

HONOURING WOMEN'S VOICES

Gathering Stories about Health Care
Experiences in the Cowichan Valley

July 2022





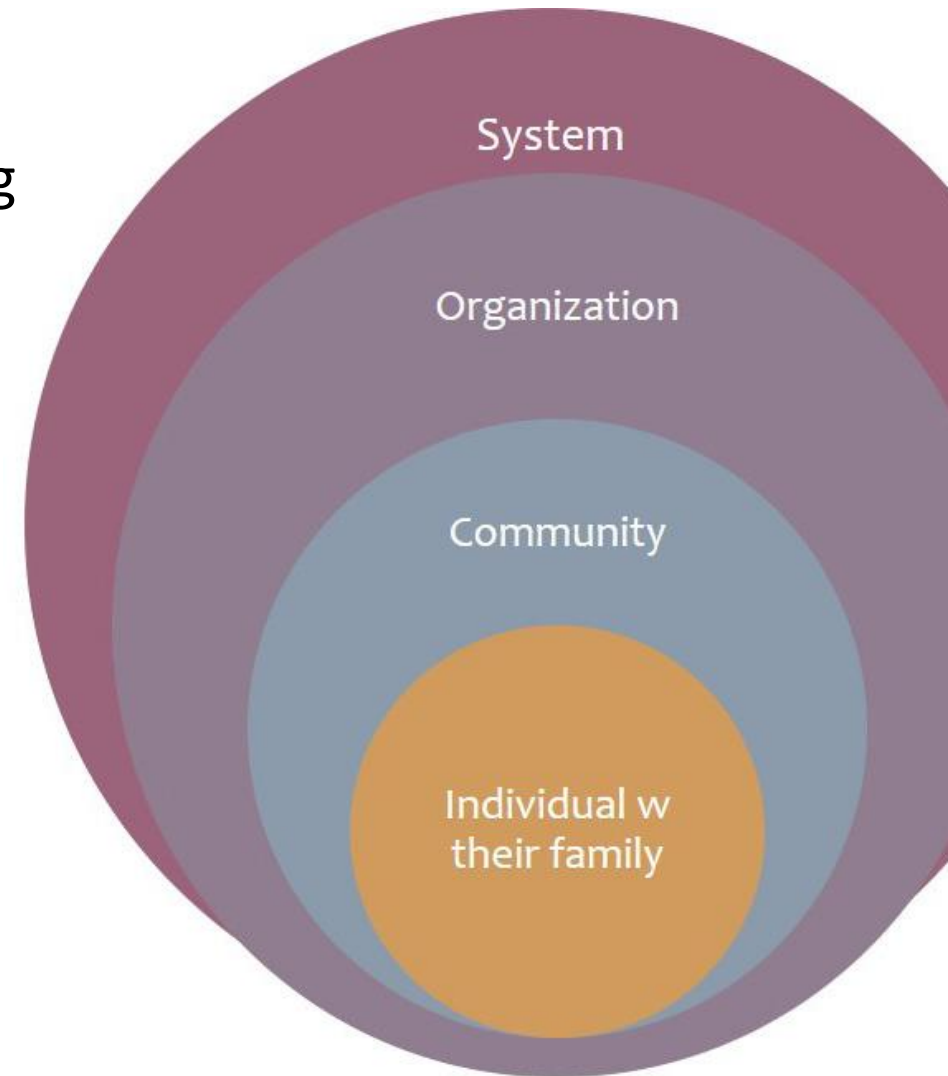
We acknowledge that for thousands of years the **Quw'utsun, Malahat, Halalt, Penelakut, Stz'uminus, Lyackson, Ts'uubaa-asatx, and Ditidaht Peoples** have stewarded the traditional, ancestral, and unceded territories now known as the Cowichan Valley.

Advisory Committee

- **Amber Macadam:** Ts'ewulhtun Health Centre
- **Arin Weiss:** Cowichan Intercultural Society
- **Bonnie Potter:** Community member; parenting facilitator
- **Charlotte Racette:** Cowichan Women Against Violence Society - Night Shelter Team Lead
- **Cindy Lise:** OUR Cowichan Community Health Network
- **Dianne Hinton:** Clements Centre
- **Jenny George:** Cowichan Tribes Member and Community Advocate
- **Kate Koyote:** Cowichan Valley Midwives
- **Kendra Thomas:** Warmland Women's Support Services
- **Laura Sjolie:** Hiiye'yu Lelum (House of Friendship) Society
- **Lisa Keller:** Open Learning Centre, SD79
- **Lise Haddock:** Canadian Mental Health Association (CMHA) – Cowichan Branch
- **Lucy Thomas:** Hiiye'yu Lelum (House of Friendship) Society
- **Madeline (Mal) Joe:** Cowichan Tribes Member, Community Advocate & Cultural Advisor
- **Tangerene Jones:** Hiiye'yu Lelum (House of Friendship) Society
- **Tania Smethurst:** Community member
- **Terri Mattin:** Community activist and feminist

