

Raven's Children IV



Aboriginal youth health in BC



McCreary
Centre Society

Cover Art by Yul Baker

Raven Bringing Light to Darkness

The design represents the time when raven stole and released the light (sun).

About the artist

Yul Baker carries two traditional names: One from the Kwakwaka'wakw (Walla-bossa-ma), and one from the Nuu-chah-nulth (Ge-mock-soth). He is an avid athlete and won a World Championship in lacrosse with the Rochester Nighthawks in 1997. Yul has been working as an artist since 2003, and has trained with Kwakwaka'wakw artist Klatle-Bhi and Coast Salish/Tlingit artist Ray Natrall. He primarily carves masks in red and yellow cedar. In February 2008, Yul graduated from the Northwest Coast Jewellery Arts Program at Vancouver's Native Education College, which was led by Haida/Kwakwaka'wakw artist Dan Wallace.

Photography by Hannah Neumayer, Carmel Shalom, and Jessica Tourand.

"Flying Ravens" courtesy of www.artamp.com.

"Totem" image by Morguefile.

Raven's Children IV

Aboriginal youth health in BC

YOUTH HEALTH • YOUTH RESEARCH • YOUTH ENGAGEMENT

Founded in 1977, McCreary Centre Society is a non-governmental not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.

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Quotes from Aboriginal youth who completed the survey or took part in discussions about the results are included throughout the report.

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Key findings

There have been many improvements in Aboriginal youth health over the past decade. For example, there was a decrease in the percentage reporting serious injuries and an increase in those eating fruit and vegetables.

Youth were less likely to have tried tobacco, alcohol, marijuana, or other substances than in previous years; and the percentages who had used injecting as a method of drug use halved. There was also a decrease in youth reporting drinking and driving.

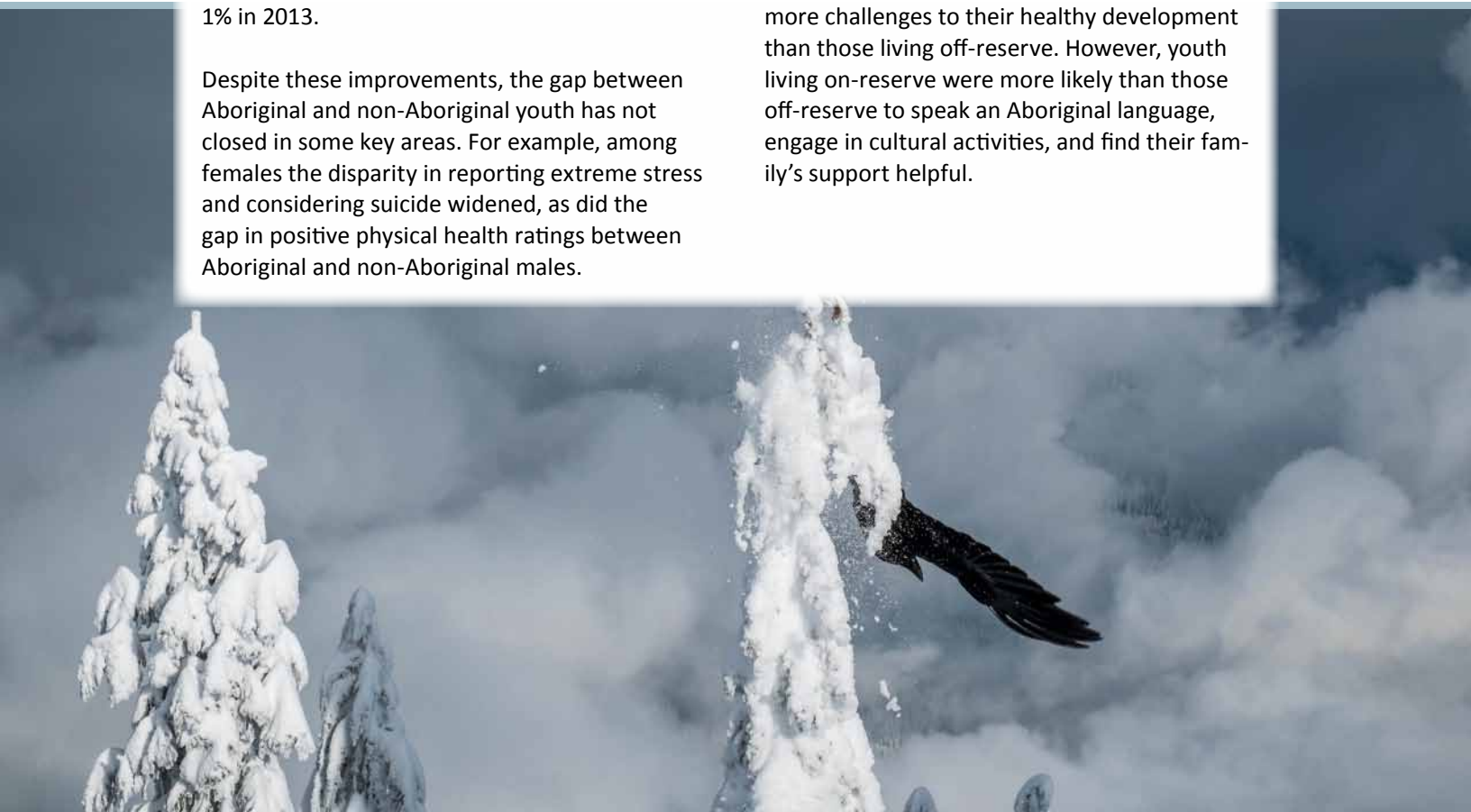
Three quarters of Aboriginal youth intended to continue to post-secondary education after high school (including 83% of students in Grade 12). The percentage of youth who did not expect to finish high school decreased from 3% in 2008 to 1% in 2013.

Despite these improvements, the gap between Aboriginal and non-Aboriginal youth has not closed in some key areas. For example, among females the disparity in reporting extreme stress and considering suicide widened, as did the gap in positive physical health ratings between Aboriginal and non-Aboriginal males.

Discrimination continues to impact the health of Aboriginal youth. Youth who experienced discrimination were less likely to report good or excellent mental health (61% vs. 84%) or physical health (73% vs. 88%), and they were more likely to have used substances compared to youth without this experience. Also, 24% of students who had experienced racial discrimination in the past year did not access needed medical care during that time, compared to 10% who had not faced such discrimination.

After worsening between 2003 and 2008, a number of key health trends returned to 2003 levels, including the percentage of youth experiencing physical or sexual abuse or dating violence.

Youth living on-reserve generally experienced more challenges to their healthy development than those living off-reserve. However, youth living on-reserve were more likely than those off-reserve to speak an Aboriginal language, engage in cultural activities, and find their family's support helpful.



There were also differences in the health picture of rural and urban students, which participants in community consultations credited to lack of available services and supplies in rural parts of the province. For example, in comparison to urban-based youth, rural youth were more likely to be obese (based on their BMI), to have hitchhiked in the past month (11% vs. 4%), and to have missed out on needed medical care because the service they needed was not available in their community.

The importance of Aboriginal languages and cultural connectedness were talked about by youth, Elders, and other adults who participated in consultations about the report. This was supported by the survey results. For example, youth who spoke an Aboriginal language were more likely than those who did not to feel quite a bit or very much like a part of their community (40% vs. 35%). Only 6% of youth who had never lived on-reserve spoke an Aboriginal language (compared to 41% living on-reserve). However, if they did speak an Aboriginal language, they were less likely to report mental health challenges and were more likely to be engaging in positive health behaviours.

There were many health benefits associated with participating in cultural activities. For example, those who engaged in weekly cultural activities in the past year were more likely than those who did not take part to feel highly connected to school, feel like a part of their community, and volunteer weekly in their community. Similarly, eating traditional foods from their culture was linked with positive mental health for Aboriginal youth.

Importance of positive relationships

The importance of relationships and connections was evident through the survey results and emerged as a key theme in all community consultations. Both youth and adults spoke about the importance of supportive relationships with friends, mentors, and adult role models in the lives of Aboriginal youth. Youth who had supportive and caring adults in their lives reported better health. For example, those who felt an adult in the community cared about them were more likely to feel good about themselves (80% vs. 67% who did have such an adult in their life) and to rate their overall health as good or excellent (83% vs. 77%).

Youth who received helpful support from their family were less likely to experience extreme stress or despair in the past month or to have attempted suicide in the past year, and were more likely to see a positive future for themselves than youth who turned to their family for support but did not find this helpful.

Youth who had supportive relationships at school and felt highly connected to school were more likely to plan on continuing their education after high school and were less likely to have skipped class in the past month or to have attempted suicide or self-harmed in the past year (compared to those with lower school connectedness).

Aboriginal youth in 2013 were more likely than their peers over the past decade to report they had friends who would be upset with them if they dropped out of school, got pregnant or got someone pregnant, got arrested, beat someone up, or got drunk. Youth who had friends with these positive attitudes were less likely to engage in health risk behaviours.

Introduction

McCreary Centre Society (McCreary) is a non-governmental, not-for-profit organization that aims to improve the health of BC youth through research, evaluation, and community-based projects.

The BC Adolescent Health Survey (BC AHS) is a project of McCreary. It is a voluntary and anonymous survey administered to students in Grades 7-12 in mainstream public schools across the province. The survey has been conducted every five years since 1992. In 2013, almost 30,000 students in 56 of BC's 59 school districts completed the survey.

For the 2013 provincial and regional results and details of the survey methodology, visit www.mcs.bc.ca.

Raven's Children

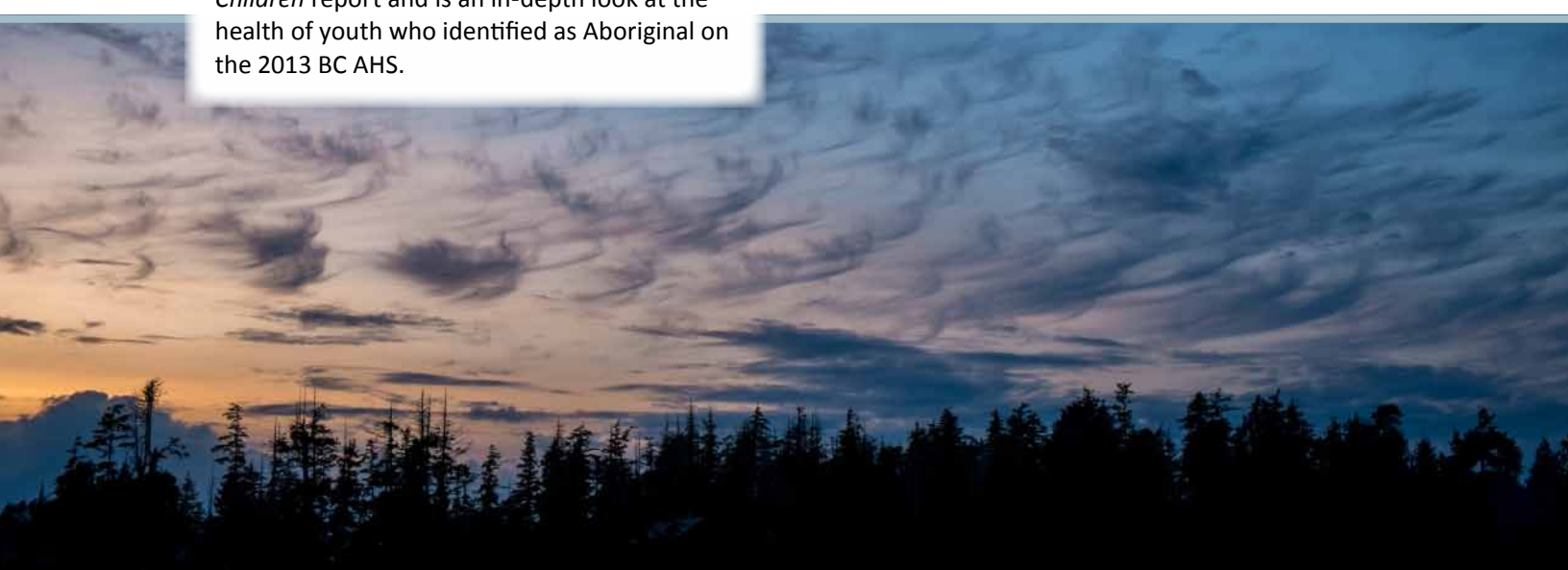
Since 1998 McCreary has worked in partnership with Aboriginal researchers and community Elders, youth, and adults to produce a specific report about the health of Aboriginal youth who complete the BC AHS. This is the fourth *Raven's Children* report and is an in-depth look at the health of youth who identified as Aboriginal on the 2013 BC AHS.

The report contains data from the survey, along with the views of community members who reviewed the data. This included youth, Elders, and Aboriginal service providers in Chilliwack, Kamloops, Kelowna, Nanaimo, North Shore, Prince George, Vancouver, and Victoria, as well as Métis youth from across the province at the MNBC Ministry of Youth BC annual meeting.

We are indebted to everyone who helped to guide the analyses, provide context to the results, and ensure the report is as culturally sensitive as possible.

Context of the report

When we released *Raven's Children III*, we noted that the results could not be viewed without acknowledging the ongoing impact of colonization, the Indian Act, and the residential school system. We also recognized that Aboriginal communities were healthier and thriving prior to colonization, and hoped that the strengths of those communities would continue to grow as Aboriginal peoples are treated more equitably.





Since the last BC AHS in 2008 there have been a number of changes which may have impacted Aboriginal youth who completed the 2013 survey. These included:

- A public apology to Aboriginal Peoples by Canada's then Prime Minister, Stephen Harper, for the Indian Residential School system, and a decree that there would be no more policies of forced Aboriginal assimilation.
- Tsawwassen First Nation achieved the transfer of land and self-government jurisdiction to join Nisga'a as the second of 202 BC First Nations to achieve such a treaty.
- The First Nations Health Authority (FNHA) was created and became the first province-wide health authority of its kind in Canada responsible for the delivery of First Nations health programs and services.
- Common Experience Payments (CEP) were offered to First Nations, Métis, and Inuit former students that recognized the impacts of living at an Indian residential school.
- The Truth and Reconciliation Commission of Canada highlighted what happened in Indian residential schools and made 94 recommendations to address the continuing legacy of the residential school system, to improve the lives of Aboriginal peoples, and to restore relations between Aboriginal and non-Aboriginal Canadians. (A number of these recommendations are highlighted throughout this report.)

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

19 The federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities.

- The *Gender Equity in Indian Registration Act* (GEIRA) was passed ensuring that eligible grandchildren of women who lost status as a result of marrying non-Indian men are entitled to Indian status. Youth aged 15-19 are reportedly one of the largest groups of new applicants.
- A 2011 From the Throne Speech acknowledged the need to improve socio-economic outcomes for Aboriginal peoples living off-reserve and committed the provincial government to work with Aboriginal partners, the federal government, and local governments to develop an Off-Reserve Aboriginal Action Plan.
- The *Daniels vs. Canada* case created federal jurisdiction for Métis people and non-status Indians to have access to federal programs and services available to "status" Indians and Inuit.

Despite these positive steps, discrimination and inequality remain a reality for many Aboriginal people, as was highlighted in the 2012 Report of Missing Women Commission of Inquiry into serial killer Robert Pickton, led by Commissioner Wally Oppal, QC.

Definitions used in this report

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

ABORIGINAL: Any student who self-identified as Aboriginal, First Nations, Métis, or Inuit on the survey.

CURRENTLY ON-RESERVE: Youth who currently lived some or all of the time on-reserve.

GOVERNMENT CARE: Youth in the care of the BC government (in a foster home, group home) or on a Youth Agreement (which is considered an alternative to care).

HEAVY SESSIONAL DRINKING: Consumed five or more drinks within a couple of hours.

IN-PERSON BULLYING: Teased, socially excluded, or physically assaulted by another youth while at school or on the way to or from school.

PARENT: Student's parent(s) or guardian(s).

SEXUALLY ABUSED: This includes youth who reported that they had been sexually abused, forced into sexual activity against their will, or were the younger of an illegal age pairing the first time they had sex.

TWO-SPIRIT: An umbrella term used within some Aboriginal communities to refer to diverse gender identities, gender presentations, and sexual orientations. For many Aboriginal people, connections to land, culture, and spirituality are key aspects of Two-Spirit identity.

YOUTH AGREEMENT: An alternative to government care which supports youth to live independently. It is for young people aged 16 to 18 who are homeless and cannot live with their family, and for whom government care is not an option.

YOUTH OR STUDENT: Refers to those who self-identified as Aboriginal, unless otherwise specified in the report.

Analyses for this report

All associations and comparisons presented in this report are statistically significant at $p < .05$. This means there is up to 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.

Analyses were done to see if some of the disparities in the health picture of Aboriginal and non-Aboriginal youth seen in previous years were changing. To do this analysis only school districts who had participated in the 2003, 2008, and 2013 BC AHS were included.

Where an asterisk (*) appears beside a percentage, this figure should be interpreted with caution as the standard error was relatively high but still within a releasable range.

The report contains comparisons between the health of youth currently living on-reserve and those living off-reserve. There was no difference between the health of youth living on-reserve full-time and youth living on-reserve some of the time, unless noted in the text.

Limitations

As with all surveys there are limitations to the BC AHS. Most significantly, the BC AHS was not designed as an Aboriginal-specific survey, asked few culturally-specific questions, and was only administered within BC's mainstream public school system.

The survey only captures the health picture of Aboriginal youth who were in school on the day the survey was administered.

Aboriginal youth in BC

“Being Métis is something kind of cool, it's becoming more popular. I think more youth will identify [as Métis] in the future.”

As in 2008, 10% of youth identified as Aboriginal on the 2013 BC Adolescent Health Survey. Among these youth 64% were First Nations, 32% Métis, 2% Inuit, and 6% identified as another Aboriginal identity (with some listing their specific band affiliations).

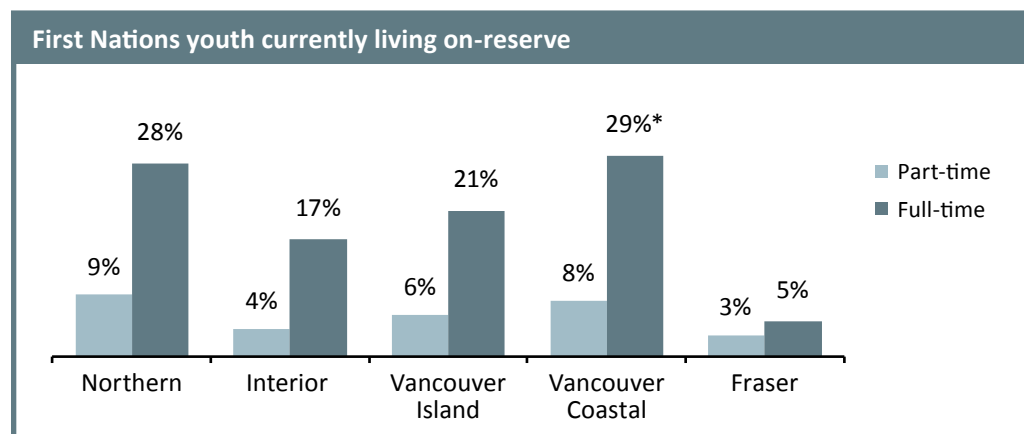
Forty-two percent of Aboriginal youth identified as solely Aboriginal, while the remainder reported a combination of Aboriginal and other ethnic backgrounds. The percentage who identified as exclusively Aboriginal was higher than in 2008 (38%) and similar to 2003.

Regionally, Aboriginal youth made up the greatest percentage of the population in the North (29% of all students), followed by Interior (16%), Vancouver Island (12%), Fraser (6%), and Vancouver Coastal (4%).

Just over a quarter (27%) of Aboriginal students took the survey in rural areas and 73% in urban areas.

Living on-reserve

Reflecting results in 2003 and 2008, 26% of Aboriginal youth had ever lived on a reserve. Among First Nations youth specifically, 19% were currently living on-reserve all the time, 6% lived there some of the time, and 12% had lived on-reserve previously but no longer did.



* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.



Sexual orientation and gender identity

Aboriginal youth were less likely to identify as completely straight (heterosexual) than in previous years (76% in 2013 vs. 80% in 2008). Eight percent identified as mostly straight; 6% as lesbian, gay, or bisexual; 2% as questioning; and 8% did not have attractions. Females were over twice as likely as males to identify as mostly straight; lesbian, gay, or bisexual; or questioning.

For the first time the survey asked about transgender identity and about being Two-Spirit. One percent of Aboriginal youth identified as transgender and 5% identified as Two-Spirit. Youth who were currently living on-reserve were more likely to identify as Two-Spirit (13% vs. 3% off-reserve).

A glance at the health of Two-Spirit youth

Two-Spirit youth can experience challenges navigating colonial definitions of gender, as well as the traditional roles and responsibilities of Two-Spirit people within their communities. Some Aboriginal people see remembering and reimagining the roles of Two-Spirit people as vital to the health of their communities.

Two-Spirit youth can face homophobia or transphobia in their communities, as well as racism, sexism, and classism in the non-Aboriginal or LGBTQ community. Recommendations we heard for supporting Two-Spirit youth included reducing gendered language and educating the public on Two-Spirit identity and the unique challenges these youth face, as well as fostering strong cultural connections and facilitating relationships both within Aboriginal communities and the Two-Spirit community itself.

- 71% rated their overall health as good or excellent and 67% rated their mental health this way.
- 49% participated in traditional or cultural activities in the past year.
- 39% spoke an Aboriginal language.
- 10% saw themselves engaged in their community in five years.
- 34% seriously considered suicide and 30% attempted suicide in the past year.
- 36% were discriminated against for being different in the past year.
- 30% had been physically abused and 29% had been sexually abused.
- 35% ran away from home in the past year.
- 70% usually felt good about themselves and their abilities.

