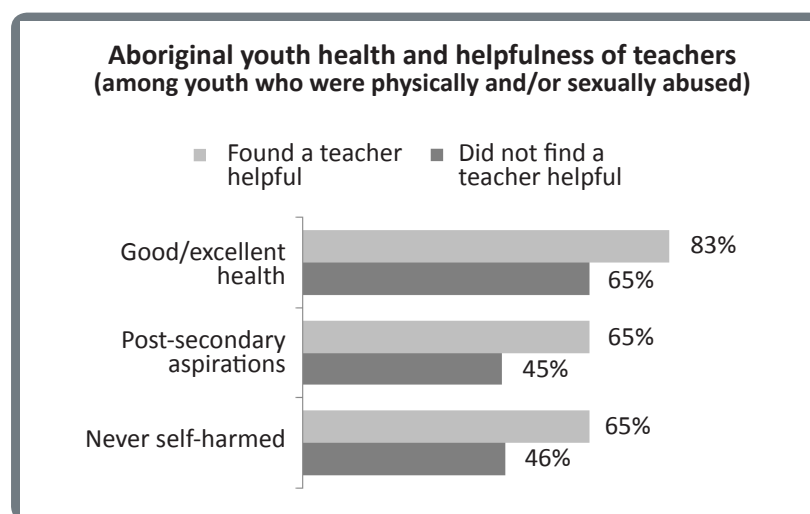
School connectedness is a measure of how students feel about school and their relationships with their teachers and peers. Similar to family connectedness, Aboriginal students who were highly connected to their school were more likely to report that they felt good about themselves and that their life was useful. They were also more likely to report good health overall, intend to graduate high school and were more likely to have post-secondary educational aspirations.

Youth who felt like they were part of their school were less likely than those who did not feel this way to have regularly skipped school in the past month (9% vs. 47%), and were more likely to plan to graduate high

school and possibly attend a post-secondary institution (83% vs. 58%).

How youth felt they were treated at school was also important. If youth strongly agreed that their teachers treated them fairly, they were less likely to experience extreme stress (14% vs. 42% who felt their teachers did not treat them fairly) or to regularly skip school in the past month (7% vs. 49%).

Aboriginal students who felt that their teachers cared about them or who perceived their teachers to be helpful reported better health outcomes, even if they were facing challenges in their lives, such as living in government care or having a history of physical and/or sexual abuse.



“Youth need stuff to keep them busy on their free time. During the free time we could be learning our culture. We could be interacting with the world!”

– Youth

Engagement in activities

Taking part in extracurricular activities at least once a week, such as sports, dancing or volunteering, had a positive influence on how Aboriginal youth rated their physical and mental health. For example, youth who played organized sports on a weekly basis were less likely to have self-harmed (22% vs. 32% who played less frequently) or to have had suicidal ideation in the past year (14% vs. 22%), and were more likely to plan to graduate high school or a higher level of education (81% vs. 73%).

Being engaged in extracurricular activities allows young people to develop skills, meet other young people in a positive environment, have fun, and have access to adult role models. Aboriginal youth who had experienced multiple traumas or other barriers to healthy development appeared to benefit from opportunities to take part in weekly activities.

Twelve percent of Aboriginal youth reported

that they had been physically and/or sexually abused, had a family member or friend attempt or commit suicide, and had also been the victim of school-related bullying in the past year. Yet, if they played any type of sports on at least a weekly basis, they reported better physical and mental health. For example, over three quarters (78%) of youth who had experienced all three traumatic experiences but also played weekly organized sports, reported they were in good or excellent health compared to 57% who were not engaged on a weekly basis. Furthermore, 65% felt their life was useful (vs. 53% who did not play weekly). Similarly, if they had played weekly informal sports, 74% reported good or excellent health compared to 52% who had not played regularly.

Although taking part in activities was important for health, it was also important that those activities felt meaningful and that youth felt valued and listened to within them. Again, this was particularly important for Aboriginal youth who were experiencing challenges in their lives.