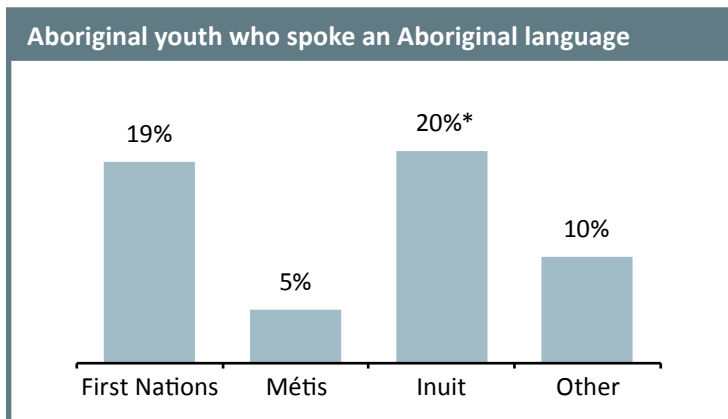
“ It's so different—I can understand some words but when my grandma and mum are talking it's totally different. ”

Aboriginal language

Overall, 14% of youth reported speaking an Aboriginal language. Speaking an Aboriginal language was more common among young people who had lived on-reserve. Also, 41% currently living on-reserve spoke an Aboriginal language compared to 29% who had previously lived on-reserve and 6% who had never lived on-reserve. Youth in the Fraser region were the least likely to speak an Aboriginal language (8%).

Among students who spoke an Aboriginal language, the majority (63%) spoke a language other than English at home some of the time, while 7% did so most of the time.

In discussions across the province, youth who spoke an Aboriginal language told us they had primarily learned from Elders in their family and community, and some learned it at school. Youth who did not live in their home community or have family that spoke their language found it difficult to learn. Métis youth felt it was particularly hard for them to find Michif resources and Elders they could learn from.



Note: The differences between Inuit and First Nations and between Inuit and Other Aboriginal backgrounds were not statistically significant.

* The percentage should be interpreted with caution as the standard error was relatively high but still within a releasable range.



“ I'm in [Aboriginal language] classes but I want to learn more. ”

Home life

As in 2008 the majority of students lived with at least one parent. However, there was a decrease in the percentage who lived with their mother (from 83% in 2008 to 77% in 2013) or with both parents at different times (from 20% to 10%).

Youth currently living on-reserve were twice as likely as youth off-reserve to be living with grandparents. They were also more likely to be living alone or with related adults other than their grandparents or parents, and were less likely to be living with their mother.

Who Aboriginal youth lived with most of the time	
Mother or stepmother	77%
Father or stepfather	60%
Sibling(s) or stepsibling(s)	49%
Grandparents	10%
Other related adults	4%
Foster parents	3%
Other non-related adults	2%
Other children or youth	2%
Live alone	1%
Two mothers/fathers	1%
Own child(ren)	1%

Note: Youth could choose more than one response.

Housing stability

Housing instability can be a risk factor for a number of negative health outcomes. In the past year 31% of youth moved from one home to another, with 8% moving three or more times. Also during this time 21% of females and 13% of males ran away.

Youth who had not moved or run away reported better mental health. For example, 81% of youth who had stayed in the same home rated their mental health as good or excellent compared to 64% who had moved or run away.

Parental presence and family responsibilities

The majority of students (86%) had at least one parent who worked locally, 8% had parents who did not work, and others had parents who worked outside their community.

Seven out of ten youth reported that their parents mostly or always knew what they were doing in their spare time, and 68% ate their evening meal with their parents most or all the time.

Almost three quarters (73%) of Aboriginal youth had some caretaking responsibilities on an average school day. Two thirds (66%) cared for pets or other animals; 24% (28% of females vs. 21% of males) cared for a relative, including younger siblings; and 4% took care of their own child or children. Youth who were currently living on-reserve were more likely than their off-reserve peers to be taking care of a relative (28% vs. 24%) and their own child or children.



Going to bed hungry

While the majority (85%) of Aboriginal students reported never going to bed hungry because there was not enough money for food at home, 13% went to bed hungry sometimes, and 3% went to bed hungry often or always. The percentage of youth who often or always went to bed hungry decreased from 5% in 2008, and the percentage who never went to bed hungry increased from 82% in 2008.

Some young people were at greater risk of going to bed hungry, including youth whose parents were not working (35% vs. 14% who had at least one parent who was employed) and youth who lived part-time on-reserve and part-time off-reserve (29% vs. 19% living on-reserve full-time and 14% living off-reserve full-time).

Students who went to bed hungry reported poorer mental health (e.g., 27% reported feeling extreme despair in the past month vs. 8% who never went to bed hungry) and lower school connectedness.

Youth who went to bed hungry but were able to get their breakfast at school reported higher school connectedness than those who went to bed hungry but did not access a school breakfast program.

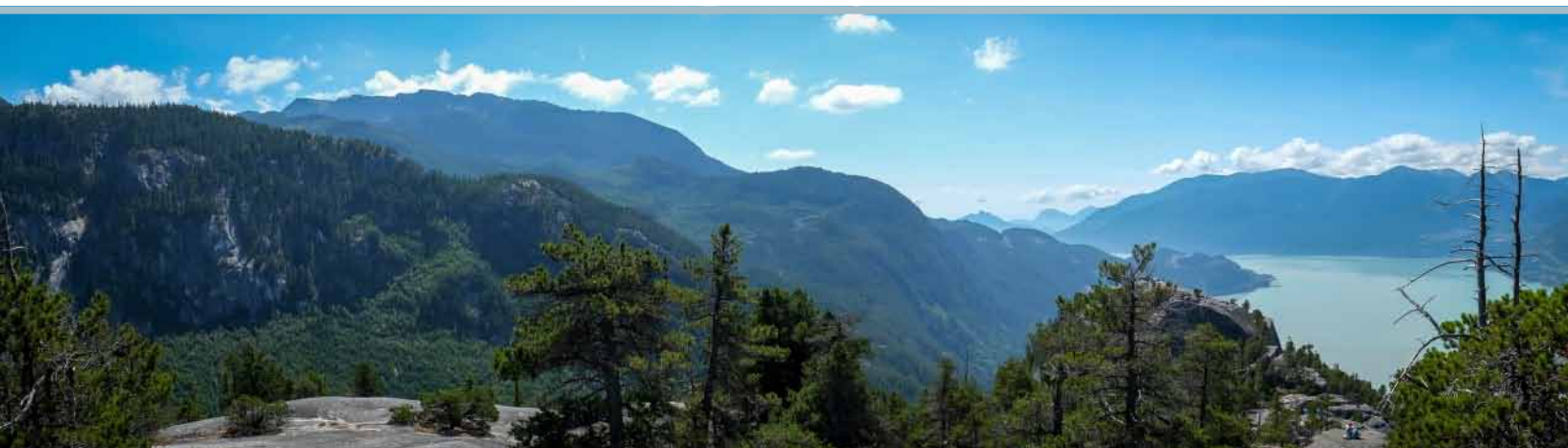
Aboriginal youth with government care experience

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

1 The federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in government care.

During community consultations, youth and adults expressed concern that the cultural needs of Aboriginal youth entering the government care system were not being met. Some youth in care felt very supported. Others felt they were not made aware of services and resources available to them, and had missed out on opportunities available to other youth such as organized sports and other extracurricular activities.

Aboriginal youth continued to be over-represented in the government care system, making up 37% of all youth currently staying in a foster home, group home, or on a Youth Agreement. Aboriginal youth in care were younger than non-Aboriginal youth: 52% of those with care experience were 14 years old or younger compared to 42% of non-Aboriginal youth.

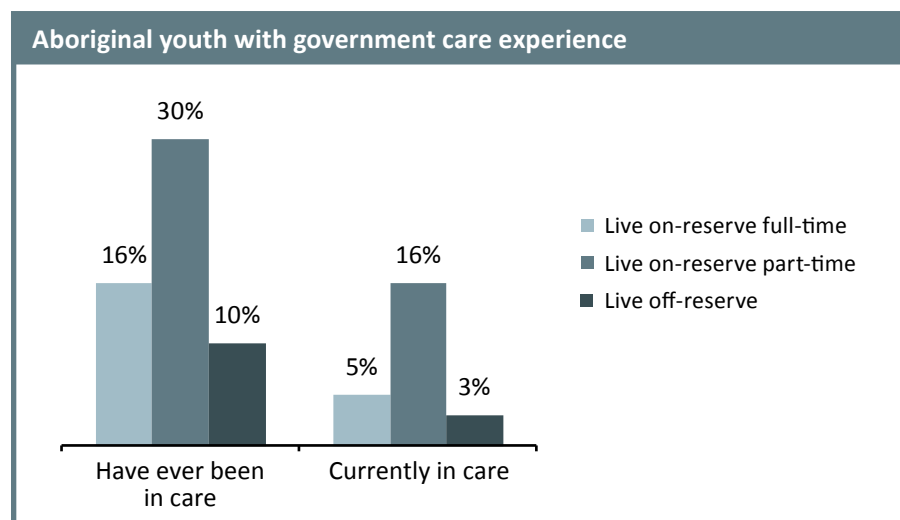


Similar to 2008, 12% of Aboriginal youth had ever stayed in a foster home, group home, or on a Youth Agreement. However, the percentage of Aboriginal youth who had been in care in the past year increased (from 4% to 6%), and 4% were currently in care (compared to 1% of their non-Aboriginal peers). Among youth currently in care, 8% were living with their grandparents and 30% were living with siblings or stepsiblings.

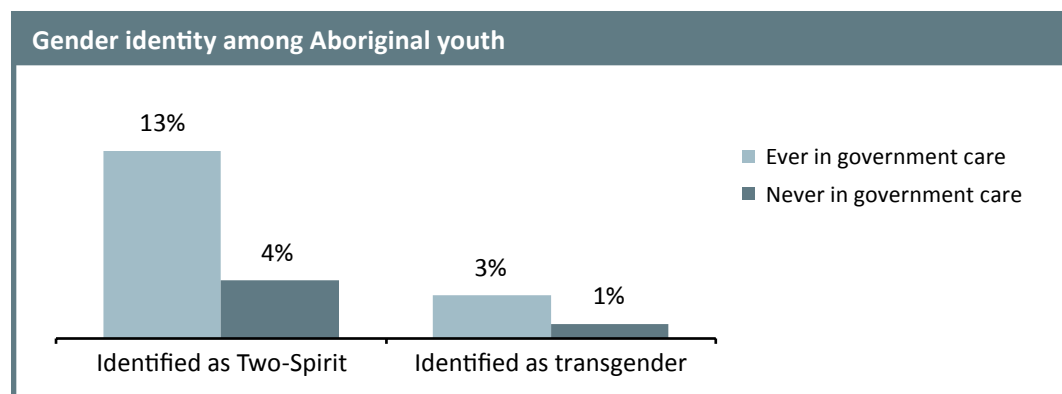
Youth with care experience were more likely than their peers without care experience to identify as lesbian, gay, bisexual, Two-Spirit, or transgender.

Youth who had been in government care were more likely than youth without this experience to report having run away (37% vs. 14%), moved house (53% vs. 28%), and moved regularly (20% had moved three or more times in the past year vs. 7% who had never been in care).

In discussions across the province, youth and adults expressed concern that young people in care are inadequately prepared for transitioning out of care and recommended that supports, especially housing and employment services, be extended past the age of 19.



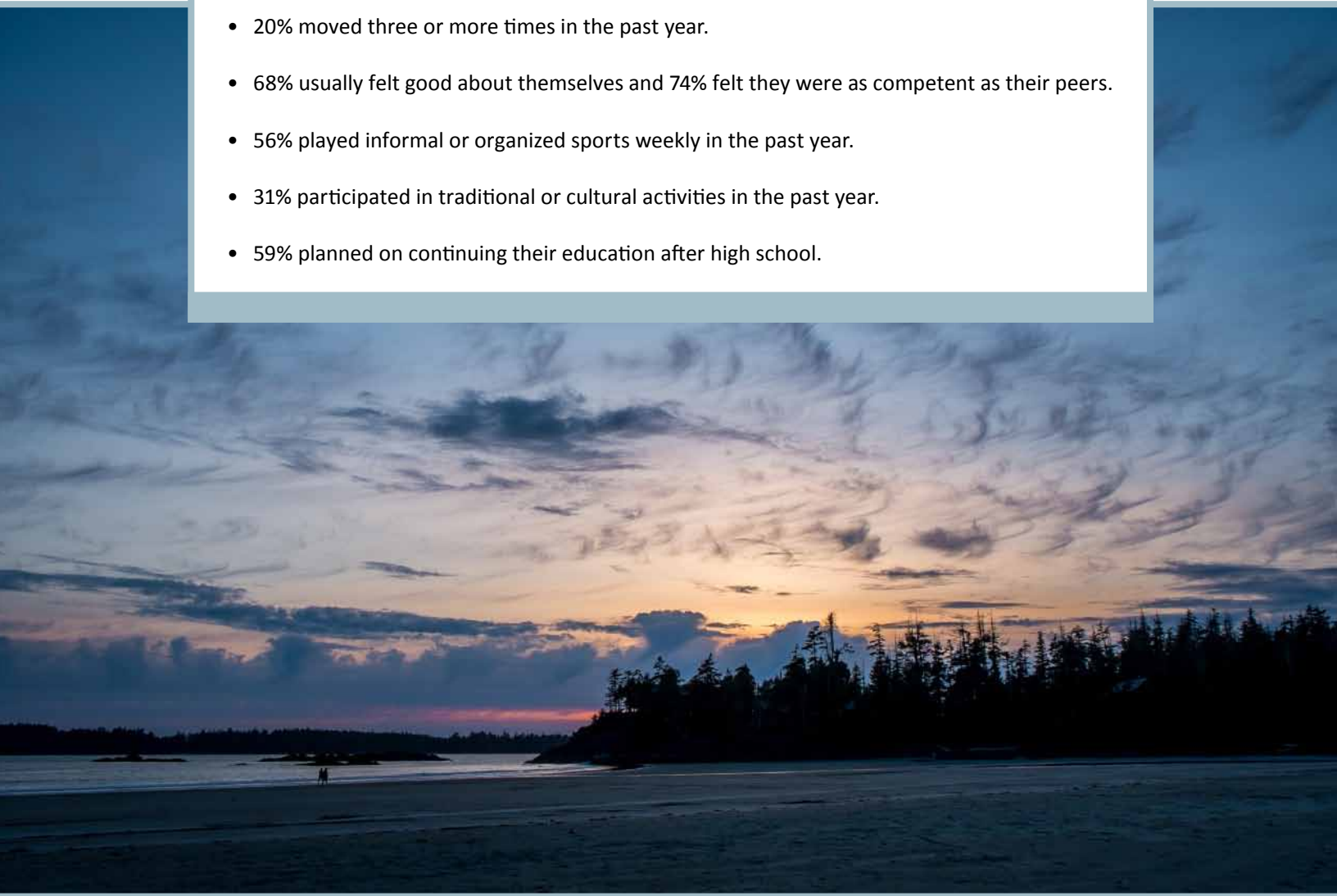
Note: For the “Currently in care” category, the difference between currently live on-reserve full-time and live off-reserve was not statistically significant.





A glance at the health of Aboriginal youth with government care experience

- 76% rated their overall health as good or excellent and 65% rated their mental health as good or excellent.
- 32% had ever been physically abused and 27% had been sexually abused.
- 32% faced discrimination for being seen as different in the past year.
- 32% seriously considered suicide in the past year and 2/3 of these youth attempted suicide.
- 37% ran away from home in the past year.
- 20% moved three or more times in the past year.
- 68% usually felt good about themselves and 74% felt they were as competent as their peers.
- 56% played informal or organized sports weekly in the past year.
- 31% participated in traditional or cultural activities in the past year.
- 59% planned on continuing their education after high school.



“ We should help every kid in care. ”



Supporting Aboriginal youth with care experience

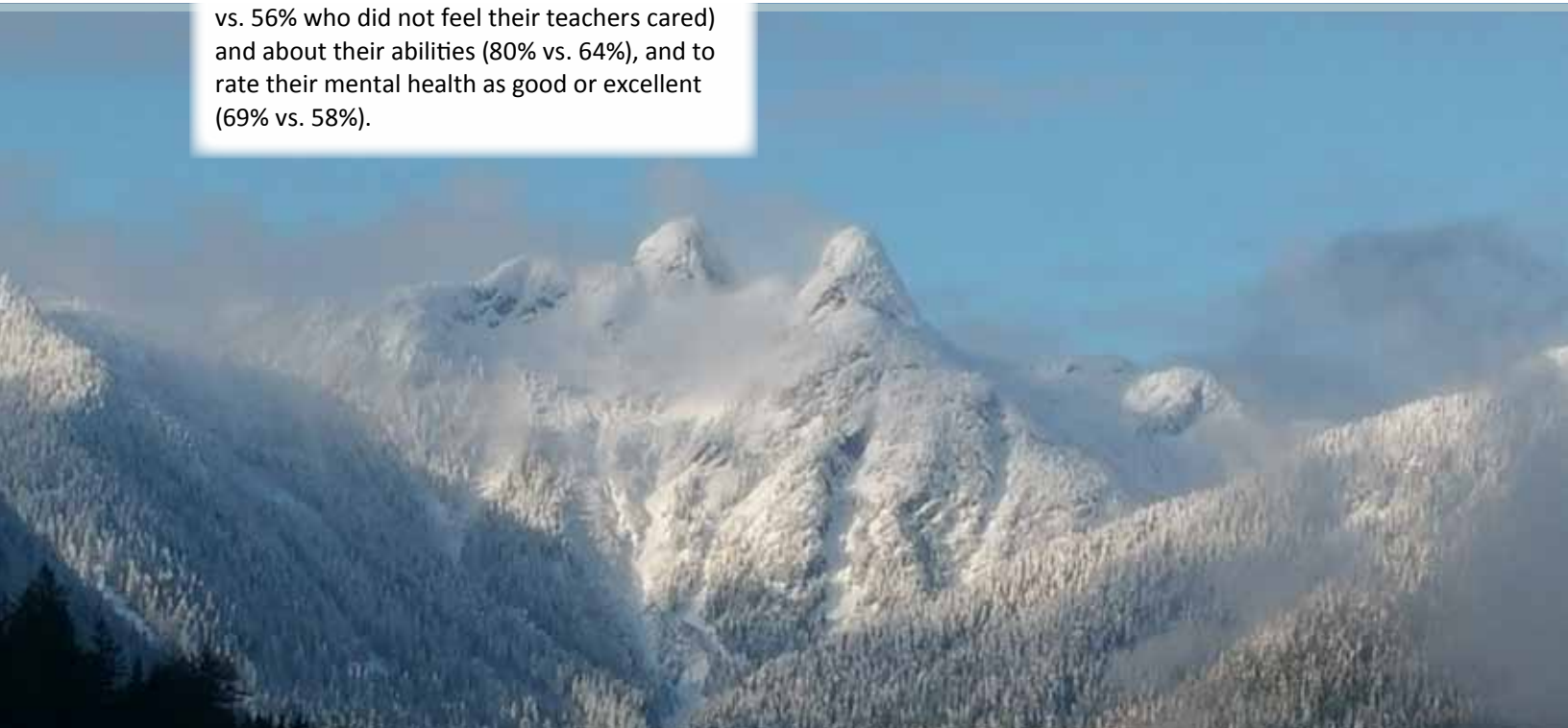
Having supportive relationships with adults and peers can be particularly important to youth who experience government care, and who may have lost connections to family, friends, school, or other sources of support.

Among Aboriginal students with care experience, those who had an adult to turn to if they had a serious problem were less likely to report extreme stress (17% vs. 27% who did not have an adult they could turn to) or despair (13% vs. 29%) in the past month. They were more likely to report feeling happy (57% vs. 30%) or calm (44% vs. 32%), and to rate their mental health as good or excellent (68% vs. 55%).

When youth had positive relationships with professionals, there were benefits. For example, youth who felt cared about by teachers were more likely to feel good about themselves (75% vs. 56% who did not feel their teachers cared) and about their abilities (80% vs. 64%), and to rate their mental health as good or excellent (69% vs. 58%).

Relationships with friends were also important for youth with care experience. For example, those who had friends who would be upset with them if they dropped out of school were more likely to plan to continue their education beyond high school (69% vs. 37%* who did not have friends who would be upset if they dropped out), and those whose friends would be upset with them if they got drunk were less likely to have tried alcohol (38% vs. 70%) or other substances.

Finally, Aboriginal students with care experience who felt safe at school were more likely than those who did not feel safe to report post-secondary aspirations (66% vs. 37%*).



Physical health

Similar to results in 2008 and 2003, the majority of Aboriginal youth rated their health as good or excellent (81%), with males more likely to do so than females. Those currently living off-reserve were more likely than those living on-reserve to rate their health this positively (82% vs. 77%).

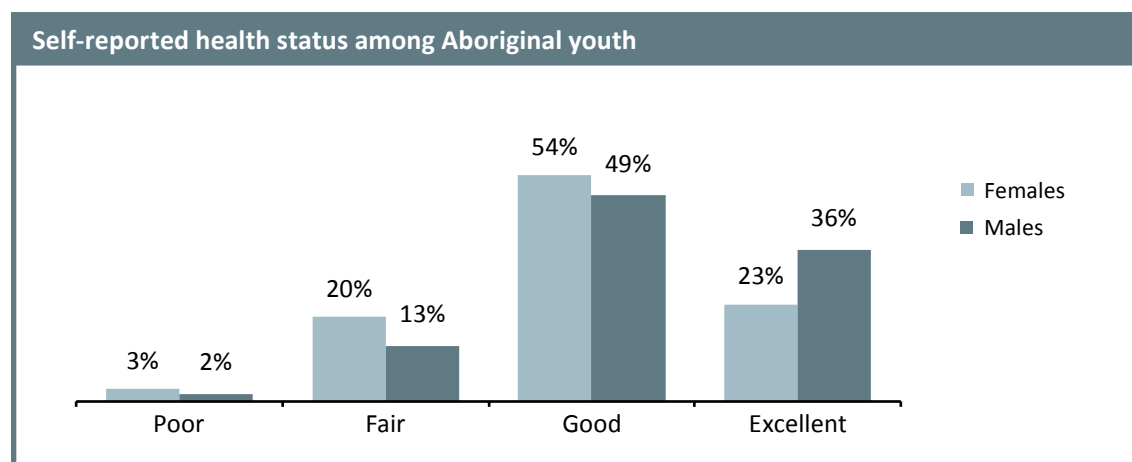
Aboriginal youth were less likely than their non-Aboriginal peers to rate their health as good or excellent. The disparity between Aboriginal and non-Aboriginal males widened from 2003 to 2013 and remained unchanged among females.

Over a third (36%) of Aboriginal youth reported having at least one health condition or disability. The most common were a mental or emotional health condition (16%) or a long-term or chronic medical condition (13%). Students also reported having behavioural conditions (7%), learning disabilities (7%), sensory disabilities (5%), severe allergies (3%), and physical disabilities (1%).

Females were more likely than males to have a health condition or disability (43% vs. 29%), and were almost three times more likely to report a mental or emotional health condition (23% vs. 8%). Over half (56%) of females and 32% of males with a health condition or disability reported that it prevented them from participating in activities that their friends were doing.

Access to medical services

Twelve percent of Aboriginal youth (15% of females vs. 9% of males) did not access medical care when they felt they needed it, which was a decrease from 18% in 2008. The most common reason youth gave for not accessing medical care was thinking or hoping the problem would go away (59%), followed by not wanting their parents to know (41%).

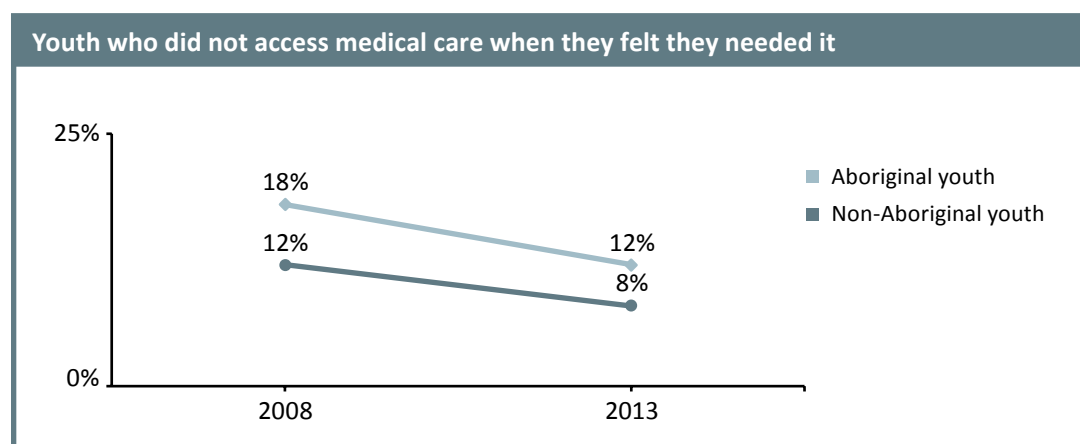


Students in rural areas were more likely than those in urban areas to report not accessing care because the service was not available in their community.

Aboriginal youth who had experienced discrimination in the past year were at least twice as likely to miss out on medical services they felt they needed. For example, 24% of students who had experienced racial discrimination did not

access needed medical care, compared to 10% who had not faced such discrimination. Other youth who were more likely to miss out on needed medical care included those who had been abused, sexually harassed, or bullied in person or online.

Most Aboriginal youth (80%) visited the dentist within the last 12 months, although 2% had never been to the dentist.



Most common reasons Aboriginal youth did not access medical care (among those who felt they needed it)		
	Females	Males
Thought or hoped the problem would go away	65%	47%
Didn't want parents to know	46%	31%
Afraid of what the doctor would say or do	37%	17%
Too busy to go	31%^	33%
Afraid someone I know might see me	27%	9%
Parents would not take me	23%	13%
Didn't know where to go	22%	8%
Had no transportation	19%^	12%
Didn't think I could afford it	18%	9%
Had negative experience(s) before	15%^	9%
Couldn't go when it was open	10%^	9%

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

Note: Youth could choose more than one response.

Mental health

In comparison to their non-Aboriginal peers, Aboriginal youth were more likely to report extreme stress or despair, self-harm, suicide ideation or attempts, and to have forgone needed mental health services.

There were some changes in the disparities between Aboriginal and non-Aboriginal youth mental health over the past decade. The gap between females reporting extreme stress widened, as did the gap for considering suicide. The gap between males reporting extreme despair narrowed between 2008 and 2013.

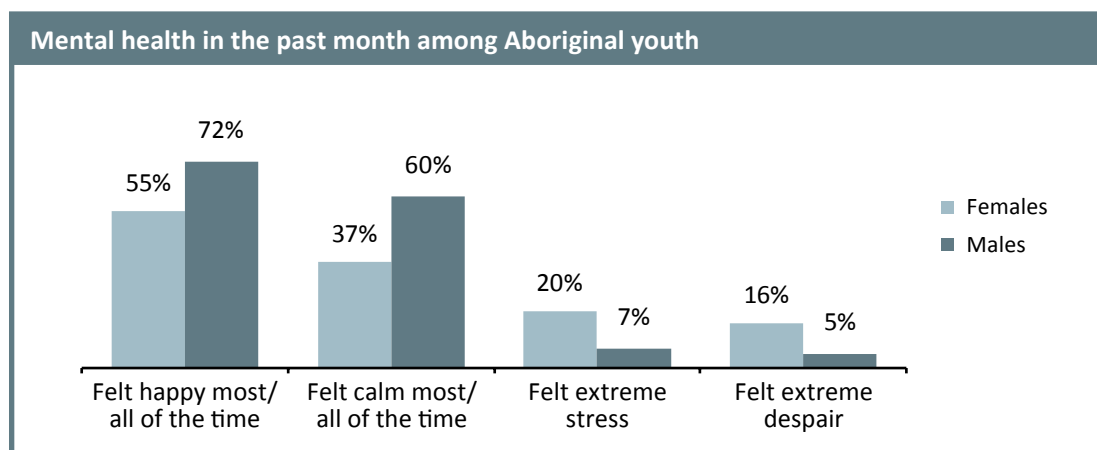
Suicide and self-harm were difficult for communities to talk about during the consultations. However, mental health was consistently seen as a priority by both youth and adults. Youth said that having a sense of community and supportive relationships with Aboriginal adults played a key role in promoting more positive mental health.

About three quarters (74%) of Aboriginal students rated their mental health as good or excellent (68% of females vs. 84% of males), which was lower than the percentage who rated their physical health this way (81%).

Some youth were more likely than others to report good or excellent mental health. These included youth who felt like they were a part of their community (87% vs. 56% who did not feel like part of their community), youth who ate traditional foods from their background, and youth who had an Aboriginal Elder or Aboriginal education worker whom they approached for support.

The percentage of youth reporting extreme stress in the past month was lower than in 2003 and 2008, although 14% felt so much stress that they could not function properly. Also, 11% reported feeling extreme despair in the past month (compared to 9% in 2008).

About a third (32%) of Aboriginal students reported having at least one specific mental health condition, although some participants in community consultations felt this was an underrepresentation. The most commonly reported conditions were Depression (22% of females vs. 8% of males), Anxiety Disorder or panic attacks (19% of females vs. 5% of males), and Attention Deficit Hyperactivity Disorder (8% of females vs. 13% of males). Six percent of students reported having an alcohol or drug addiction.



“ I would love to see more education about mental health and culture at a younger age. Education is Key for a better society, for better health, for better youth. ”

Self-harm, suicidal thoughts, and suicide attempts

In the past year, 33% of females and 11% of males reported deliberately cutting or injuring themselves without the intention of killing themselves. Males were less likely to have ever self-harmed than five years previous, while rates among females remained consistent.

One in five Aboriginal youth seriously thought about killing themselves in the past year (28% of females vs. 11% of males), and 13% (17% of females vs. 8% of males) made a suicide attempt. Among youth who had seriously considered suicide in the past year, 56% had made an attempt.

The percentage of females who attempted suicide in the past year returned to the 2003 rate after a drop in 2008 (13%), whereas the percentage among males was consistent over time.

Having a friend or family member attempt or die by suicide is a known risk factor for youth attempting suicide. Overall, 45% of youth reported having a family member or close friend who had attempted suicide, with 27% having this experience in the past year. Those who had a family member or friend attempt suicide were at higher risk of self-harming (37% vs. 12% who did not have a family member or friend attempt suicide), seriously thinking about suicide (33% vs. 10%), and attempting suicide (23% vs. 4%) in the past year.

Access to mental health care

In the past year, 15% of youth (23% of females vs. 7% of males) did not access mental health services when they felt they needed them. As in 2008, the most common reasons were thinking or hoping the problem would go away and not wanting their parents to know.

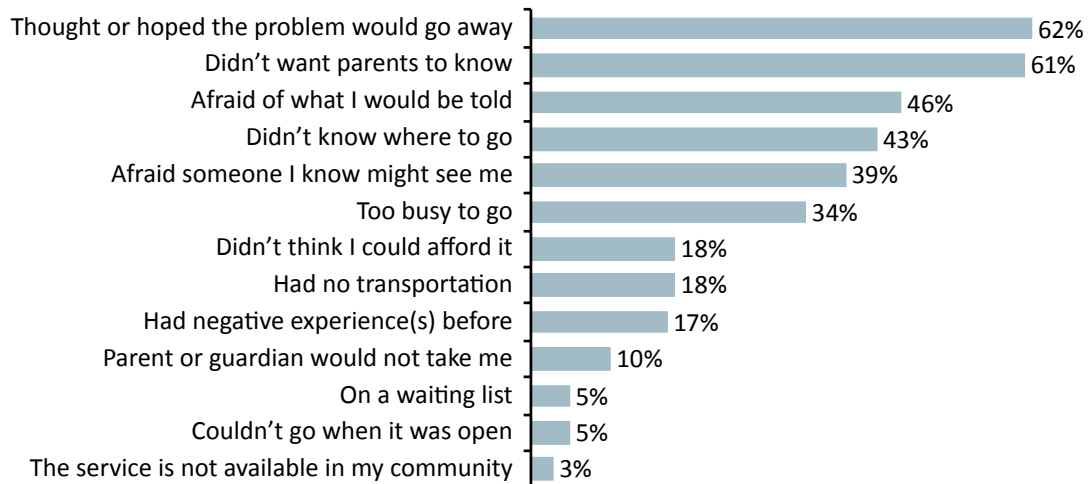
In community consultations youth said that they did not seek needed mental health services, partly because they were worried about being judged or bullied by peers and partly because they were worried about how their parents might react. Lack of services, long waitlists, and transportation were also cited as barriers in smaller communities.

“ Different cultures have different [mental health] needs that need to be accommodated. ”



“ I want help with my mental health, but I don't know what to say or who to turn to. ”

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



Note: Youth could choose more than one response.

Suggestions from communities

- > Ensure programs and services are culturally safe and appropriate for Aboriginal contexts and perspectives.
- > Train health care providers to be more culturally safe and reduce discrimination within the health care system.
- > Provide more mental health services, including those with holistic wellness-based perspectives.
- > Hold mental health awareness events in youth-friendly places, including youth centres, malls, and recreation centres.
- > Have educational resources and information on available services as well as mental health care providers in youth-friendly places.
- > Implement school-based mental health programs.
- > Increase the number of Aboriginal health care providers.

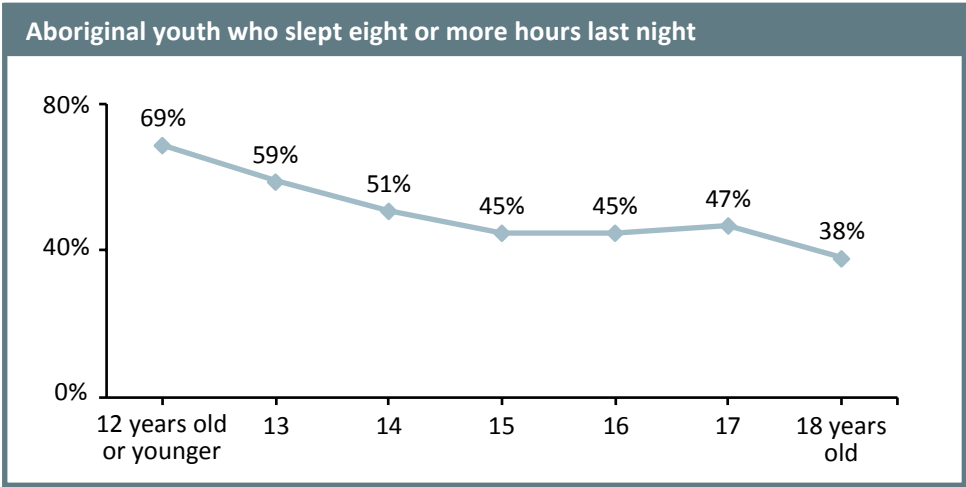
Sleep

The National Sleep Foundation recommends that youth aged 12-19 sleep a minimum of eight-and-a-half hours a night. Only half (46% of females vs. 56% of males) of Aboriginal youth reported sleeping eight or more hours the night before completing the 2013 BC AHS.

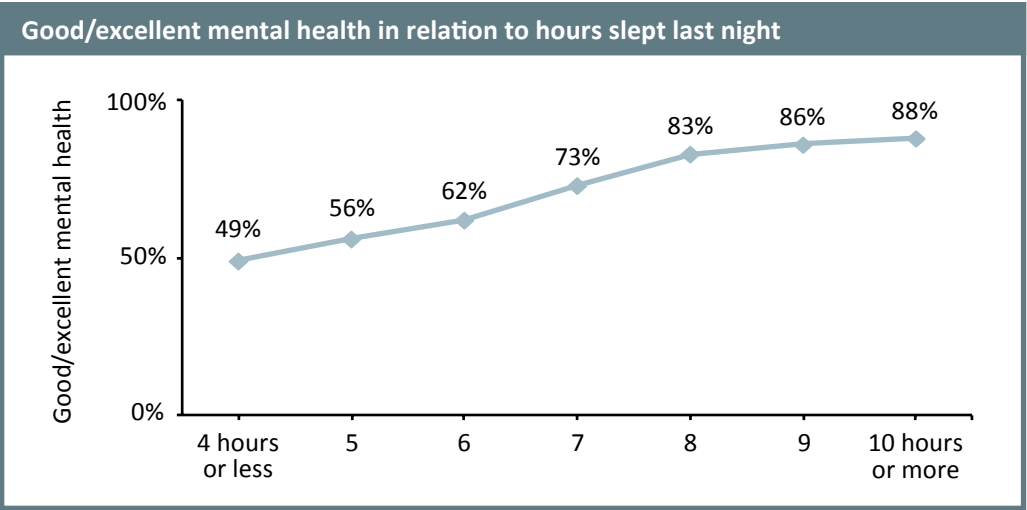
Some youth were at greater risk of not getting enough sleep. These included youth who had been physically or sexually abused, discriminated against, victimized at school, or felt unsafe in their neighbourhood.

There was also a link between diet and sleep. Students who consumed sweets, pop or soda, coffee or coffee-based beverages, or energy drinks three or more times the previous day were less likely to get eight hours of sleep than their peers with a healthier diet.

Aboriginal students who slept for at least eight hours reported better mental health. For example, 85% rated their mental health as good or excellent (compared to 64% who had slept fewer hours), 4% reported feeling extreme despair (vs. 17%), and 7% reported extreme stress (vs. 21%).



Note: The differences between ages 15 through 18 years old were not statistically significant.

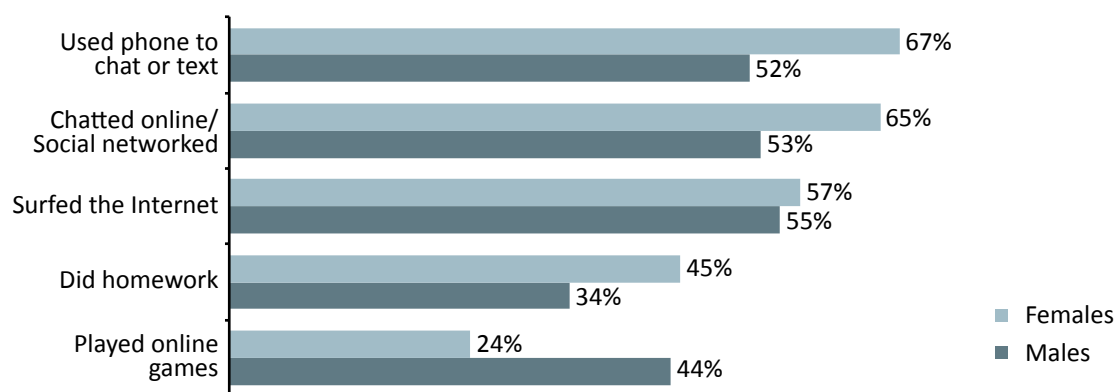


Note: Differences were not statistically significant across all data points.

Most Aboriginal students (83%) were doing something other than sleeping after the time they were expected to be asleep, such as texting, online gaming, or doing homework. These students were less likely than those who did not engage in these activities to have slept for eight or more hours (47% vs. 66%).

Youth who reported their parents knew what they were doing with their free time were more likely to sleep at least eight hours (54% vs. 32% whose parents rarely or never knew what the youth were doing).

After the time they were supposed to be asleep, Aboriginal youth...



Note: The difference between females and males who surfed the Internet was not statistically significant.

Note: Youth could choose more than one response.

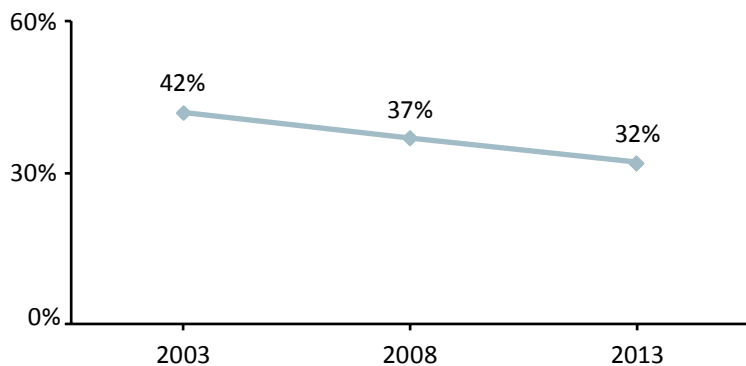
Injuries

Aboriginal youth were less likely to report being injured seriously enough to require medical attention than in 2003 and 2008. As in previous years, males were more likely to be seriously injured (34% vs. 29% of females). For both males and females, the majority of serious injuries occurred while they were playing or training for sports or recreational activities (47%).

Concussions

Twenty-two percent of Aboriginal youth reported experiencing at least one concussion in the past year (19% of females vs. 25% of males). The most common symptoms were headaches (71%), dizziness or balance problems (60%), blurred vision (47%), and confusion or a gap in memory (45%).

Aboriginal youth who sustained an injury serious enough to require medical attention in the past year



Injury prevention

There were improvements in injury prevention behaviours as 71% of students always wore a seat belt when in a vehicle, and 30% of cyclists always wore a helmet.

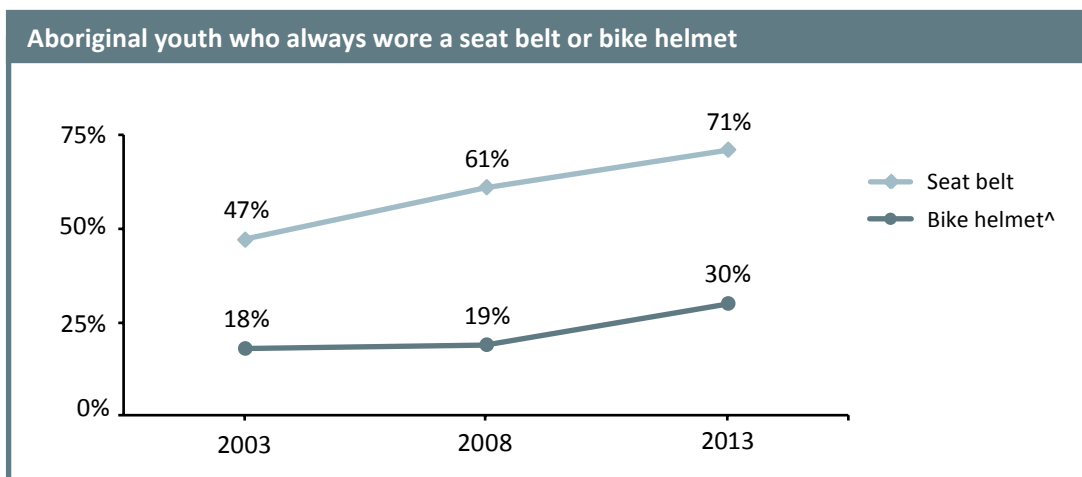
Youth who were currently living on-reserve or in rural areas were less likely to always wear a seat belt or helmet than their peers. During consultations youth in these areas said seat belt and helmet laws were not enforced, and they did not see the need for these safety precautions when travelling short distances or on quiet roads.

Youth who had parents that ate an evening meal with them or knew what they were doing with their spare time were more likely to engage in injury prevention behaviours. For example, 77% of youth whose parents knew what they were doing most or all of the time always wore a seat belt, compared to 53% whose parents rarely or never knew.

Impaired driving

Overall, 8% had ever driven after using alcohol or marijuana, and 35% had been a passenger with someone who was impaired. Males were more likely to drive impaired (10% vs. 7% of females), whereas females were more likely to be a passenger with an impaired driver (40% vs. 30% of males).

Seven percent of youth who had tried alcohol reported ever driving after drinking, which was a decrease from 2008. There was also a decrease in the percentage of youth who had ever driven after using marijuana (from 23% in 2008 to 17% in 2013; among youth who had ever used marijuana).



^ Among Aboriginal youth who had cycled in the past year.

Note: The difference between 2003 and 2008 for bike helmet use was not statistically significant.