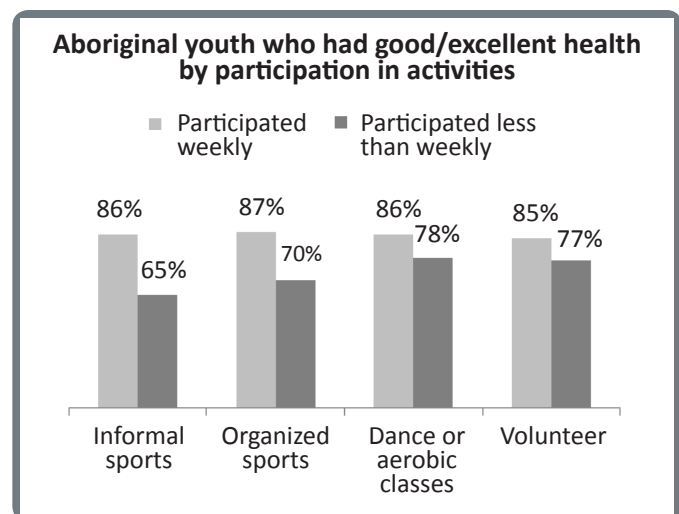


Students who did not feel they had a supportive adult in their lives (either within or outside of their family) but were engaged in activities that were meaningful to them, were more likely to rate their health as good or excellent (78% vs. 51% who felt their activities were less meaningful) and to feel good about themselves (68% vs. 56%). They were also less likely than youth who were not engaged in meaningful activities to have regularly binge drank in the past month (9% vs. 17%, among those who had tried alcohol).

Meaningful engagement in any activity (whether it was physical activity, the arts, a community group, a hobby or volunteer work) also had positive associations for youth who experienced a range of challenges in their lives. For example, among youth who had been abused, had a friend or family member attempt or commit suicide and had been bullied in the past year, those who were highly engaged in their activities were less likely to have ever tried alcohol (83% vs. 96% of those whose activities were not at all meaningful) and more than twice as likely to

plan to attend a post-secondary educational institution.

Taking part in volunteer activities within their community also made a difference for young people without a supportive adult in their lives. If these youth volunteered on at least a weekly basis, they were more likely to report good/excellent health than those without support who did not volunteer regularly (79% vs. 60%).



Final thoughts

In this report we have discussed the health picture of Aboriginal youth in mainstream schools across BC. We have seen improvements in many areas such as alcohol, marijuana and tobacco use, but we have also seen that many Aboriginal youth still face challenges to their healthy development. They require the support of strong communities, supportive schools and culturally sensitive services to navigate their way through adolescence and make a healthy transition to adulthood.

In addition to highlighting improving trends in Aboriginal youth health, we have also shown that there are areas where efforts need to be increased to improve health disparities between those in different parts of the province and for those living on reserve. Yet wherever youth live, rates of abuse, violence, suicide attempts and discrimination remain unacceptably high.

We cannot look at these results without thinking about the context in which they occur. Across the province, the continuing impact of residential schools, and other policies and practices which have marginalized

and discriminated against Aboriginal peoples, has been evident. However, the hopefulness and determination of youth to restore their communities to the position of strength that they held prior to contact and colonization have also shone through.

It is hoped that this report will be used to identify what is needed to improve Aboriginal youth health in BC. It also offers some ideas about fostering protective factors which build on the already existing assets, resilience and strengths of Aboriginal youth and their communities. These are evident in every chapter of this report.

The efforts by government departments, delegated agencies and others who are working in partnership with Aboriginal people to restore communities to a position of strength can only help to build resilience and improve the health picture for Aboriginal youth in BC. There have been many changes in Aboriginal youth health since the first Raven's Children report was published in the 1990's, and it is hoped there will be many more positive results in the years to come.