Nutrition

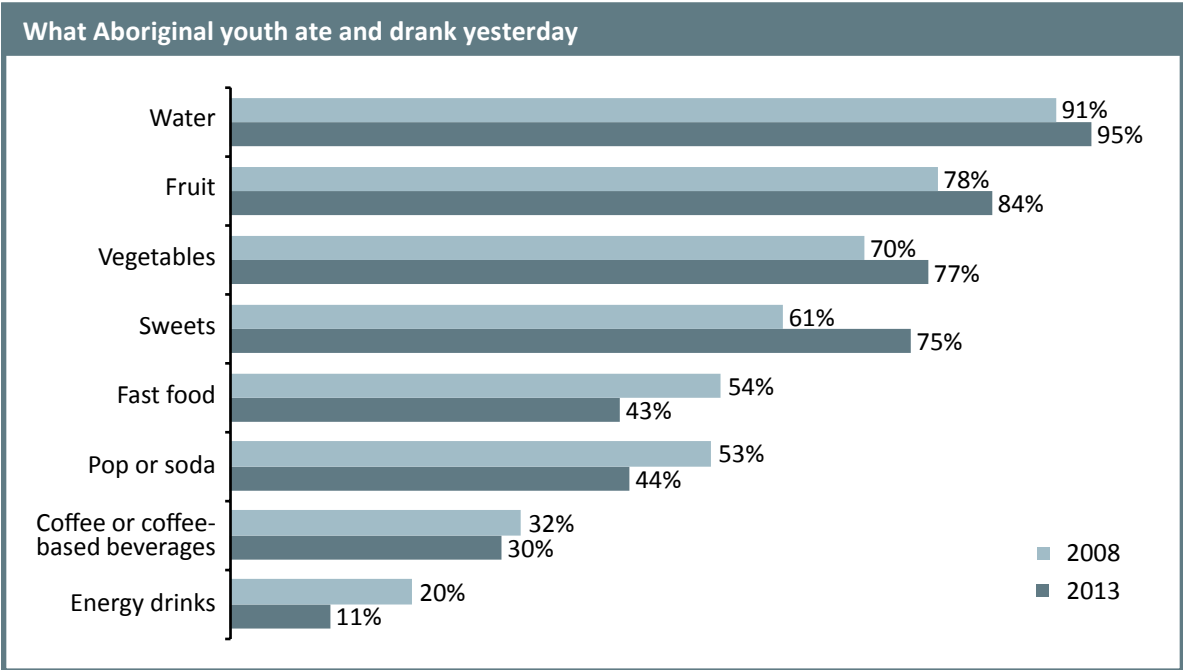
“ I like healthy food, especially vegetables, and I think healthy eating should be encouraged more than it is. ”

Compared to their peers in 2008, a greater percentage of Aboriginal students ate fruit and vegetables on the day before taking the survey, with males and females equally likely to do so. Males were more likely than females to eat fast food (such as pizza and fries: 47% vs. 40%), pop or soda (52% vs. 37%), energy drinks (14% vs. 8%), traditional foods (26% vs. 15%), and foods grown or caught by them or their family (23% vs. 13%); while females were more likely to drink coffee or coffee-based beverages (33% vs. 27% of males).

During community consultations young people from rural and Northern regions told us that the limited availability and high costs of fresh foods were significant barriers to eating healthy.

Students currently living on-reserve were more likely than those living off-reserve to have had pop or soda (56% vs. 42%), energy drinks (17% vs. 10%), fast food (50% vs. 42%), traditional foods (36% vs. 17%), and foods grown or caught by them or their family (25% vs. 17%) the previous day. Youth currently living on-reserve all the time were less likely to have had vegetables than those living off-reserve or on-reserve part-time.

Students who ate fruit or vegetables three or more times on the day before taking the survey were more likely than those who ate fewer servings to sleep for at least eight hours (57% vs. 42%), engage in weekly sports (79% vs. 60%), and to rate their overall health as good or excellent (87% vs. 74%).



Note: The difference for coffee or coffee-based beverages was not statistically significant.

“Hunting and fishing makes [youth] feel better. It makes them feel healthier and more proud of the food they're eating.”
—Adult consultation participant

Breakfast

While the percentage of non-Aboriginal students who always ate breakfast on school days rose to 56% between 2008 and 2013, the percentage of Aboriginal students who ate breakfast remained unchanged at 42% (35% of females vs. 49% of males).

Younger students were more likely to eat breakfast than older students (52% of Grade 7 students vs. 34% of Grade 12 students).

Forty-four percent of youth reported eating breakfast at home. Among those who did not, the most common reasons were not having time (68%), not being hungry in the morning (46%), and feeling sick if they ate breakfast (25%). Ten percent of Aboriginal youth reported getting their breakfast at school, with youth in the North the most likely to do so (18%).

Students who ate breakfast at least sometimes were more likely to rate their mental health as good or excellent (79% vs. 54% who never ate breakfast), and were less likely to experience extreme stress in the past month (10% vs. 28%).

“With only one parent working, it's hard for us to buy good food.”



Traditional foods

Eating traditional foods from their culture was linked to positive mental health for Aboriginal youth. For example, youth who ate traditional food on the day before completing the survey were more likely than those who did not to rate their mental health as good or excellent (79% vs. 73%), feel good about themselves (81% vs. 74%), and feel as competent as other people (84% vs. 80%). These youth were also less likely to have experienced extreme stress in the past month (11% vs. 15%) or to have self-harmed in the past year (20% vs. 24%).

Additionally, youth who consumed traditional foods were more likely than those who did not eat traditional foods to:

- Feel like a part of their community (42% vs. 34%).
- Volunteer on a weekly basis in the past year (18% vs. 14%).
- Envision a positive future for themselves, including seeing themselves engaged in their community in five years (13% vs. 9%).
- Consume fruit (87% vs. 83%), vegetables (83% vs. 75%), and water (96% vs. 94%) the previous day.
- Exercise for an hour every day in the week prior to taking the survey (23% vs. 16%) and to have participated in weekly organized sports (53% vs. 47%) or informal sports (64% vs. 56%) in the past year.

Weight and body image

Weight

According to their BMI (based on self-reported height and weight), 67% of Aboriginal youth were a healthy weight, 21% were overweight, 10% were obese, and 2% were underweight. Females were more likely than males to be a healthy weight (71% vs. 63%) and less likely to be obese (8% vs. 12%).

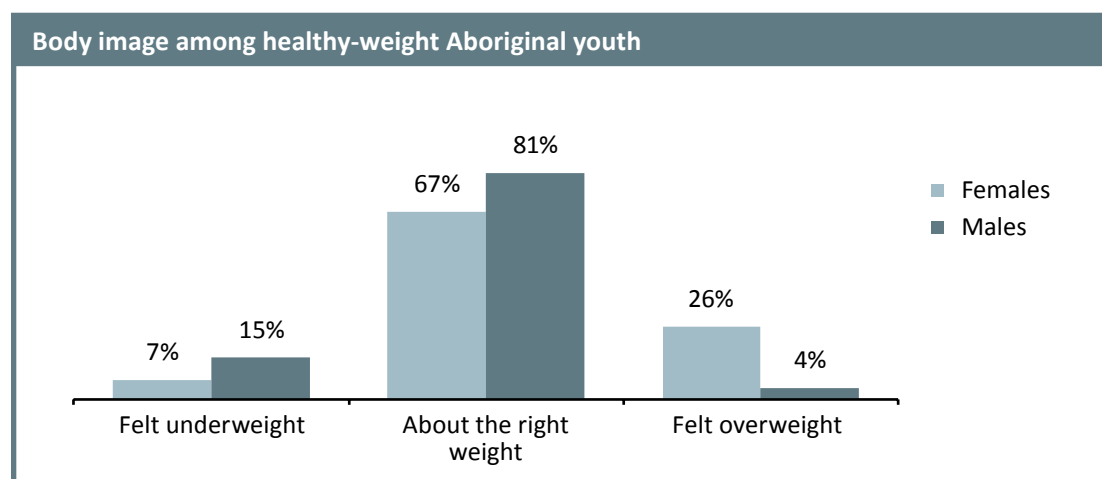
The percentage of students who were a healthy weight or underweight was lower than in 2003 and 2008, and the percentage who were overweight or obese was higher. Youth in rural areas were more likely than those in urban areas to be obese (13% vs. 9%) and less likely to be a healthy weight (63% vs. 68%).

Studies have shown a link between poor sleep and obesity. Youth who slept at least eight hours were less likely to be obese (8% vs. 11% who slept seven hours or less the previous night).

Body image

Among healthy-weight youth, 10% thought they were underweight and 17% thought they were overweight. Over half (53%) of healthy-weight females were trying to lose weight (vs. 14% of males), and around a third (32%) of healthy-weight males were trying to gain weight (vs. 5% of females).

Community members who participated in consultations talked about body image being affected by victimization experiences. This was supported by the data which showed that healthy-weight youth who experienced in-person bullying, discrimination, cyberbullying, physical abuse, sexual abuse, or who met someone unsafe online were more likely to think they were overweight than their peers without these experiences.



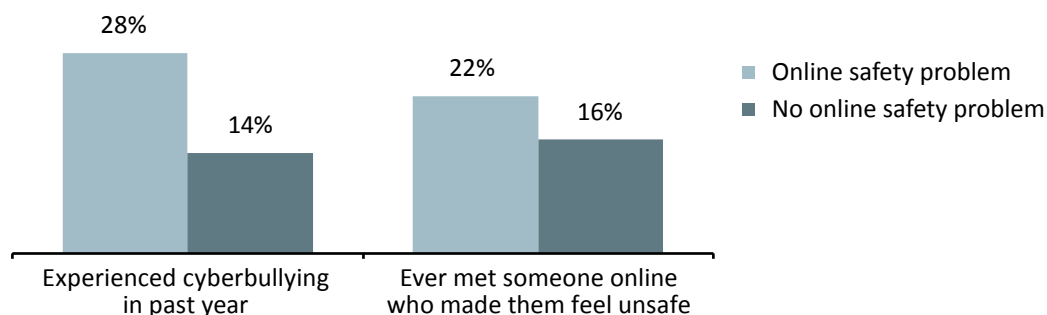


Healthy-weight students who had an adult they could turn to if they had a serious problem were less likely to think that they were overweight (14% vs. 29% who did not have an adult to turn to), as were those who felt there was an adult in their community who cared about them. Also, healthy-weight students who ate fruit or vegetables three or more times the day before taking the survey, or who slept at least eight hours the previous night, were less likely than their peers to believe they were overweight.

Eating behaviours

In the past year, 29% of students (37% of females vs. 20% of males) had binge eaten, with 10% of females and 6% of males having done so on a weekly basis. Also, 14% of females and 7% of males had vomited on purpose after eating (purged), and 4% of females and 1% of males did so on a weekly basis.

Healthy-weight Aboriginal youth who thought they were overweight



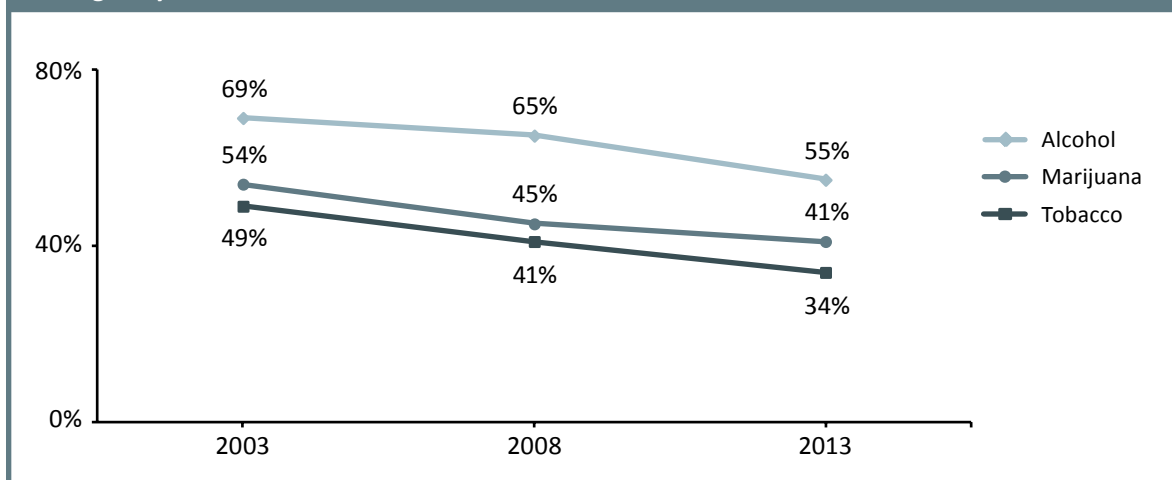
Substance use

“ I’m in grade 10 and I basically have to choose my path. Some of my friends have chosen a different path and changed groups of friends—some people turn to drugs and alcohol to relieve stress about not having these friends. ”

During community consultations many youth and adults expressed concern about substance use within their communities. They felt it was still a social and community norm despite increased awareness of the risks of long-term and heavy use, and of incidents in communities such as the lacing of marijuana with other substances. Youth recommended that a variety of extracurricular activities and youth-friendly spaces be made available as alternatives to substance use.

Consistent with results over the past decade, Aboriginal youth were more likely than their non-Aboriginal peers to have ever tried tobacco, alcohol, or marijuana, with no change in the disparity. However, Aboriginal youth in 2013 were less likely than their Aboriginal peers in previous years to have tried any of these substances.

Aboriginal youth who had ever tried different substances



“ I have smoked before but quit for basketball and my baby sister. ”

Tobacco

A third (34%) of Aboriginal youth had ever tried smoking. Among those who had ever smoked, 9% went on to become daily smokers.

Previously, females were more likely to have smoked than males, but that gender difference was not present in 2013. However, youth in rural areas remained more likely to have smoked than those in urban areas (39% vs. 32%).

Among youth who had smoked, 54% smoked cigarettes, 36% smoked cigars or cigarillos, 17% used electronic cigarettes, 15% used a hookah, and 12% used chewing tobacco in the past month. Females were more likely to have smoked cigarettes, while males were more likely to have used the other products.

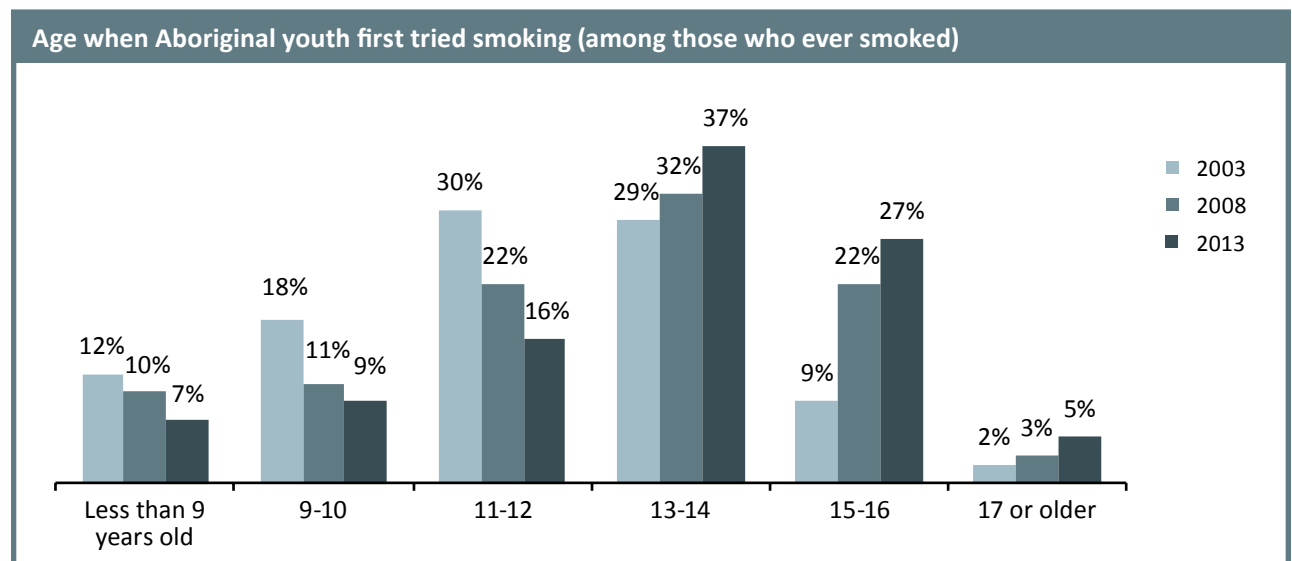
Students who were more likely to have smoked included those who went to bed hungry often or always (60% vs. 33% who did not go to bed hungry this often) and those whose parents did not know what they were doing with their free time (56% vs. 27% whose parents knew what they were doing).

Among youth who had smoked, over a quarter (27%) successfully quit in the past year, while 19% quit but started again.

Second-hand smoke

There was a decrease in the percentage of youth who were exposed to smoke at home or in their family vehicle (36% vs. 48% in 2003). Among those who were exposed to smoke, over a third (36%) were exposed every day or almost every day.

“ It seems like everybody smokes but then I hang out with people and they actually don't. ”



Note: The differences between 2008 and 2013 for those in the age categories 9-10 and 17 or older were not statistically significant.

Alcohol

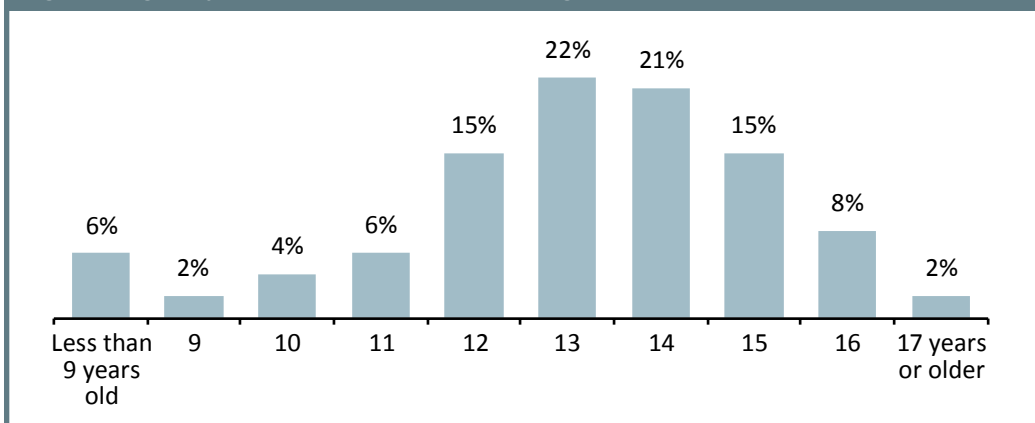
Fifty-eight percent of females and 53% of males had tried alcohol. Consistent with the past decade, the most common age for first trying alcohol was 13 or 14. However, more youth waited until they were at least 15 years old to have their first drink (25% vs. 15% in 2003).

Among Aboriginal youth who had tried alcohol, there was a decrease in those who had drunk recently (62% drank in the past month vs. 69% in 2003), and who engaged in heavy sessional drinking (drinking five or more drinks within a couple of hours).

Forty-four percent of young people who had tried alcohol reported heavy sessional drinking at least once in the past month (vs. 49% in 2003). Eight percent reported drinking this heavily on six or more days in the past month.

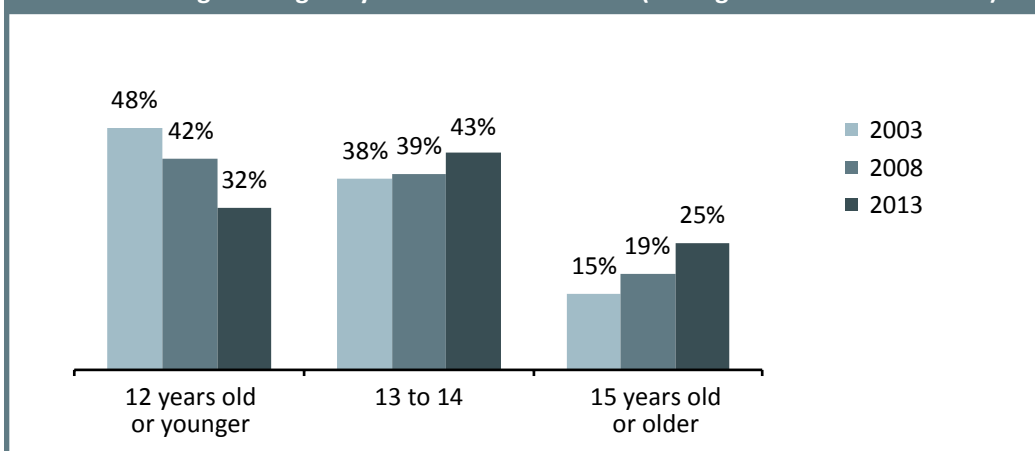
Some youth were at greater risk of heavy sessional drinking, including those whose parents never knew what they were doing in their free time (61% vs. 43% whose parents did know, among youth who had tried alcohol), and those with victimization experiences such as sexual abuse (54% vs. 41% who had not been sexually abused).

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



Note: Percentages do not equal 100% due to rounding.

Trends in the age Aboriginal youth first tried alcohol (among those who ever drank)



Note: For the age group 13 to 14, the differences between 2003 and 2008 and between 2008 and 2013 were not statistically significant.

Marijuana

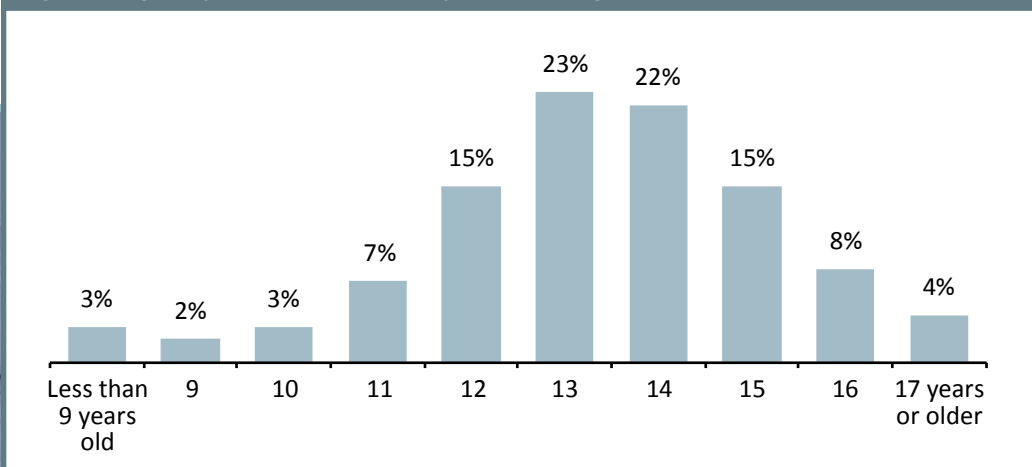
Forty-one percent of students had tried marijuana. Consistent with results over the past decade, the most common age for first doing so was 13 or 14 years old. Youth in the Fraser region were the least likely to have tried marijuana (33%).

Among youth who had tried marijuana, 60% had used it in the past month, and 29% (24% of females vs. 35% of males) used it on six or more days in that month. The last time they used marijuana, most students (75%) got it from a youth outside their family.

Youth who were experiencing challenges in their lives were more likely to have used marijuana, including those who had moved house or run away in the past year (53% vs. 39% who had not had these experiences).

Having friends who would disapprove of them using marijuana reduced the likelihood of youth using it. Sixteen percent of youth whose friends would be upset if they used marijuana had tried it, compared to 63% whose friends would not be upset for this reason.

Age Aboriginal youth first tried marijuana (among those who had ever used)



Other substances

Youth were asked about their lifetime use of a variety of substances other than alcohol and marijuana. A quarter (25%) reported using at least one of these substances (vs. 16% of non-Aboriginal youth).