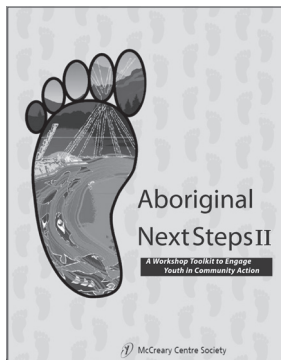


Appendix: Differences in Aboriginal youth health on and off reserve

		On reserve	Off reserve	On-off reserve difference
Ate dinner with a parent on all of the last five school days	2008 2003	42% ↓ 55%	48% ↓ 55%	Yes No
Did not get needed medical help in past year	2008 n/a	23%	18%	Yes
Often or always went to bed hungry because there was not enough money for food at home	2008 n/a	16%	3%	Yes
Lived in government care in past year	2008 2003	11% = 7%	4% ↓ 6%	Yes No
Spoke a language other than English at home sometimes or most of the time	2008 2003	57% ↑ 42%	31% ↑ 26%	Yes Yes
Strongly agreed to having strong sense of belonging to own ethnic or cultural group	2008 n/a	21%	10%	Yes
Strongly agreed to participating in cultural practices of own ethnic or cultural group	2008 n/a	25%	8%	Yes
Liked school “some” or “very much”	2008 2003	74% = 80%	81% ↑ 75%	Yes Yes
Skipped three or more days of school in past month	2008 2003	29% ↑ 17%	15% = 16%	Yes No
Expected to finish education before high school	2008 2003	10% ↑ 2%	2% ↑ 1%	Yes No
Expect to finish education when graduated from a post-secondary institution	2008 2003	47% = 53%	65% = 63%	Yes Yes
Rated health as good or excellent	2008 2003	71% = 78%	80% ↓ 84%	Yes No
Obese according to body mass index	2008 2003	16% ↑ 8%	6% = 7%	Yes No
Always ate breakfast on school days	2008 2003	34% = 36%	42% = 45%	Yes Yes
Yesterday, consumed at least once:				
Milk, cheese, yogurt	2008 n/a	78%	89%	Yes
Pop/soda	2008 n/a	66%	51%	Yes
Energy drinks	2008 n/a	34%	18%	Yes
Cookies, cake, donuts, chocolate bars	2008 n/a	57%	61%	Yes
Pizza, hot dogs, potato chips, French fries	2008 n/a	64%	52%	Yes
Ever tried cigarette smoking	2008 2003	54% ↓ 63%	39% ↓ 48%	Yes Yes
Used chewing tobacco in past month	2008 n/a	16%	6%	Yes
First tried alcohol at age 12 or younger (among those who had tried)	2008 2003	55% ↑ 41%	40% ↓ 50%	Yes No

		On reserve	Off reserve	On-off reserve difference
Ever tried marijuana	2008 2003	56% ↓ 65%	45% ↓ 54%	Yes Yes
First tried marijuana at age 12 or younger (among those who had tried)	2008 2003	51% ↑ 39%	33% = 37%	Yes No
Ever used crystal meth	2008 n/a	14%	14%	Yes
Ever used prescription pills without doctor's consent	2008 2003	28% ↑ 13%	21% ↑ 11%	Yes No
Felt they needed help for their alcohol use in past year (among those who used alcohol)	2008 n/a	12%	5%	Yes
Felt they needed help for their drug use in past year (among those who used drugs)	2008 n/a	16%	6%	Yes
Rode in a vehicle driven by someone who had been drinking alcohol in past month	2008 2003	32% = 30%	24% = 27%	Yes No
Drank alcohol and drove at least once in past month	2008 2003	17% ↑ 8%	6% = 5%	Yes Yes
Always wore a seatbelt when riding in a vehicle	2008 2003	50% ↑ 35%	63% ↑ 49%	Yes Yes
Always wore a helmet when bicycling in past year (among those who rode a bike)	2008 2003	9% = 11%	20% = 18%	Yes Yes
Ever had sexual intercourse	2008 2003	41% = 43%	33% = 36%	Yes No
First had sex before the age of 12 (among those who ever had sex)	2008 2003	19% ↑ NR	7% ↑ 5%	Yes Yes
Used birth control pill last time had sex (among those who ever had sex)	2008 2003	28% = 23%	44% = 40%	Yes Yes
Used no method of contraception last time had sex (among those who ever had sex)	2008 2003	22% = 16%	9% = 8%	Yes No
Ever been pregnant or gotten someone pregnant (among those who ever had sex)	2008 2003	23% = 15%	11% ↑ 7%	Yes Yes
Ever been sexually abused	2008 2003	30% = 24%	18% = 17%	Yes Yes
Physically assaulted by youth at or on the way to/from school in past year	2008 2003	21% = 15%	13% ↓ 16%	Yes No
Discriminated against due to race in past year	2008 2003	38% = 40%	14% ↓ 18%	Yes Yes
Carried a weapon to school in past month	2008 2003	20% ↑ 11%	12% = 11%	Yes No
Someone in family attempted or committed suicide	2008 2003	43% = 37%	25% = 25%	Yes Yes
Considered suicide in past year	2008 2003	24% = 23%	17% ↓ 23%	Yes No
Attempted suicide in past year	2008 2003	18% = 18%	10% = 11%	Yes Yes
Somewhat or very religious or spiritual	2008 2003	58% = 63%	46% ↓ 55%	Yes Yes
n/a Trend not available because question was not included or was different in 2003 AHS.				
= No change from 2003 to 2008 within reserve category.				
↓ Decreased from 2003 to 2008 within reserve category.				
↑ Increased from 2003 to 2008 within reserve category.				
NR Not releasable due to risk of deductive disclosure.				
* Interpret with caution as the margin of error is higher than expected but still within an acceptable range.				