The most commonly used substances were prescription pills without a doctor's consent, mushrooms, and other hallucinogens. Females were more likely than males to have misused prescription pills (18% vs. 13%); whereas males were more likely than females to have used mushrooms (12% vs. 9%), other hallucinogens (8% vs. 6%), amphetamines (3% vs. 2%), heroin (3% vs. 1%), and steroids without a doctor's consent (3% vs. 1%).

There was a decrease from previous survey years in the use of all substances that students were asked about. For example, there was a decline in ecstasy use from 14% in 2008 to 8% in 2013 and in crystal meth use from 5% to 2%.

Two percent of youth had used injection as a method of substance use, which was a decrease from 4% in 2008, but double the rate seen among non-Aboriginal youth.

Youth who were more likely to use substances other than alcohol and marijuana included those who had experienced discrimination (34% vs. 18% who did not experience discrimination) or reported low school connectedness (40% vs. 10% with higher school connectedness).

Aboriginal youth who had ever tried substances other than alcohol and marijuana			
	2003	2008	2013
Prescription pills without a doctor's consent	11%	22%	16%
Mushrooms	21%	16%	10%
Hallucinogens (including ecstasy)	10%	17%	10%^
Cocaine	7%	9%^	5%
Inhalants	5%	8%	4%
Amphetamines (including crystal meth)	6%	7%^	3%
Heroin	1%	4%	2%
Steroids	2%	4%	2%

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

^^ The difference between 2008 and 2013 was not statistically significant.



Consequences of substance use

Over half of youth (62% of females vs. 54% of males) who had used alcohol or other substances in the past year experienced negative consequences as a result. The most common were doing something they could not remember (40%) and passing out (32%).

In the past year, 6% of Aboriginal youth felt or had been told that they needed help for their marijuana use, 5% for their alcohol use (6% of females vs. 3% of males), and 3% for other substance use.

Consequences of Aboriginal youth's substance use (among those who used alcohol or other drugs in the past year)		
	Females	Males
Was told I did something I couldn't remember	45%	34%
Passed out	34%	29%
Argued with family members	22%	13%
Got injured	21%	15%
Lost friends or broke up with a girlfriend or boyfriend	16%	7%
School work or grades changed	15%^	12%
Got into a physical fight	10%^	10%
Had sex when I didn't want to	10%	7%
Damaged property	9%^	10%
Got in trouble with the police	9%^	9%
I overdosed	3%^	3%
Had to get treatment for alcohol or drug abuse	2%^	1%
^ The difference between females and males was not statistically significant. Note: Youth could choose more than one response.		

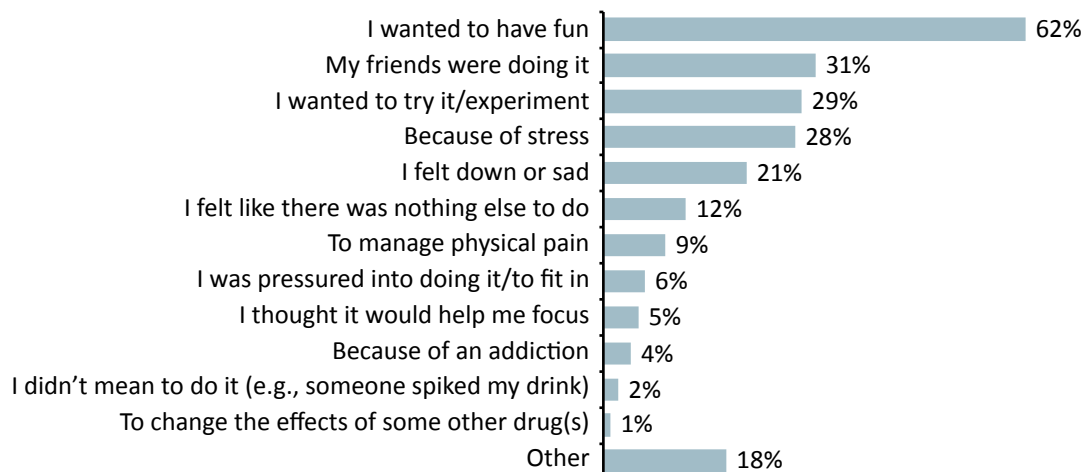
Reported reasons for using

While some youth who participated in community consultations felt it had become easier to decline to use substances, others felt there was still pressure to fit in with their peers. They also felt that young people used substances to cope with stress, especially around transition periods in their lives, such as beginning high school and nearing graduation. Many youth told us the presence of supportive friends and family members had a positive effect on substance use.

Among youth who had ever used alcohol or other drugs, the most common reason for their most recent use was wanting to have fun, although 28% used substances to manage stress.

Females were more likely than males to use substances because they wanted to have fun (65% vs. 57%), their friends were doing it (34% vs. 28%), or because they felt pressured into doing it (7% vs. 4%). They were also more likely to report using substances because they felt down or sad (27% vs. 13% of males) or to manage stress (34% vs. 21%).

Reported reasons for most recent substance use (among Aboriginal youth who had ever used alcohol or other substances)



Note: Youth could choose more than one response.

Sexual health

In discussions with communities across the province, pregnancy involvement at a young age and awareness of sexually transmitted infections (STIs) and HIV were considered key areas of concern.

Although some youth felt they had received good sexual health education in school, others felt that school-based strategies were not accessible to them. Recommendations from community members included offering sex education in youth-friendly places outside of the school, holding peer-to-peer workshops, creating greater awareness of sexual health services available in communities, and holding workshops targeting specific areas of concern.

Oral sex and sexual intercourse

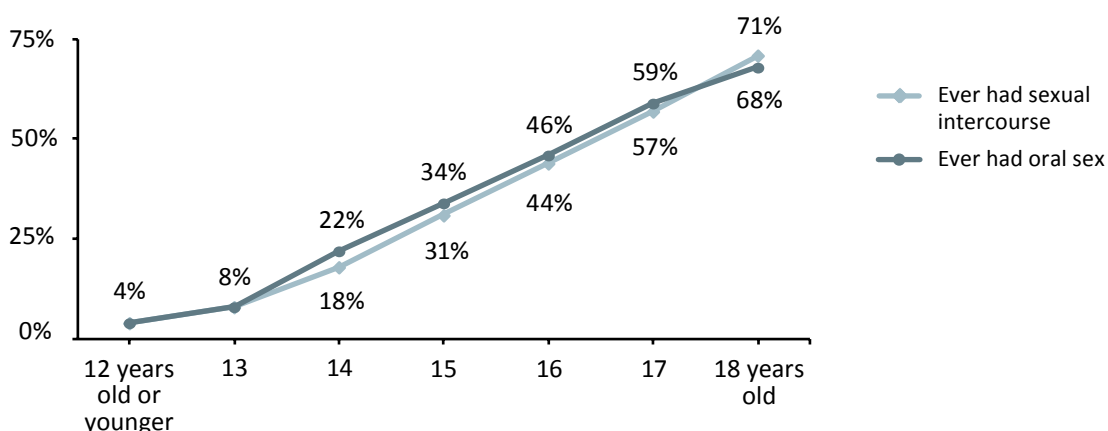
Similar to results in 2008, 32% of youth had engaged in oral sex. The percentage of youth who had participated in sexual intercourse (sex other than oral sex or masturbation) decreased from 36% in 2003 to 30% in 2013.

As in previous years, students living in rural areas were more likely to have had intercourse (35% vs. 29% of urban youth).

Aboriginal youth were waiting longer to first have sex. Among youth who had ever had intercourse, 48% had done so before the age of 15 compared to 55% in 2003.

Some youth were at greater risk of having sex at an earlier age, including students who had run away three or more times in the past year or had ever been physically abused. Higher school and family connectedness were associated with delayed first intercourse.

Sexual intercourse and oral sex among Aboriginal youth



Condom use

Consistent with rates over the past decade, 68% of students (64% of females vs. 73% of males) who had ever had intercourse reported that they or their partner used a condom (or other barrier) the last time they had sex. This was higher than the percentage seen among youth who had oral sex, as 23% used a condom the last time they had oral sex.

Youth currently living on-reserve full-time were more likely than those living off-reserve or on-reserve part-time to report using a condom the last time they had oral sex. Also, students living in rural areas were more likely than those in urban areas to have used a condom the last time they had oral sex (29% vs. 21%).

Youth who participated in consultations spoke of condoms being readily available in their community, although some made a choice not to use them.

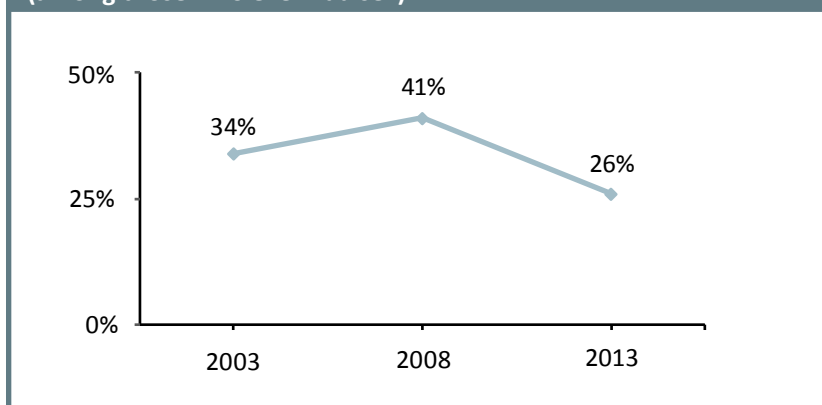
Sex and substance use

A quarter (26%) of Aboriginal youth who had ever had sexual intercourse reported using alcohol or other substances before they last had sex. This percentage was lower than in previous survey years.

Youth with poorer mental health ratings, those who had experienced sexual abuse, and those who experienced dating violence (45% vs. 19%, among those in a relationship) were more likely than their peers to have used alcohol or other substances before the last time they had sex.



Use of alcohol or other drugs the last time Aboriginal youth had sex (among those who ever had sex)





Sexually transmitted infections (STIs)

Among youth who had ever had sexual intercourse, 5% reported ever having being diagnosed with an STI, which was a decrease from 8% in 2008 and a return to the 2003 rate. Youth who did not use a condom the last time they had sex were three times more likely to report an STI (9% vs. 3% who used a condom or other barrier).

Pregnancy

Nine percent of youth who had ever had sexual intercourse reported ever being pregnant or having caused a pregnancy, which was a decrease from 12% in 2008 but similar to the rate in 2003. In community consultations, it was pointed out that because the BC AHS only surveys youth in mainstream school, these percentages do not reflect youth who have had to leave school because of their child care responsibilities.

Among youth who had ever had intercourse, the most common methods used to prevent pregnancy the last time they had sex were condoms (64%) and birth control pills (45%). Six percent reported that withdrawal was the only method they had used, and 4% reported they did not try to prevent pregnancy the last time they had sex.

Youth who first had sex at age 15 or older were more likely than those who first had sex at a younger age to report using a condom to prevent pregnancy the last time they had sex (70% vs. 57%, among those who had intercourse) and were less likely to report not trying to prevent pregnancy (3% vs. 6%).



School

“Generally Aboriginal support workers and rooms in schools are underfunded. This is a huge deal for me.”

In conversations across the province, we heard from young people and adults that education is valued within their communities. However, they noted that Aboriginal youth can find it difficult to engage in mainstream schools if the curriculum does not incorporate Aboriginal history, culture, or teachings; the school environment does not reflect Aboriginal contexts; and if there are few Aboriginal staff members.

Additionally, communities were concerned about the overall lack of funding within the education system. They felt this had reduced the supports available to Aboriginal youth and negatively impacted their ability to succeed academically.

Suggestions from communities

- > Increase opportunities for experiential learning, including from community members.
- > Incorporate more Aboriginal content into school curriculum, especially Aboriginal histories and languages. Include Métis and Inuit perspectives.
- > Develop relationships with local Aboriginal communities to ensure schools have a welcoming and open environment.
- > Facilitate collaboration between staff, students, and community members in identifying and addressing Aboriginal students' needs.
- > Train school staff and administration to be more culturally safe.

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

7 The federal government to develop with Aboriginal groups a joint strategy to eliminate educational and employment gaps between Aboriginal and non-Aboriginal Canadians.

10 The federal government to draft new Aboriginal education legislation with the full participation and informed consent of Aboriginal peoples. The new legislation would include a commitment to sufficient funding and would incorporate:

i Providing sufficient funding to close identified educational achievement gaps within one generation.

ii Improving education attainment levels and success rates.

iii Developing culturally appropriate curricula.

iv Protecting the right to Aboriginal languages, including the teaching of Aboriginal languages as credit courses.

v Enabling parental and community responsibility, control, and accountability, similar to what parents enjoy in public school systems.

vi Enabling parents to fully participate in the education of their children.

vii Respecting and honouring Treaty relationships.

“ I can't explain how excited I am to see some [youth] go across the stage. You build a really strong connection with them and it's so rewarding seeing them get through the hard things. ”

Adult consultation participant

School absences

Overall, 70% of students (74% of females vs. 65% of males) missed school in the past month. The most common reasons for being absent were illness (50%), skipping (28%), and family responsibilities (23%).

Rates of missing class were higher among youth who went to bed hungry often or always (85% vs. 69% who did not go to bed hungry this often), had an unstable home life (e.g., ran away three or more times in the past year), or had experienced in-person bullying (73% vs. 65% who did not experience in-person bullying).

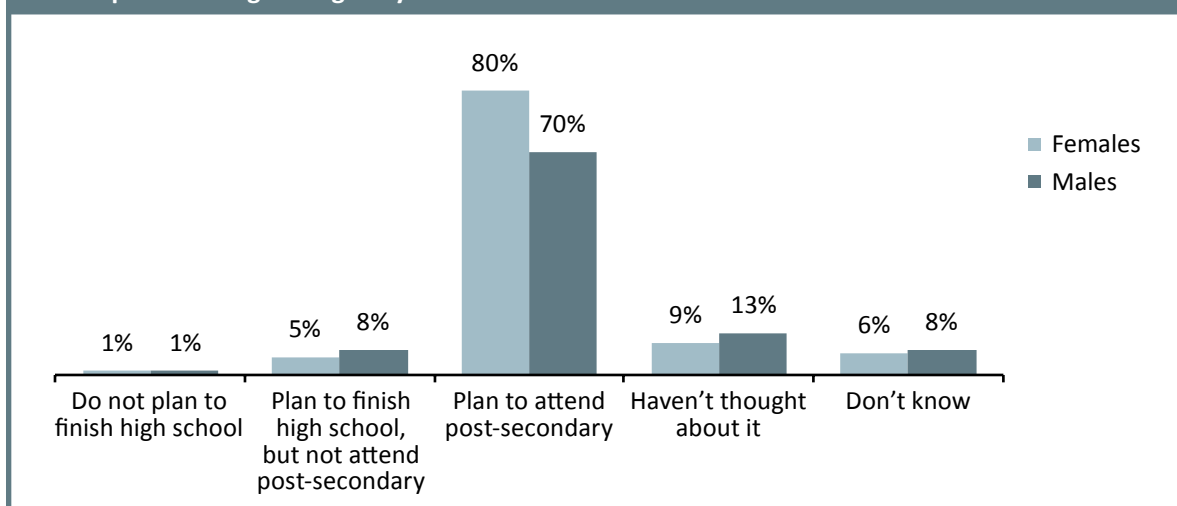
Education aspirations

Three quarters of Aboriginal youth intended to continue to post-secondary education. The rate was 83% among students in Grade 12. The percentage of youth who did not expect to finish high school decreased from 3% in 2008 to 1% in 2013.

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

11 The federal government to provide adequate funding to end the backlog of First Nations students seeking a post-secondary education.

School plans among Aboriginal youth



Note: Percentages for females do not equal 100% due to rounding.

During community consultations participants explained that it can be difficult for First Nations students to access funding for post-secondary education, especially if they do not apply at graduation time or receive support with the application process. Youth and adults were concerned that without support and funding, interest in attending post-secondary would wane over time. This was supported by the data as 79% of youth who had a supportive adult in their life planned to attend post-secondary (vs. 65% who did not have a supportive adult).

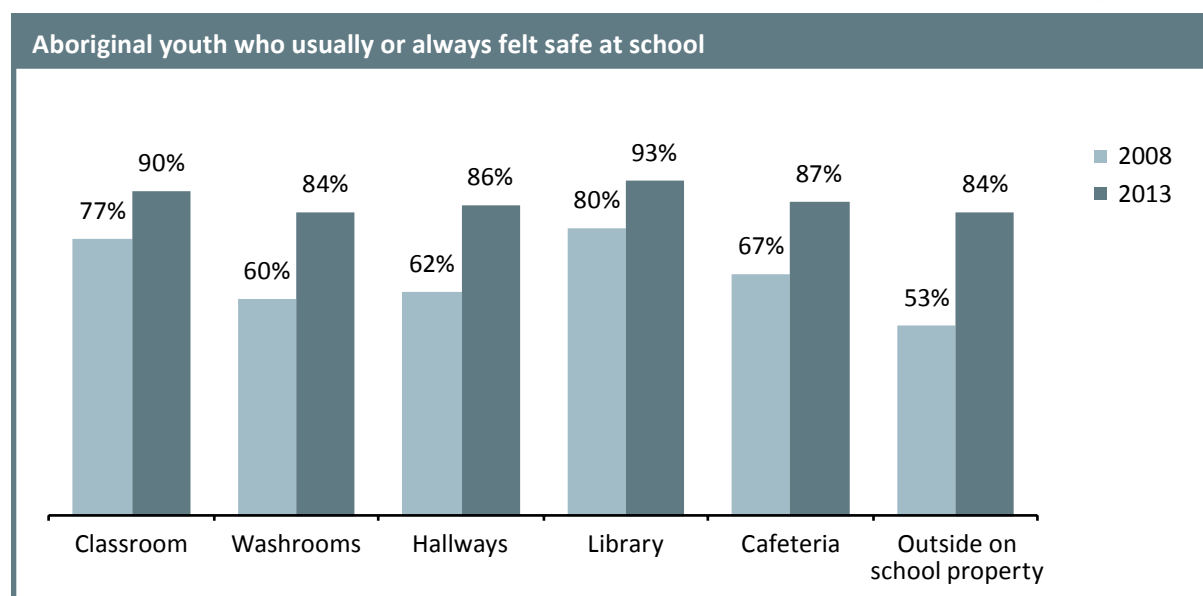
Youth who could name something they were good at also reported higher rates of post-secondary plans (79% vs. 66% who did not feel they were good at something) and lower rates of expecting to drop out (1% vs. 2%).

Youth who thought they would be in school in five years were less likely to have skipped class in the past month (23% vs. 32% who did not see themselves in school), and were more likely to have volunteered on a weekly basis (17% vs. 14%) and to feel like a part of their community (40% vs. 32%).

Safety at school

The majority of Aboriginal students reported feeling safe at school, with students feeling safer in all areas of their school in 2013 than in 2008 and 2003. Females were less likely than males to feel safe in hallways (85% vs. 88%) or the cafeteria (85% vs. 89%), as well as getting to or from school (86% vs. 89%).

Nine percent of youth (6% of females vs. 12% of males) reported having carried a weapon to school in the past month, a decrease from previous survey years (11% in 2003). Carrying a weapon was more common among students who had been bullied (12% vs. 5% who had not been bullied).



Employment

“ [Employers] won't hire you without experience, but how can we get experience without you hiring us? ”

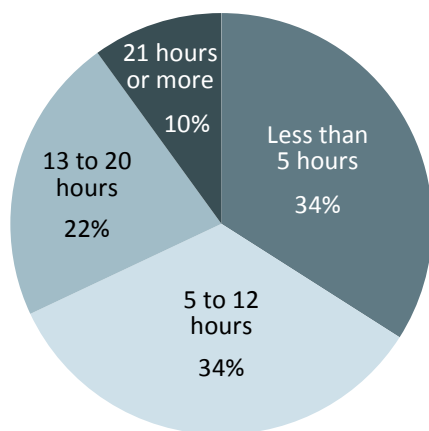
In conversations across the province it was felt that it had become increasingly difficult for Aboriginal youth to find a job. This was supported by the data as 29% of Aboriginal youth worked at a paid job during the school year, a decrease from 42% in 2008 and 37% in 2003.

Racism was seen as a major barrier to Aboriginal youth securing and maintaining employment. Other barriers included not having access to a phone or the Internet, transportation, and not having the right qualifications. It was also felt that employers would benefit from education to understand the challenges Aboriginal youth can face, such as family loss.

There were some positive and negative associations with having a job. Regardless of their age, employed students were more likely to plan to continue their education beyond high school (83% vs. 72% who did not work), but were also more likely to have used alcohol (73% vs. 48% who did not work).

However, youth who worked in excess of 20 hours a week were less likely to plan to continue to post-secondary education than those who worked fewer hours or did not work. They were also more likely to report alcohol and marijuana use and to report extreme stress (26% vs. 15% who worked 20 hours or less).

Hours per week Aboriginal youth worked at a paid job (among youth who worked)



Suggestions from communities

- > Increase awareness among non-Aboriginal communities of the impact of intergenerational trauma.
- > Make Aboriginal cultural education resources available to employers.
- > Have employment skills training, with a focus on retention, available both inside and outside of school settings.

Abuse and violence

While abuse was difficult for communities to talk about, it was consistently cited as an area of major concern. Adults we spoke with noted the continued impact of residential schools and the role intergenerational trauma plays in abuse within Aboriginal communities.

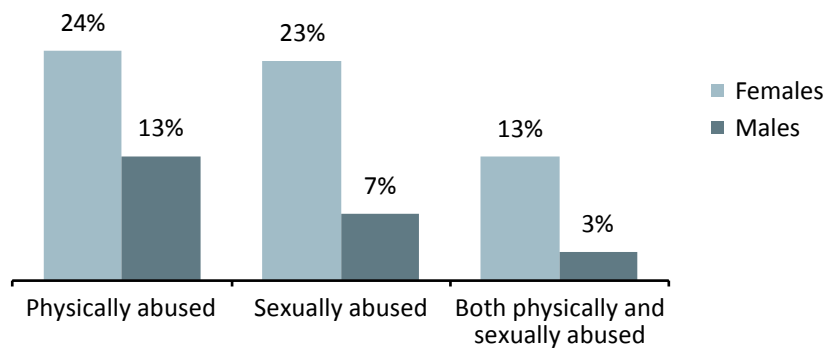
Responses to the Truth and Reconciliation process and its impact on abuse were mixed. Some told us it had reopened old wounds and caused anger and resentment within communities, making it difficult to frankly discuss recent or ongoing abuse. Others felt the Truth and Reconciliation process had positive effects, facilitating community-wide dialogue and making it easier to disclose.

Physical and sexual abuse

Nineteen percent of Aboriginal students had been physically abused at some point in their life, a decrease from 25% in 2008 and similar to the rate in 2003. As in previous years, females were more likely than males to report that they had been physically abused.

Youth were asked about different types of sexual abuse they may have experienced. In total, 15% of youth had been sexually abused, a decrease from 19% in 2008 and similar to the rate in 2003. The percentage of youth who had experienced both physical and sexual abuse returned to 2003 levels after a rise in 2008 (8% in 2013 vs. 11% in 2008).

Aboriginal youth who had ever been abused



Note: Sexual abuse includes youth who reported that they had been forced into sexual activity against their will, or were the younger of an illegal age pairing the first time they had sex.



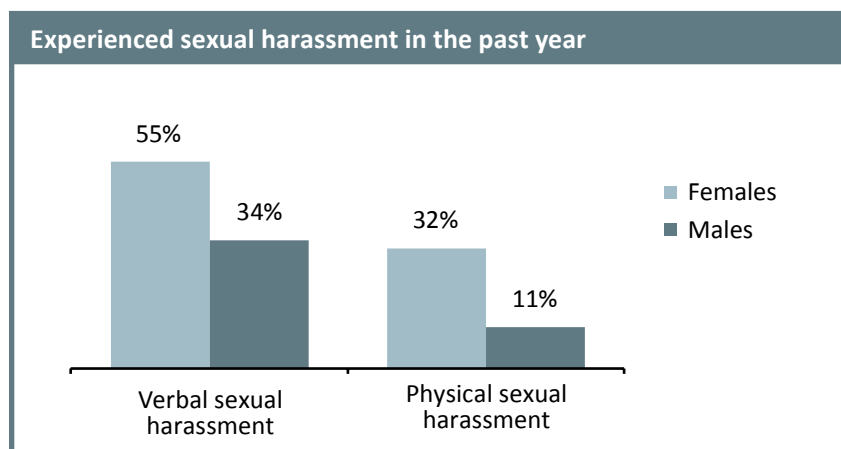
Community members and service providers we spoke with felt the sexual abuse statistics were an under-representation, but noted that the rise in 2008 may also have been because more youth felt comfortable reporting abuse as residential school era abuses were being discussed more openly as a result of the Truth and Reconciliation process.

Youth who experienced physical or sexual abuse were less likely to rate their mental health as good or excellent (54% vs. 81% who did not experience abuse) and more likely to envision negative future circumstances for themselves (such as being dead, homeless, or in prison). However, if these youth had a supportive adult in their life, they were more likely to rate their mental health as good or excellent (61% vs. 37% who had been abused and did not have a supportive adult) and less likely to envision future negative circumstances.

Sexual harassment

Overall, 59% of females and 36% of males experienced some type of verbal or physical sexual harassment in the past year. The percentage of females who were physically sexually harassed declined from 44% in 2008 after remaining consistent between 2003 and 2008. Rates of physical sexual harassment among males continued to drop from 25% in 2003 to 19% in 2008 to 11% in 2013.

Youth who experienced sexual harassment were less likely to always feel safe in their neighbourhood (22% vs. 35% who did not experience sexual harassment) or to feel highly connected to their community (30% vs. 40%). However, if youth who had been harassed felt there was an adult in the community who cared about them, they were more likely to feel highly connected to their community (41% vs. 13% who did not feel an adult cared about them).



Relationship violence

Nine percent of male and female youth who had been in a relationship reported their boyfriend or girlfriend had purposely hit, slapped, or physically hurt them in the past year. Rates of relationship violence returned to 2003 levels after an increase to 12% in 2008.

Discrimination

In discussions across the province, communities told us that Aboriginal young people continue to be impacted by overt and more subtle forms of racism. They felt the data was an under-representation as youth may not realize racism is occurring, and it also intersects with many other types of discrimination and oppression.

Forty-four percent of youth faced discrimination of some kind in the past year, with 11% experiencing two types and 15% three or more types. While males and females were equally likely to experience racial discrimination, females were more likely to report being discriminated against because of their age, gender/sex, physical appearance, being seen as different, sexual orientation, income, or because of a disability.

Aboriginal youth who faced discrimination were less likely than those who did not experience discrimination to report good or excellent mental health (61% vs. 84%) and physical health (73% vs. 88%). However, if these youth were engaged in activities they found meaningful or where they felt that their ideas were listened to, they were more likely to rate their mental and physical health as good or excellent.

Perceived reasons for being discriminated against in the past year	
Physical appearance	27%
Being seen as different	19%
Race, ethnicity, or skin colour	14%
Age	12%
Income or family income	9%
Gender/sex	8%
Sexual orientation	7%
A disability	5%

Note: Youth could choose more than one response.



Bullying victimization

Youth were asked about their experiences with victimization at school or on their way to and from school in the past year. Twelve percent of youth reported that they had been physically assaulted. Males were less likely to report being the victim of an assault than previously (14% vs. 17% in 2008), while rates among females remained consistent (11%).

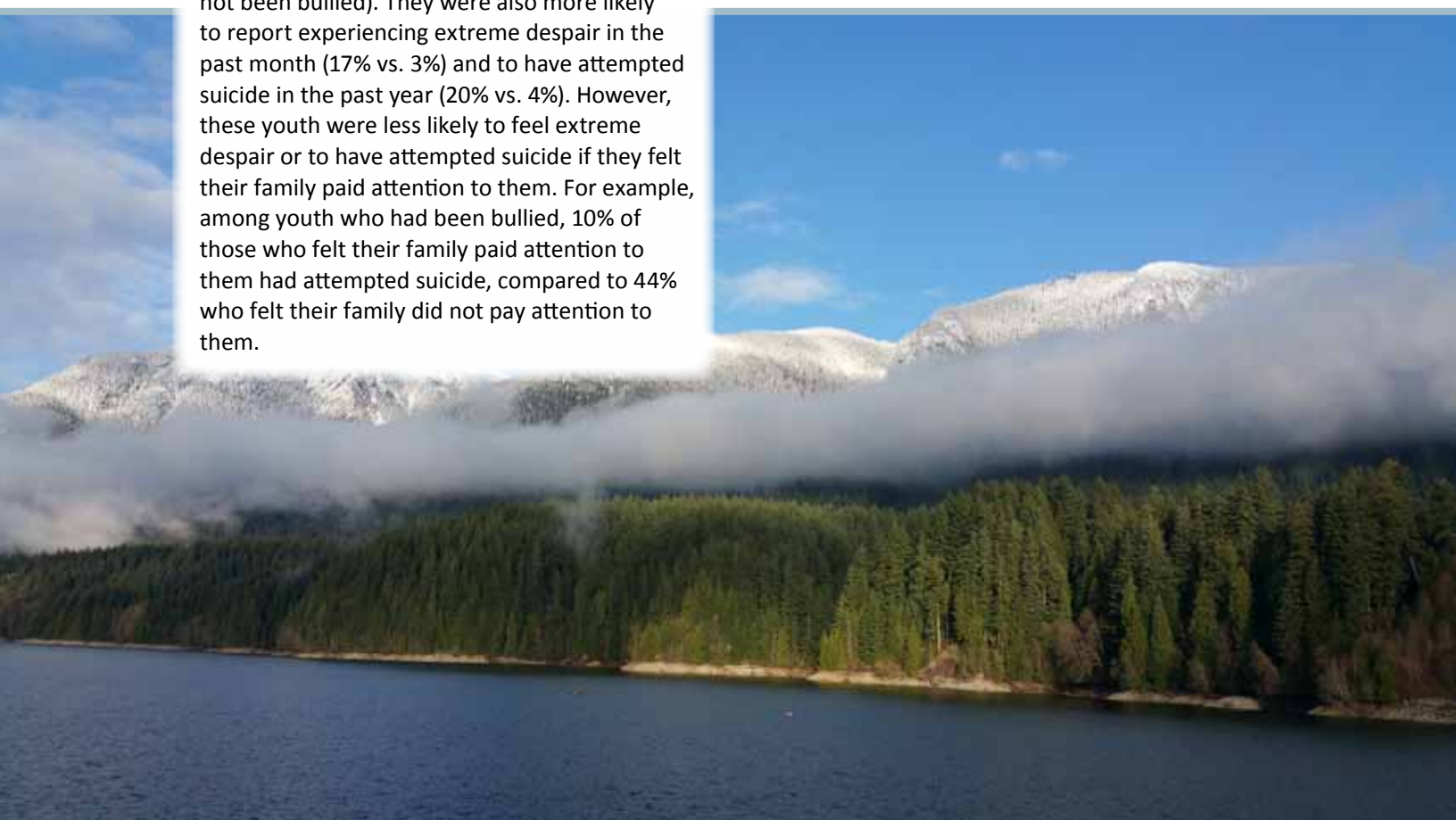
Rates of teasing (30%) and social exclusion remained unchanged for males (27%), but females were more likely to report being teased (49% in 2013 vs. 44% in 2008) or excluded (46% vs. 42%).

Students who experienced teasing, social exclusion, or physical assault were more likely to miss out on extracurricular activities because they were afraid of being bullied (14% vs. 2% who had not been bullied). They were also more likely to report experiencing extreme despair in the past month (17% vs. 3%) and to have attempted suicide in the past year (20% vs. 4%). However, these youth were less likely to feel extreme despair or to have attempted suicide if they felt their family paid attention to them. For example, among youth who had been bullied, 10% of those who felt their family paid attention to them had attempted suicide, compared to 44% who felt their family did not pay attention to them.

Internet safety

When we spoke with Aboriginal youth, we were told that while witnessing or experiencing cyberbullying was a common experience, they did not feel it was often talked about. Youth also felt it was difficult to prevent since it could be done anonymously and from anywhere.

A quarter of females and 10% of males had met someone online who made them feel unsafe, and 28% of females and 12% of males experienced cyberbullying in the past year. This was a decrease in cyberbullying from five years previous for both females (32% in 2008) and males (16% in 2008).



Neighbourhood safety

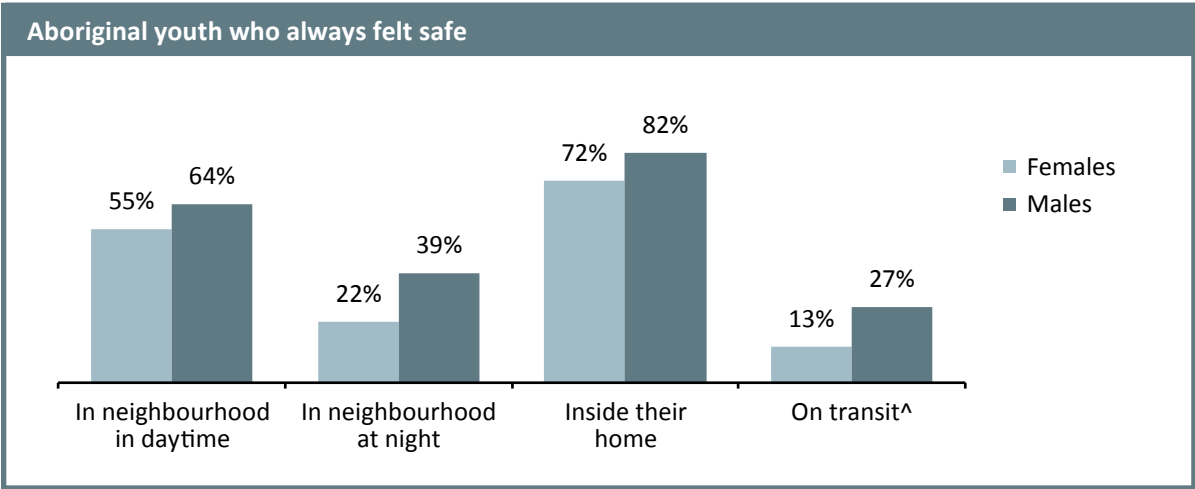
Although 59% of Aboriginal youth always felt safe in their neighbourhood in the daytime, only 30% felt this way at night. Three quarters (76%) always felt safe in their home, while 2% never did.

Youth who were currently living on-reserve some of the time were less likely to always feel safe in their neighbourhood in the daytime (44%) compared to youth who lived full-time on-reserve (57%) or off-reserve (60%).

Among youth who used transit, 19% always felt safe and 8% never did. Youth living in the Fraser region were the least likely to always feel safe on transit (14% vs. 19%-26% in other regions). Aboriginal youth in rural areas were more likely than those in urban areas to always feel safe when using transit (23% vs. 18%).

During consultations youth suggested that increasing pedestrian-friendly infrastructure, including sidewalks, crosswalks, and street lights, would improve neighbourhood safety.

Youth also told us that feeling like a part of their community positively impacted their sense of safety. This was supported by the data as 34% of youth who felt highly connected to their community always felt safe in their neighbourhood, compared to 26% who felt less connected. Youth who always felt safe in their neighbourhood were less likely to report extreme stress in the past month (7% vs. 16% of those who did not always feel safe) or suicide attempts in the past year (7% vs. 15%).



[^] Among youth who used transit.

Physical activity, sports, and leisure

“ More activities open and accessible to youth would be nice. ”

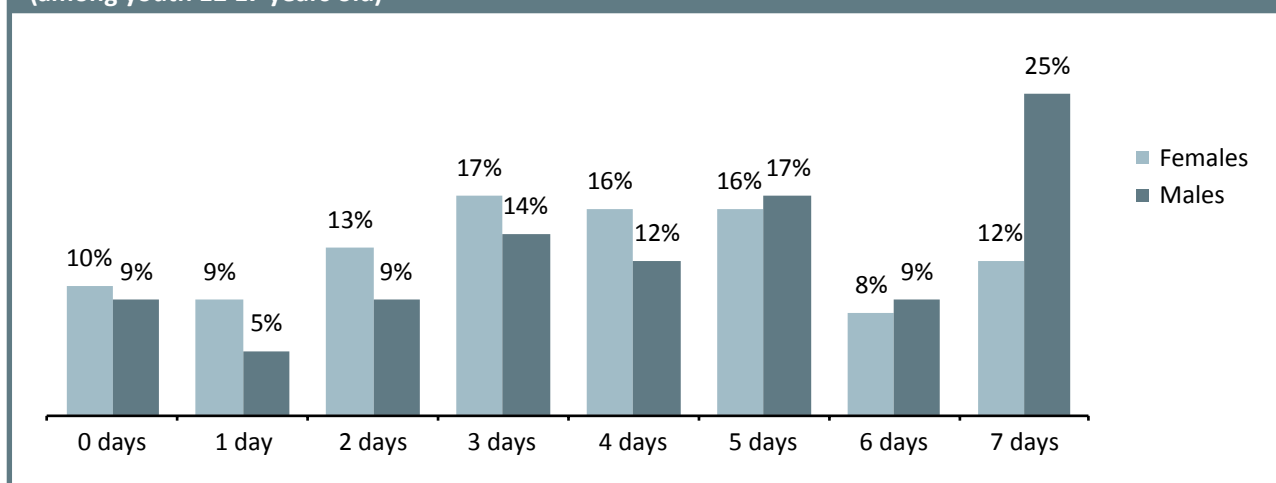
In the week before taking the survey 12% of females and 25% of males aged 12 to 17 met the Canadian Physical Activity Guidelines recommendation of an hour of moderate to vigorous physical activity a day. The majority (67%) of youth aged 18 and 19 met their recommended 150 minutes of physical activity by exercising for an hour on at least three days in the past week (57%* of females vs. 75% of males).

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

88 All levels of government to take action to ensure long term Aboriginal athlete development and growth.

89 The federal government to amend the Physical Activity and Sport Act to support reconciliation by ensuring that policies that promote physical activity as a fundamental element of health and well-being, reduce barriers to sports participation.

Participation in at least 60 minutes of moderate to vigorous physical activity in the past week (among youth 12-17 years old)



Note: The differences between females and males for 0 days, 5 days, and 6 days were not statistically significant.

Note: Percentages for females do not equal 100% due to rounding.

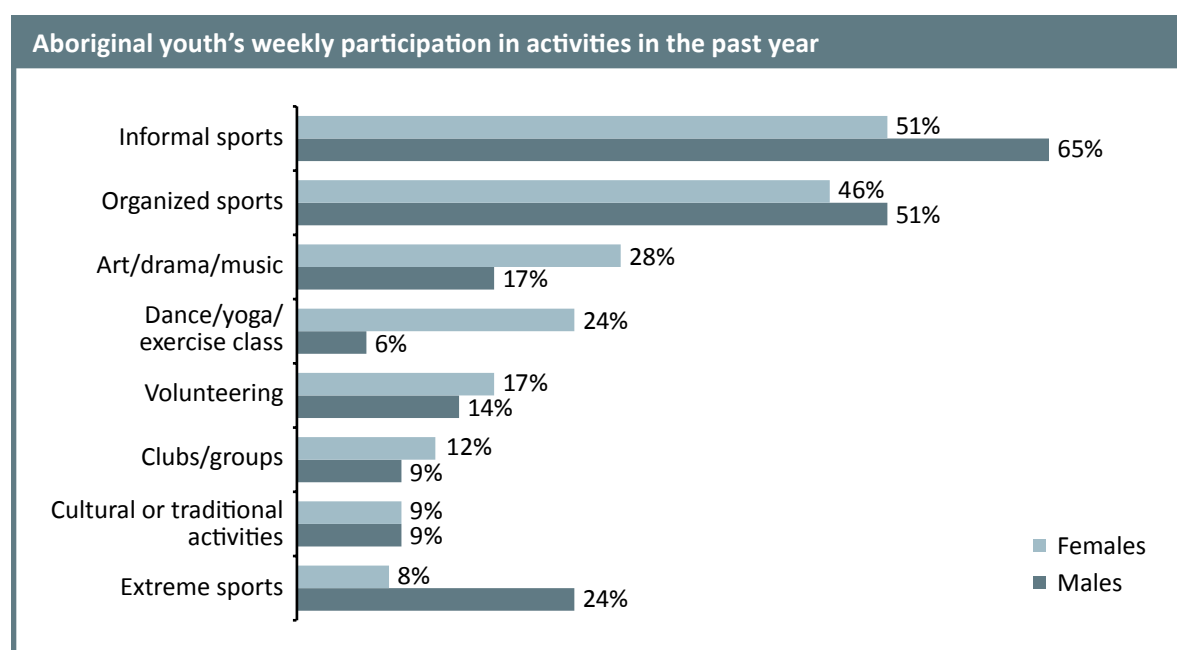
During consultations we heard from youth about the positive impact participating in sports or other extracurricular activities had on their lives. Youth told us that these activities created opportunities to develop relationships within their community, improved their self-confidence, and provided alternatives to risky behaviours such as substance use. Communities recommended extracurricular activities be more widely available across the province, consistently offered, and affordable for low-income families.

Youth who exercised at least three times the week before the survey were more likely to rate their mental health as good or excellent (77% vs. 68% who exercised less often), usually feel good about themselves (78% vs. 67%), and feel as competent as their peers (84% vs. 73%). These youth were also less likely to have self-harmed (22% vs. 27% who exercised less than three times in the past week), considered suicide (19% vs. 24%), or attempted suicide (11% vs. 16%) in the past year.

The percentage of youth who played organized sports on a weekly basis decreased to 48% from 54% in 2008. Participation in informal sports such as hiking, biking, and skateboarding also continued to drop from 72% in 2003 to 68% in 2008 to 57% in 2013. Weekly participation in dance, yoga, or exercise classes also decreased from 21% in 2008 to 15% in 2013.

Overall, 70% of Aboriginal youth engaged in organized or informal sports on a weekly basis (66% of females vs. 75% of males). These youth were more likely to rate their mental health as good or excellent (79% vs. 63% who did not engage in weekly sports) and to have slept for eight or more hours the night before taking the survey (55% vs. 41%).

Youth were involved in many other extracurricular activities on a weekly basis, including 9% who participated in weekly cultural or traditional activities.



“ Add more opportunities for Aboriginal youth to have access to sport or community by offering it at school. ”

Compared to a decade earlier, there was a decrease in the percentage of youth who took part in art, drama, singing, or music groups or lessons at least once a week in the past year (26% in 2003 vs. 23% in 2013). Participation in volunteering and attendance at clubs and groups such as Guides or Scouts, 4-H, community, or religious groups was also lower than five and ten years previous.

Participating in extracurricular activities had health benefits. For example, youth who volunteered on a weekly basis in the past year were more likely to feel like a part of their community (47% vs. 30% who did not volunteer) and to see themselves engaged in their community in five years (20% vs. 6%). Youth who attended clubs or groups weekly were more likely to report higher school connectedness, and to plan on continuing their education after high school (85% vs. 75% who did not attend weekly clubs or groups).

Participation in any weekly activity was particularly important for youth experiencing challenges in their lives. For example, among youth who had experienced in-person bullying and been physically and/or sexually abused, those who participated in a weekly activity were more likely to rate their mental health as good or excellent (51% vs. 37% of youth with these challenges who did not participate in weekly activities). They were also less likely to report extreme stress (33% vs. 48%) and more likely to report feeling happy most or all of the time in the past month (38% vs. 22%).

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

66 The federal government to establish multi-year funding to community-based youth organizations to deliver programs on reconciliation and establish a national network to share information and best practice.



Meaningful engagement in activities

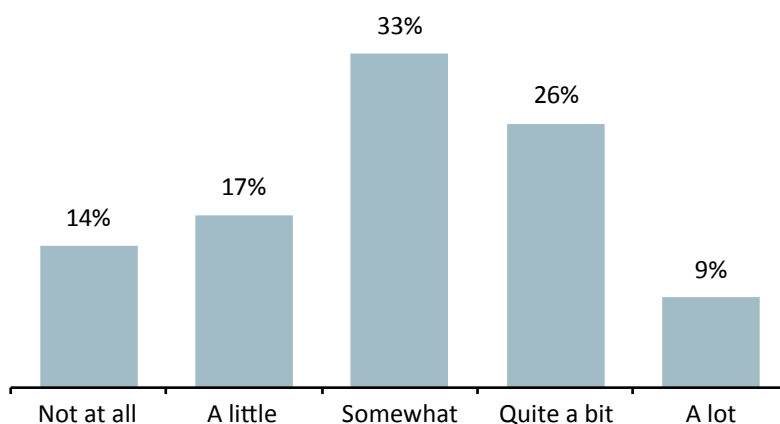
As in 2008, the majority (63%) of Aboriginal students found the activities they engaged in to be quite a bit or very meaningful. Youth who felt this way were less likely than those who did not find their activities meaningful to have attempted suicide in the past year (9% vs. 19%), and were more likely to rate their mental health as good or excellent (80% vs. 63%).