Aboriginal Next Steps and other McCreary resources



The *Aboriginal Next Steps* is designed to engage Aboriginal youth ages 13 to 19 in promoting youth health within their community. Youth participate in workshops to discuss the current status of youth health; dispel negative myths and build positive attitudes; create multimedia messages which highlight and promote Aboriginal youth health; and then design and deliver a 'by youth for youth' project to improve the health of young people in their communities.

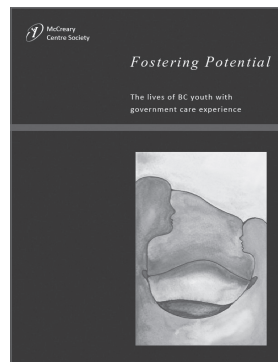
McCreary provides trained Aboriginal staff support throughout the *Next Steps* program as well as small grants for youth to deliver their community-based project.

For more details or to talk to someone about facilitating a *Next Steps* in your community, please contact nextsteps@mcs.bc.ca. For more information about the community projects that were developed in the second Aboriginal Next Steps (2009), or to watch films created by youth, visit: www.mcs.bc.ca/aboriginal_next_steps.



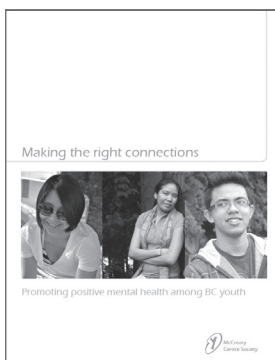
Raven's Children II: Aboriginal youth health in BC (2005)

Using data from the 2003 BC AHS, *Raven's Children II* shows that most Aboriginal students are healthy, feel connected to their families and school, and volunteer in the community.



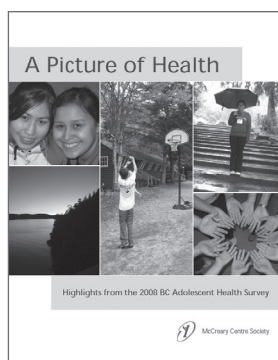
Fostering Potential: The lives of BC youth with government care experience (2011)

Fostering Potential focuses on the lives of BC youth who have been involved in the government care system. The report profiles the experiences of these youth and details many protective factors that promote their health and well-being.



Making the Right Connections: Promoting positive mental health among BC youth (2011)

This report gives an overview of youth mental health in British Columbia and looks at some of the risk and protective factors for developing positive mental health. The report shows that the majority of Grade 7-12 students in BC report positive mental health and low rates of mental health challenges.



A Picture of Health: Highlights from the 2008 BC Adolescent Health Survey (2009)

This report summarizes findings from the fourth BC Adolescent Health Survey. Conducted in 2008 the survey asked over 29,000 youth about their physical and emotional health and about factors that can influence health. The report highlights trends in youth health, and identifies risk and protective factors for positive health.

For any of these, or other materials by McCreary Centre Society, visit our website at www.mcs.bc.ca.



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