There was a decrease in the percentage of youth who felt that their ideas were listened to and acted upon within the activities they

participated in (36% felt their ideas were listened to at least quite a bit in 2013 vs. 45% in 2008). Males were more likely than females to feel their ideas were valued (38% vs. 34%), as were urban youth compared to rural youth (37% vs. 32%).

Aboriginal youth who felt their ideas were listened to were more likely to feel like a part of their community (49% vs. 24% who did not feel their ideas were listened to) and to see themselves engaged in their community in five years (14% vs. 5%).

Ideas listened to and acted upon in activities



Note: Percentages do not equal 100% due to rounding.

Barriers to participation

Consistent with what we heard in community consultations, the most common barrier which prevented Aboriginal youth from participating in sports or leisure activities was that they were too busy (43%). Taking care of younger siblings, being involved in other community activities, and long transit commutes were some reasons youth said contributed to them being too busy to participate in activities.

While females and males were equally likely to report that an activity was not available in their community, females were more likely to report other barriers such as lack of transportation and not being able to afford it.

Rural students were more likely than urban students to report they could not participate in an activity because it was not available in their community (26% vs. 14%), while urban youth were more likely to miss out because they could not afford to participate (21% vs. 17% of rural youth).

Gambling

The legal gambling age in BC is 19. Overall, 13% (8% of females vs. 19% of males) of Aboriginal youth had played games for money, bought lottery tickets, or bet money at a casino, race track, or online. Most of these youth were under the age of 19. There was a decrease in the percentage of youth who gambled, from 55% in 2003 and 46% in 2008.



Barriers to participation		
	Females	Males
I was too busy	48%	37%
I couldn't get there or home	23%	16%
I couldn't afford to	23%	16%
Activity wasn't available in my community	18%^	16%
I was worried about being bullied	12%	5%

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

Note: Youth could choose more than one response.

Transportation

Getting to school

The most popular method of getting to school was by car (47%). Forty-two percent of Aboriginal youth used a bus or public transit; 39% walked, biked, or skateboarded; and 2% hitchhiked to school. Around a quarter (26%) used more than one mode of transport to get to school.

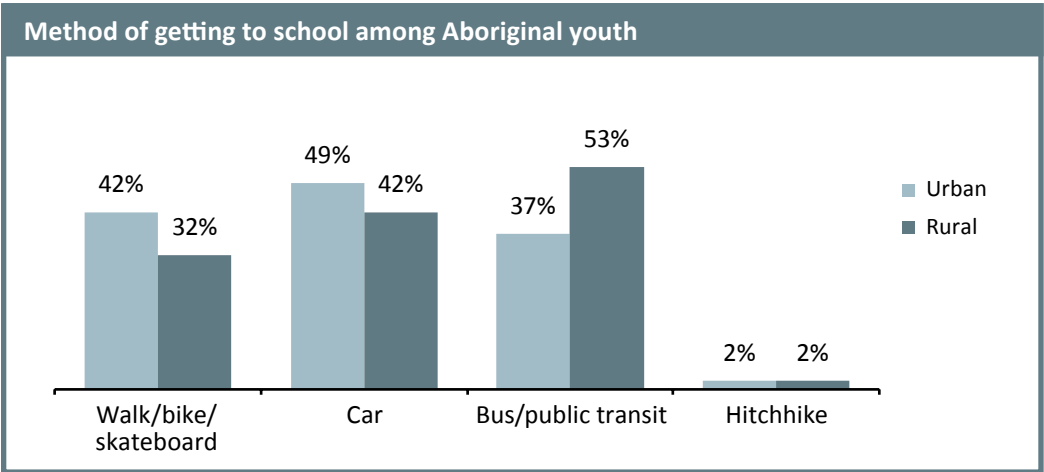
Females were more likely than males to take public transit or arrive by car; whereas males were more likely than females to walk, bike, skateboard, or hitchhike to school.

Youth in rural areas were more likely to take transit to school, while those in urban areas were more likely to walk or arrive by car. There was no difference in hitchhiking to school between urban and rural youth.

Youth currently living on-reserve full-time were less likely to walk and more likely to use public transit than those living on-reserve some of the time or living off-reserve full-time.

Driver’s licence

Almost one in four (24%) Aboriginal youth held some type of driver’s licence. Youth who were currently living on-reserve were less likely to have a licence compared to those living off-reserve (20% vs. 27%).



Note: Youth could choose more than one response.



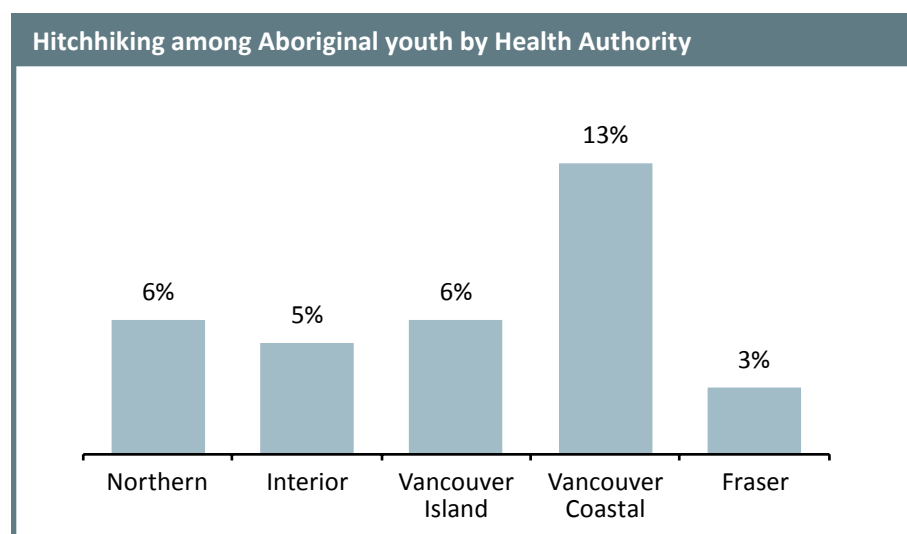
Hitchhiking

In the month prior to completing the survey, 6% of Aboriginal youth (4% of females vs. 7% of males) reported hitchhiking somewhere. Consistent with what we heard in consultations, youth in rural areas were more likely than those in urban areas to have hitchhiked (11% vs. 4%), as were those currently living on-reserve (14% vs. 4% off-reserve).

When we spoke with Aboriginal young people, they told us they felt safe hitchhiking on-reserve where they “knew everyone” and that hitchhiking was a community norm. Youth also told us that being unable to afford alternative forms of transportation, limited or completely absent transit services, or feeling unsafe on transit had contributed to their decision to hitchhike.

Rates of hitchhiking in Vancouver Coastal were higher than in any other region. The Highway of Tears corridor runs through the Northwest and Northern Interior HSDAs. Ten percent of youth in Northwest and 3% in Northern Interior reported hitchhiking in the past month.

Students who went to bed hungry all the time, had parents who did not work, or who did not feel safe in their neighbourhood were more likely to hitchhike. Youth who envisioned only positive circumstances in their future and felt connected to school were less likely to hitchhike.



Note: The differences between Northern, Interior, and Vancouver Island were not statistically significant.

Technology use



The majority (88%) of Aboriginal youth reported they had a cellphone (or other portable electronic device). Females were more likely than males to have a cellphone (92% vs. 85%). Ninety-seven percent of youth with a phone used it on the previous school day.

Females were more likely than males to use their phone to connect with their parents (82% vs. 74%) or friends (91% vs. 83%), or to use social media (80% vs. 71%). Males were more likely to engage in bullying (4% vs. 2% of females) or sexting (18% vs. 11%). Youth currently living on-reserve full-time were more likely than their peers who lived there part-time or lived off-reserve to use a phone to talk or text or to chat online or social network.

During consultations, social media, email, and text were seen as key ways to keep in touch with family and maintain community networks, especially across geographical barriers. Survey results showed that youth with a phone were more likely than those without one to feel like a part of their community (36% vs. 30%), to feel an adult in their community cared about them (64% vs. 56%), and to have an adult they could turn to if they had a serious problem (79% vs. 73%).

However, youth who owned a cellphone were more likely than those who did not to report perpetrating cyberbullying (10% vs. 7%) or being a victim of it (21% vs. 15%) in the past year.

On last school day, Aboriginal youth used cellphone to...

Communicate with friends	87%
Play games/music/entertainment	83%
Communicate with parents	78%
Chat online or social network	76%
Find information	69%
Engage in sexting	14%
Communicate with teachers	9%
Bully others	3%

Note: Youth could choose more than one response.

Note: Sexting is the sending of explicit photographs or messages via cellphone or other similar device.

The importance of relationships

Previous McCreary research has shown that when youth can draw on healthy relationships with friends and family, and within their school and community, they report better health and are more hopeful about the future. This is consistent with what we heard in consultations. Both youth and adults spoke about the importance of supportive relationships with friends and adults in the lives of Aboriginal youth. Many youth told us having positive role models and mentors from their communities positively impacted their mental health, and expressed a desire for more opportunities to develop these relationships.

Family relationships

Most youth reported that their family paid attention to them (66%: 61% of females vs. 72% of males), they had fun together (62%), and that their family understood them (52%: 44% of females vs. 61% of males) quite a bit or very much. Younger youth were more likely to feel this way than youth aged 15 and older.

Family connectedness was linked to injury prevention behaviours. For example, youth who felt the most connected to their family were more likely to report always wearing a seat belt (85% vs. 59% who were least connected) or a bike helmet (45% vs. 16%; among those who rode a bike), and were less likely to drive under the influence of alcohol (2% vs. 7%) or marijuana (4% vs. 10%).

Helpful family

The majority (67%) of youth reported that they had an adult in their family they could talk to if they had a serious problem, with males more likely to feel this way than females (72% vs. 63%).

Sixty-four percent of Aboriginal youth approached their family for support in the past year. Males were more likely than females to find this support helpful.

Finding the support they received from family to be helpful was associated with positive mental health for both females and males. For example, among youth who asked for help, those who found family helpful were less likely to experience extreme stress (9% vs. 43% who did not find their family helpful) or despair (6% vs. 36%) in the past month, or to have attempted suicide in the past year (8% vs. 31%). These youth were also more likely to envision only positive circumstances for their future (89% vs. 71% who did not find family helpful).

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

1 The federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in government care by:

ii Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside.

“It’s good to know there’s someone interested in me, not just because I’m their kid or student.”

Community relationships

Supportive and caring adults outside the family

In total, 36% of Aboriginal youth (38% of females vs. 33% of males) had an adult outside their family they could turn to if faced with a serious problem. Among youth without an adult support in their family, 14% of females and 8% of males reported having a supportive adult outside their family. Twenty-two percent of Aboriginal youth did not have an adult inside or outside their family to turn to.

The majority (63%) of Aboriginal youth felt there was an adult in their community outside of home and school who cared about them, and 66% felt cared about by teachers or other school staff. However, 2% did not have an adult in their neighbourhood, community, or at school who cared about them or whom they could turn to if they had a problem.

Rural youth were more likely than their urban peers to feel that an adult in their community cared about them (69% vs. 61%).

Youth who had supportive and caring adults in their lives reported better health. For example, those who felt an adult in the community cared about them were more likely to feel good about themselves (80% vs. 67%) and to rate their overall health as good or excellent (83% vs. 77%).

“Creating a moment and letting them know they have or share a gift—it’s an opportunity to evolve a relationship. [Youth] need to hear good stories and be reminded life is good.”

Adult consultation participant

Help seeking

Aboriginal youth approached a variety of people for assistance in the past year. In addition to seeking help from friends, family members, and a friend’s parent, youth also approached professionals such as teachers, school counsellors, doctors, and sports coaches.

Females were more likely than males to have asked a mental health counsellor for help (10% vs. 7%), while males were more likely to have asked a sports coach (27% vs. 18%) or nurse (13% vs. 10%).

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

23 All levels of government to:

- i Increase the number of Aboriginal professionals working in the health-care field.**
- ii Ensure the retention of Aboriginal health-care providers in Aboriginal communities.**
- iii Provide cultural competency training for all healthcare professionals.**

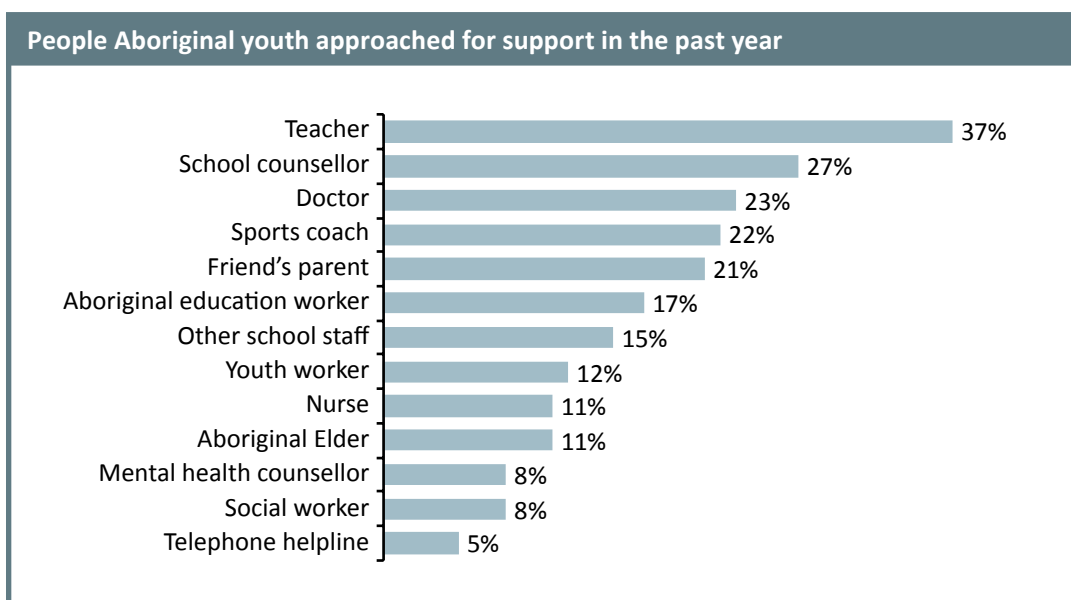
“ We have an Aboriginal room and there’s an Aboriginal counsellor who’s really helpful but people don’t recognize she’s someone you can go to. [The Aboriginal] room is considered the ‘weird room’.”

Youth currently living on-reserve were more likely than their off-reserve peers to have asked for help from an Aboriginal education worker, Aboriginal Elder, youth worker, nurse, social worker, or through a telephone helpline in the past year. Also, youth who previously lived on-reserve were more likely than those who had never lived on-reserve to have asked for help from an Aboriginal education worker, Aboriginal Elder, youth worker, or a social worker.

Having a helpful adult in the community was linked to positive mental health. For example, youth who found a doctor helpful were around half as likely to have self-harmed or attempted suicide in the past year, compared to those who did not find a doctor helpful. Similarly, those who had a helpful sports coach were less likely to have experienced extreme stress or despair in the past month.

The majority of youth who approached people for help found them to be helpful. For example, 92% of youth who asked an Aboriginal Elder for help found the assistance helpful, and 90% found an Aboriginal education worker helpful.

“ Most youth my age are too shy to go [speak with Elders], but when youth get older and more mature you’re less shy.”



Note: Youth could choose more than one response.

“ I like to talk to my peers. I know if I'm having an issue they're probably experiencing something similar or the same thing. ”

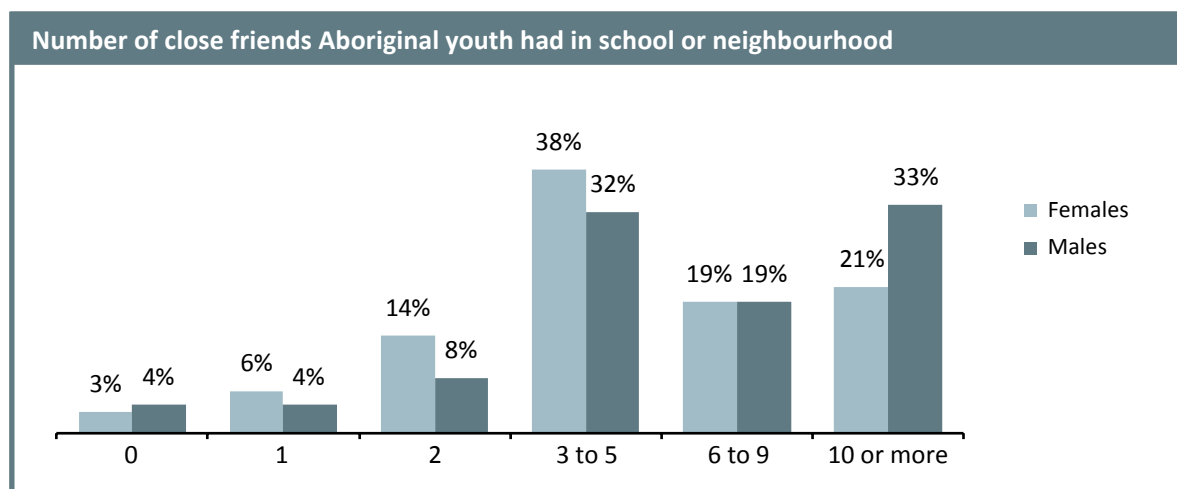


Peer relationships

The majority (96%) of Aboriginal youth reported having at least one close friend in their school or neighbourhood, with 80% having three or more. Youth who had at least one friend were more likely than those without any friends to feel good about themselves (76% vs. 49%), feel as competent as others (82% vs. 59%), and to identify something they were good at (75% vs. 46%). They were also more likely to envision only positive circumstances in their future, and were less likely to have considered suicide or self-harmed in the past year.

The majority of Aboriginal youth (77% of females vs. 60% of males) approached a friend for help in the past year, and most found the experience helpful.

Youth we spoke with recommended that peer mentor training and education about available resources should be offered to young people so that they can better support their friends when they are in need. Among youth who asked for help, those who found their friends helpful were over twice as likely to report feeling calm (47% vs. 21% who did not find friends helpful) or happy (65% vs. 26%), and were less likely to have experienced extreme stress or despair in the past month.



Note: Percentages for females do not equal 100% due to rounding.

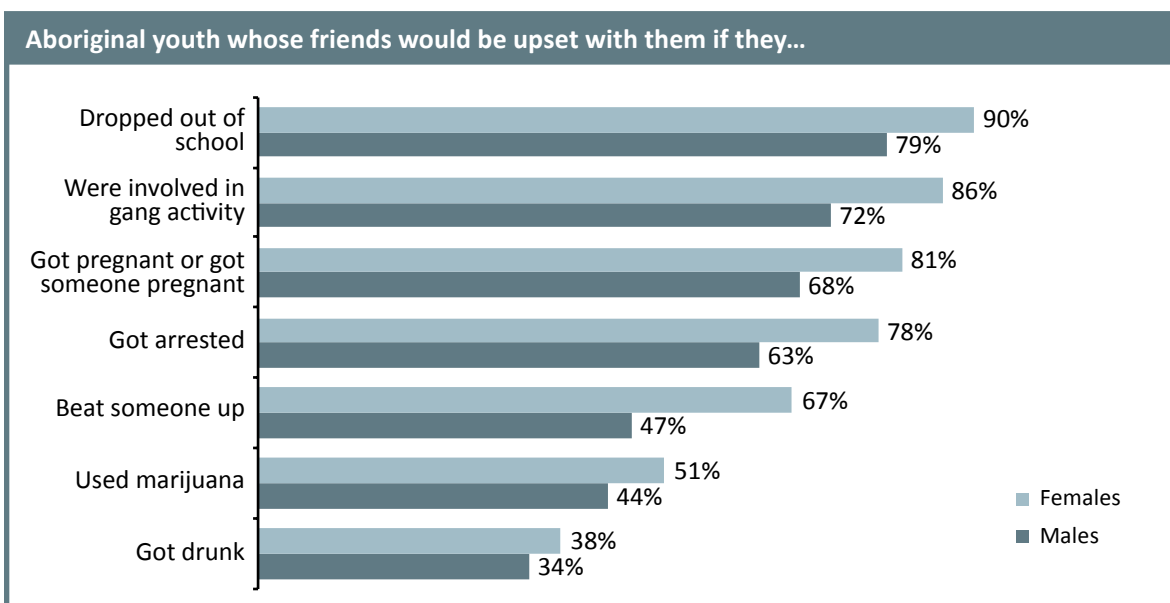
Aboriginal youth in 2013 were more likely than their peers over the past decade to report they had friends who would be upset with them if they dropped out of school, got pregnant or got someone pregnant, got arrested, beat someone up, or got drunk.

Females were generally more likely than males to have friends with prosocial attitudes, as were urban students in comparison to rural ones, and youth living off-reserve in comparison to those on-reserve.

Having prosocial peers was associated with reduced rates of risky behaviours among Aboriginal youth. For example, youth who had friends who would be upset with them if they beat someone up were less likely to report physically assaulting another youth (2% vs. 9% whose friends would not disapprove).

Aboriginal youth whose friends would be upset with them if they...			
	2003	2008	2013
Dropped out of school	79%	82%	85%
Got pregnant or got someone pregnant	66%	69%	75%
Got arrested	46%	58%	71%
Beat someone up	37%	43%	58%
Used marijuana	38%	49%	48%^
Got drunk	26%	29%	36%

^ The difference between 2008 and 2013 for using marijuana was not statistically significant.



“The Kids who don't have a connection with a teacher [struggle]. Sometimes a teacher just sees a student who is rude [and] uncooperative, but the student is just thinking 'why bother.'”
Adult consultation participant

School relationships

Most Aboriginal youth felt safe at school (72%), were happy to be at school (59%), and felt like a part of their school (52%). Most also reported that school staff treated them fairly (70%), they got along with their teachers (61%), and their teachers cared about them (58%). Half (50%) of Aboriginal students felt that school staff other than teachers cared about them.

Males were more likely to feel like a part of their school (55% vs. 50% of females), to be happy at school (62% vs. 56%), and feel safe there (74% vs. 71%).

Young people and adults in consultations emphasized the importance of positive school-based relationships for the success of Aboriginal youth. Youth who reported higher school connectedness were more likely to plan on continuing their education after high school and less likely to have skipped class in the past month (9% vs. 39% who reported lower school connectedness). Those with higher school connectedness were also less likely than those who reported lower connectedness to have attempted suicide (5% vs. 56%) or self-harmed in the past year (7% vs. 45%).

Helpful school staff

In the past year, females were more likely to have asked a school counsellor for help (32% vs. 22% of males), while males were more likely to have asked for help from a teacher (42% vs. 33% of females) or other school staff (17% vs. 13%). Youth currently living on-reserve were more likely than those off-reserve to have asked an Aboriginal education worker for help (28% vs. 15%).

Among those who asked for help, youth who found their teacher helpful were more likely to report high levels of school connectedness, see themselves in a job or career in five years (65% vs. 53%), and feel safe at school (83% vs. 58%). They were also less likely to have carried a weapon to school in the past month (6% vs. 15%).



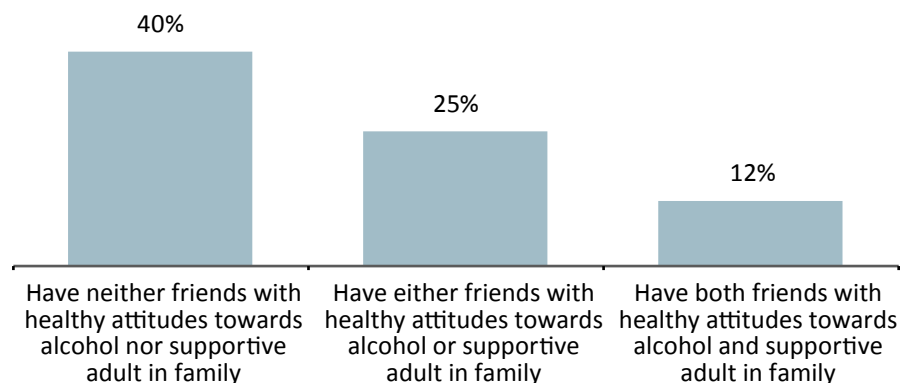


The importance of having different sources of positive relationships

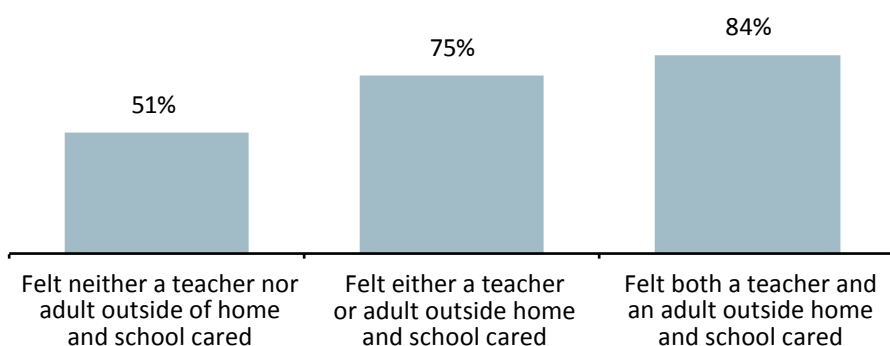
The more positive relationships youth had, the better. For example, youth who had friends who would be upset with them if they got drunk and also had an adult in their family they could turn to for help were less likely to report having tried substances other than alcohol or marijuana, compared to youth who had only one of these types of relationships or neither type.

Additionally, youth who had positive relationships with both a teacher at school and an adult outside of their home or school were more likely to report good or excellent mental health than those with only one of these types of relationships.

Lifetime use of substances other than alcohol or marijuana by relationships



Good/excellent mental health by relationships



Cultural connectedness

“Being at these [Métis community] gatherings, they're never that big. They should be bigger.”

At all community consultations there was consensus that cultural connectedness played a significant role in the wellness of Aboriginal peoples. Communities told us engaging in cultural practices and speaking an Aboriginal language cultivated a feeling of pride and sense of belonging, and that this empowered Aboriginal identity contributed to positive health among Aboriginal youth.

Young people across the province told us about the importance of cultural connectedness in their lives and expressed a desire for more opportunities to learn about and practice their culture and connect with their Aboriginal peers.

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

14 The federal government to enact the Aboriginal Languages Acts that incorporates the following principles:

- i** Aboriginal languages are a fundamental and valued element of Canadian culture and society, and there is an urgency to preserve them.
- ii** Aboriginal language rights are reinforced by the Treaties.
- iii** The federal government has a responsibility to provide sufficient funds for Aboriginal-language revitalization and preservation.
- iv** The preservation, revitalization, and strengthening of Aboriginal languages and cultures are best managed by Aboriginal people and communities.
- v** Funding for Aboriginal language initiatives must reflect the diversity of Aboriginal languages.

Language

Youth who spoke an Aboriginal language were more likely than those who did not to feel quite a bit or very much like a part of their community (40% vs. 35%). These youth were also more likely to have volunteered on a weekly basis in the past year (20% vs. 15%).

Although only 6% of youth who had never lived on-reserve spoke an Aboriginal language (compared to 41% living on-reserve), these youth were less likely to report mental health challenges such as extreme despair, and were more likely to be engaging in positive health behaviours. For example, 82% of youth who had not lived on-reserve and who spoke an Aboriginal language exercised on at least three days in the past week, compared to 72% who did not speak a language.

Cultural activities

There were many health benefits associated with Aboriginal youth participating in cultural activities on a weekly basis in the past year. For example, those who engaged in weekly cultural activities were more likely than those who did not take part to feel highly connected to school, to feel connected to their community, to volunteer weekly in their community (41% vs. 10%), and to exercise at least three days a week (78% vs. 70%).

Also, those who took part in weekly cultural activities were more likely to see a positive future for themselves, such as having a family (25% vs. 15% who did not participate in weekly cultural activities) or a home of their own (40% vs. 29%), as well as being engaged in their community (16% vs. 8%).



On-reserve and off-reserve differences

“ [We should] support Aboriginal youth in urban areas in all aspects of their culture and education, as they face more alienation than Aboriginals in more suburban/rural communities. ”

We considered the health picture of youth living on-reserve full-time with that of youth who divided their time between living on- and off-reserve and those who lived off-reserve. Several of these findings have been included in other sections of the report. In many cases there was no significant difference in the health picture of those currently living on-reserve all the time and those living on-reserve some of the time. However, there were differences between these youth and youth who lived off-reserve all the time. These are summarized in the table on pages 66-67.

THE TRUTH AND RECONCILIATION COMMISSION CALL TO ACTION

20 In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Métis, Inuit, and off-reserve Aboriginal peoples.



Differences in health between Aboriginal youth currently living on-reserve (all or some of the time) and Aboriginal youth living off-reserve

Health indicator	Youth currently living on-reserve	Youth currently living off-reserve
Identified as Two-Spirit	13%	3%
Parents not working	16%	6%
MENTAL HEALTH		
Self-harmed in the past year	27%	22%
Family or friend ever attempted or committed suicide	55%	43%
INJURIES/INJURY PREVENTION		
Always wore a seat belt	59%	73%
Always wore a helmet when cycling in the past year (among cyclists)	15%	32%
EATING BEHAVIOURS		
Binge ate in the past year	34%	28%
Vomited on purpose after eating in the past year	14%	10%
SUBSTANCE USE		
Ever tried tobacco	43%	32%
Exposed to second-hand smoke	42%	35%
Drank five or more drinks within a couple of hours on six or more days in the past month (among youth who ever had alcohol)	13%	6%
Ever tried marijuana	50%	39%
Needed help for alcohol use in the past year	8%	4%
Needed help for marijuana use in the past year	11%	5%
SEXUAL HEALTH		
Ever had sexual intercourse	37%	29%
Used a condom/barrier last time had oral sex (among those who ever had oral sex)	40%	20%
Had a sexually transmitted infection (STI) (among those who ever had sex)	5%	1%
SCHOOL AND WORK		
Had trouble getting along with teachers	20%	16%
Felt teachers cared about them	54%	59%
Missed school due to family responsibilities in the past month	36%	20%
Missed school due to work in the past month	7%	4%
Envisioned self in school in five years	35%	42%
Plan to drop out of high school	3%	1%
Plan to attend post-secondary education	70%	76%
Worked at a paid job during school year	19%	32%

Differences in health between Aboriginal youth currently living on-reserve (all or some of the time) and Aboriginal youth living off-reserve

Health indicator	Youth currently living on-reserve	Youth currently living off-reserve
DISCRIMINATION		
Experienced racial discrimination in the past year	27%	12%
EXTRACURRICULAR ACTIVITY PARTICIPATION		
Played weekly informal sports in the past year	53%	58%
Engaged in weekly cultural or traditional activities in the past year	21%	7%
Found the activities they engaged in to be at least quite a bit meaningful	56%	66%
Felt listened to at least quite a bit in the activities they took part in	29%	37%
Could not afford to participate in extracurricular activities	15%	20%
Ever gambled	17%	13%
TRANSPORTATION		
Took bus/public transit to school	64%	37%
Hitchhiked to school	4%	1%
Hitchhiked anywhere in past month	14%	4%
TECHNOLOGY USE		
Used cellphone on last school day to chat online or social network (among youth with a cellphone)	80%	75%
SOURCES OF SUPPORT		
Had an adult to turn to outside the family	31%	37%
Asked an Aboriginal education worker for help in the past year	28%	15%
Asked an Aboriginal Elder for help in the past year	28%	8%
Asked a youth worker for help in the past year	19%	11%
Asked a nurse for help in the past year	15%	11%
Asked a social worker for help in the past year	10%	7%
Called a telephone helpline for help in the past year	7%	5%
Found family helpful (among those who asked for help in past year)	94%	91%
Found school counsellor helpful (among those who asked for help in past year)	90%	84%
Friends would be upset with them if they got arrested	63%	72%
Friends would be upset with them if they beat someone up	50%	60%
Friends would be upset with them if they were involved in gang activity	71%	81%
Friends would be upset with them if they were involved in a pregnancy	66%	77%
Friends would be upset with them if they dropped out of school	80%	85%
Friends would be upset with them if they used marijuana	42%	49%

Regional differences



This table considers regional differences in Aboriginal youth health. Each region has been allocated a letter (Northern is a, Interior is b, etc.). The letters indicate where regional differences occur. For example, the first row shows the percentage of Aboriginal youth currently living on-reserve. The first column shows that 28% of youth in the Northern region currently lived on-reserve and this was significantly higher than in the Interior (b), Vancouver Island (c), and Fraser (e), but was not statistically different to the percentage in Vancouver Coastal (d).

Regional differences					
	Health Authority (HA)				
	a	b	c	d	e
	Northern	Interior	Vancouver Island	Vancouver Coastal	Fraser
Currently living on-reserve (among all Aboriginal youth)	28% ^{b,c,e}	13% ^{a,c,d,e}	19% ^{a,b,e}	28% ^{*b,e}	6% ^{a,b,c,d}
Currently living on-reserve (among First Nations youth)	37% ^{b,c,e}	20% ^{a,d,e}	27% ^{a,e}	37% ^{*b,e}	8% ^{a,b,c,d}
Spoke an Aboriginal language	21% ^{b,c,e}	13% ^{a,e}	12% ^{a,d,e}	18% ^{c,e}	8% ^{a,b,c,d}
Often or always went to bed hungry because there wasn't enough money for food at home	3%	3%	2%	NR	3%
Ever been in government care	12%	11%	13%	12%	10%
Currently in government care	5% ^b	3% ^a	4%	6%	4%
PHYSICAL HEALTH					
Reported good or excellent health	79%	82%	83%	78%	82%
Did not access medical help in the past year	10% ^{b,e}	13% ^a	10% ^e	12%	14% ^{a,c}
MENTAL HEALTH					
Reported good or excellent mental health	74%	75%	78% ^e	73%	72% ^c
Seriously considered suicide in the past year	19%	21% ^c	15% ^{b,e}	18% ^e	24% ^{c,d}
Attempted suicide in the past year	12%	12%	10% ^e	13%	15% ^c
Self-harmed in the past year	23%	23%	20% ^e	22%	26% ^c
Ever self-harmed	26%	25%	22% ^e	25%	28% ^c
Did not access needed mental health services in the past year	14% ^e	16% ^c	12% ^{b,e}	16%	18% ^{a,c}
SLEEP					
Got eight or more hours of sleep the night before the survey	50%	52%	52%	53%	48%

Regional differences					
	Health Authority (HA)				
	a	b	c	d	e
	Northern	Interior	Vancouver Island	Vancouver Coastal	Fraser
INJURIES AND INJURY PREVENTION					
Were injured seriously enough to require medical attention in the past year	29%	33%	33%	36%	30%
Experienced a concussion in the past year	21%	22%	21%	24%	22%
Always wore a seat belt	66% ^{c,e}	71% ^e	72% ^a	65% ^e	77% ^{a,b,d}
NUTRITION					
Had fruit yesterday	82% ^c	83% ^c	87% ^{a,b}	83%	84%
Had vegetables yesterday	70% ^{b,c,d,e}	80% ^a	76% ^{a,d}	84% ^{a,c,e}	78% ^{a,d}
Had sweets yesterday	72% ^b	77% ^{a,c}	72% ^b	74%	76%
Had pop/soda yesterday	51% ^{b,c,d,e}	42% ^a	45% ^a	43% ^a	41% ^a
Had energy drinks yesterday	15% ^{c,e}	12% ^{c,e}	8% ^{a,b,d}	13% ^c	8% ^{a,b}
Had fast food yesterday	48% ^{b,c,e}	43% ^a	40% ^a	47%	41% ^a
Had traditional foods from background yesterday	25% ^{b,e}	17% ^{a,c,d}	22% ^b	25% ^{b,e}	17% ^{a,d}
Had food grown or caught by them or their family yesterday	21% ^e	21% ^e	17% ^e	18%	13% ^{a,b,c}
Had coffee or coffee-based drink yesterday	30%	33% ^{d,e}	32% ^d	26% ^{b,c}	27% ^b
Had water yesterday	94%	96%	94%	94%	94%
SUBSTANCE USE					
Ever tried tobacco	38% ^e	38% ^e	35% ^e	33%	26% ^{a,b,c}
Used tobacco daily in the past month (among those who had ever used tobacco)	10% ^d	12% ^d	7%	NR ^{a,b}	8%
Exposed to second-hand smoke	41% ^{c,d,e}	37%	32% ^a	32% ^a	35% ^a
Ever tried alcohol	58% ^e	59% ^e	55%	54%	50% ^{a,b}
Engaged in regular heavy sessional drinking in past month (six or more days; among those who ever had alcohol)	7%	8%	8%	11%	7%
Ever tried marijuana	46% ^e	42% ^e	43% ^e	42% ^e	33% ^{a,b,c,d}
Used marijuana on six or more days in past month (among those who ever tried marijuana)	24% ^{b,c}	34% ^{a,e}	32% ^a	31% [*]	25% ^b
Ever used substances other than alcohol or marijuana	26%	26%	24%	27%	23%

Regional differences					
	Health Authority (HA)				
	a	b	c	d	e
	Northern	Interior	Vancouver Island	Vancouver Coastal	Fraser
SEXUAL HEALTH					
Used a condom/barrier last time they had oral sex (among those who ever had oral sex)	30% ^{b,c,e}	21% ^a	22% ^a	21% [*]	22% ^a
Used a condom/barrier last time they had intercourse (among those who ever had sex)	67%	69%	69%	59% [*]	71%
Ever had an STI (among those who ever had sex)	6%	NR ^c	9% ^{b,d}	NR ^c	NR
Had ever been involved in a pregnancy (among those who ever had sex)	9%	8%	9%	NR	9%
SCHOOL AND WORK					
Planned to continue to post-secondary	73% ^e	76% ^d	72% ^e	70% ^{b,e}	79% ^{a,c,d}
Carried a weapon to school in past month	8%	11%	8%	7%	8%
Worked at a paid job in past school year	29% ^b	33% ^{a,c,d,e}	28% ^b	26% ^b	28% ^b
Worked 21 or more hours in a paid job in past school year (among those who worked at a paid job)	13% ^e	14% ^{c,e}	7% ^b	NR	NR ^{a,b}
ABUSE AND VIOLENCE					
Ever physically abused	18%	20%	19%	17%	19%
Ever sexually abused	17%	15%	14%	15%	15%
Both physically and sexually abused	8%	9%	7%	6%	8%
Experienced verbal sexual harassment in past year	44% ^b	50% ^{a,c,e}	42% ^b	43%	44% ^b
Experienced physical sexual harassment in past year	24%	22%	21%	22%	23%
Experienced racial discrimination in past year	16%	14%	14%	15%	13%
Experienced discrimination because of sexual orientation in past year	8% ^{c,d}	6% ^e	6% ^e	4% ^e	9% ^{b,c,d}
Experienced gender discrimination in past year	8%	9%	8%	6%	9%
Experienced discrimination because of a disability in past year	5%	4%	5%	NR	5%
Experienced discrimination because of physical appearance in past year	26%	26%	23% ^e	21% ^e	31% ^{c,d}
Experienced discrimination over how much money family has in past year	9%	8%	8%	8%	10%

Regional differences					
	Health Authority (HA)				
	a	b	c	d	e
	Northern	Interior	Vancouver Island	Vancouver Coastal	Fraser
Experienced discrimination because of age in past year	13%	12%	10%	11%	13%
Experienced discrimination over being seen as different in past year	21% ^c	18%	15% ^{a,e}	20%	21% ^c
EXTRACURRICULAR ACTIVITY PARTICIPATION					
Activities they are involved in are quite a bit or very meaningful	58% ^{b,c,e}	65% ^a	66% ^a	62%	65% ^a
Ideas listened to and acted upon quite a bit or very much in the activities in which they are involved	29% ^{b,c,e}	38% ^a	35% ^a	37%	38% ^a
TRANSPORTATION					
Had a driver's licence	22%	26%	25%	21%	24%
Hitchhiked in past month	6% ^{d,e}	5% ^{d,e}	6% ^{d,e}	13% ^{a,b,c,e}	3% ^{a,b,c,d}
SOURCES OF SUPPORT					
Had supportive adult inside family	65% ^c	70% ^e	71% ^{a,e}	64%	64% ^{b,c}
Had supportive adult outside family	35%	34%	37%	35%	37%
Asked a teacher for help in past year	36%	38%	38%	35%	37%
Asked an Aboriginal education worker for help in past year	16%	20% ^c	14% ^b	15%	18%
Asked a school counsellor for help in past year	26%	25% ^{d,e}	29%	31% ^b	30% ^b
Asked other school staff for help in past year	14%	15%	16%	14%	16%
Asked a youth worker for help in past year	13% ^b	9% ^{a,d,e}	10% ^e	16% ^b	15% ^{b,c}
Asked a mental health counsellor for help in past year	8%	8%	8%	7%	9%
Asked a social worker for help in past year	8%	7%	8%	7%	9%
Asked a doctor for help in past year	22%	24%	24%	23%	21%
Asked a nurse for help in past year	12%	13%	12%	11%	10%
Used a telephone helpline in past year	5%	4%	5%	5%	6%
Asked an Aboriginal Elder for help in past year	16% ^{b,c,e}	10% ^a	12% ^a	13%	8% ^a
Asked a sports coach for help in past year	21%	23%	23%	20%	22%

Note: The absence of alphabetical superscripts indicates the regional estimate was not significantly different from other regions.

Note: An alphabetical superscript indicates that the regional estimate was significantly different from the Health Authority with the corresponding letter name (at $p < .05$). For example, youth in the North were more likely than those in Interior, Vancouver Island, and Fraser to be currently living on-reserve.

* Interpret with caution as the standard error was relatively high but still within a releasable range.

NR: Not releasable due to risk of deductive disclosure.

Final thoughts



This report has discussed the health picture of Aboriginal youth attending mainstream schools in BC. It shows there have been improvements in many areas such as substance use, nutrition, and injury prevention. The report also shows some of the challenges Aboriginal youth in BC face to achieving and maintaining positive health. It highlights areas where increased efforts are needed to improve disparities between Aboriginal and non-Aboriginal youth, as well as for youth living on-reserve and in different parts of the province.

During consultations we heard from Aboriginal youth and adults throughout BC about the continuing negative impact of residential schools and other colonial policies and practices. However, the resilience and optimism of Aboriginal youth and their communities was also evident.

A key theme to emerge from consultations and in the data presented in this report was of the complexity of Aboriginal wellness, and the need to look at youth health through a holistic lens.

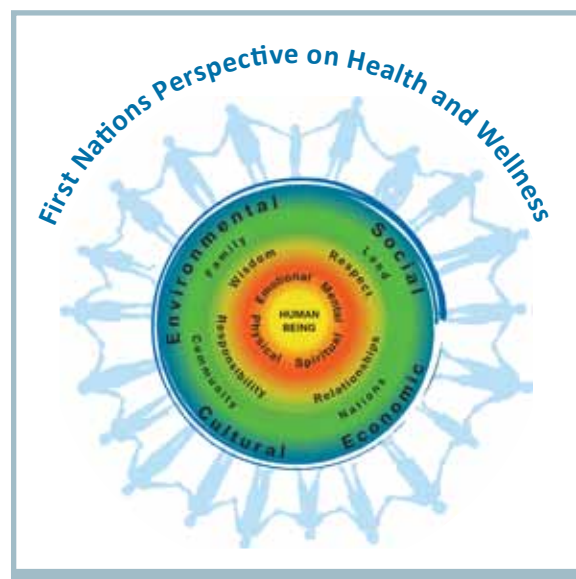
Tools like the FNHA's *First Nations Perspective on Health and Wellness* (shown on the right) help to frame the findings of this report and detail the myriad determinants of Aboriginal health and the role of social, economic, cultural, and environmental influences.

The importance of relationships and the need for positive connections with peers, family, community, culture, and environment to thrive is evidenced throughout the report.

The recommendations from communities and the Truth and Reconciliation Commission highlighted in the preceding pages offer a framework for action that can only build on existing strengths and initiatives to improve Aboriginal youth health.

Both also remind us that we all have a role to play in continuing to improve Aboriginal youth health and support young people to achieve their maximum potential.

We hope that you will use the information in this report to celebrate and promote the resilience of Aboriginal communities in BC, to acknowledge where progress has been made in reducing health inequalities for youth, and where further efforts are needed to tackle racism and other forms of discrimination experienced by Aboriginal youth which can be so detrimental to health.



First Nations Perspective on Health and Wellness, courtesy of First Nations Health Authority (FNHA)