Our Research

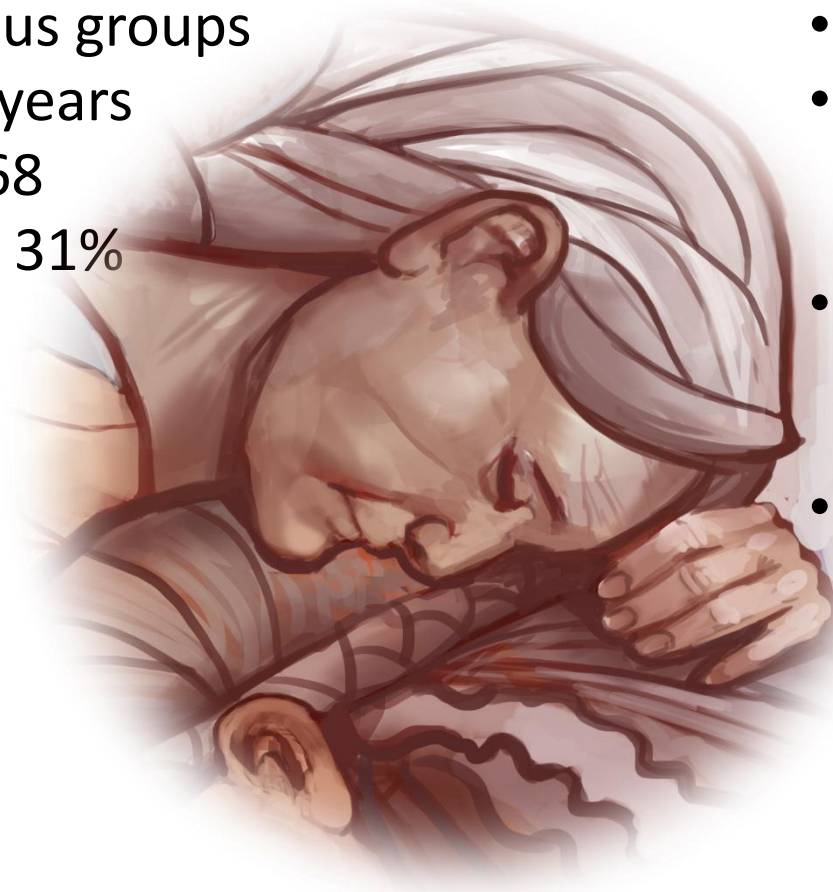
- Two major data collection methods:
 - Focus group conversations (8) – deep story-telling
 - Online surveys (258 completed)
- Literature review: avoid replication
- Ethical framework: OCAP
- Analytical framework
- Analysis
- Findings and conclusions



Who participated?

- Focus groups

- 31 people in 8 focus groups
- Average age – 45 years
- Age range: 22 to 68
- White/Caucasian: 31%
- Indigenous: 22%



- On-line surveys

- 258 completed
- Gender:
 - 97% identified as women
 - 3% identified as gender diverse
- Race:
 - White/Caucasian: 75%
 - Indigenous: 21%
- Regional representation:
 - Duncan: 18%
 - North Cowichan: 12%
 - Indigenous community: 8%

What we heard

- Voices dismissed
- People with complex health care needs face major barriers
- Culturally appropriate care matters
- Trauma-informed care matters



Voices dismissed

"After being treated by a doctor in [province outside of Beijing] [for diabetes], I get this physician here at [clinic in Beijing] who ended up pretty much not angering me so much that

"So, we had dealt with him from the time that my son was two years old. He started seeing him and over the years, the only way that really I got heard advocating for my son, was that I needed to, basically I needed to start stepping up and becoming that bitchy woman which I don't want to be, but I had to step up."

"And why should you have to be the bitch? Why should you have to stand guard over your granddaughter, or your daughter? The fundamental issue [with medical doctors] is, 'I'm the expert. I know better than you. I know what's in your body. I know what's in your head better than you do.' And that's not true. I should not have had to, I should not have been a bitch. I'm usually very friendly, I'm a huggy, lovey person, I have hundreds and hundreds of friends. I hate doing this, but I had to. I should not have reached that point where I have to make sure my granddaughter gets better treatment."

! And they just kept saying you
e, I never wanted to be on the
ape drugs? And date rape drugs
se days. It is not just one drug
stop. Again, people need to be
story sounded like a movie."

had an infection and they didn't believe me. I was
fection, I had to be brought back in an ambulance.
baby and told me to stop breastfeeding because he
in he wasn't, 'cause they weighed him incorrectly.

So, I refused to stop breastfeeding, which is a good thing I did because if I'd listened to them, I wouldn't have been breastfeeding, right? And I ended up breastfeeding for two years, so that was pretty important to me."

People with complex health care needs face major barriers

"Even getting my son a pediatrician was tricky. And I had to wait a while. I mean, he's got a great pediatrician now but I still had to wait quite a while to get him that. I don't know if this is a little off topic or not. But it does have something to do with health care and stuff like that. My son has autism. And it was really hard to get him the funding that he needed."

"When I had [street feet], my two toes were like sausages. I've never had a blister hurt so much. It wasn't even a blister. It was swollen, red, hot, the worst. I didn't go to a doctor, I should have, because I know someone who lost his toe in less than a month. Impossible to keep your feet clean, dry. And it's difficult."

"We've had a few young people die of overdoses. Like I think the youngest was 13. Last year or the year before. I think we need more educational services for people in the community. Because it impacts our whole community when we have a death you know. We know each family, where they come from, which reserve they come from just by their last name. And it's quite traumatic, especially with this Kamloops Indian Residential school. People keep getting triggered, so we need more services for our women for the intergenerational trauma and... and addictions."

Culturally safe care matters

"They said there would be only one, the anaesthetist, for the epidural, and the nurses said that I would be well covered and feel safe and more modest and covered. And that's what happened. He was in the room until I was very close to my back and

"I just want to say, there are changes that I've noticed, because when I was a little girl, our little doctor's room just had a bench in it. And everybody else had that big open area where there was toys and books and comfy couches. I remember standing at the door going, can I go in there and play with the books and toys? And my grandma said, 'No, we're not allowed in there.' But now, the big open room is open for everybody. So that is a positive thing."

...let's say I go to a to say, "Oh, you must miserable or that I have r me, trying to express rable. But the opposite the Arab families, they is more energy. I have ... go for visits, go for trips and do all kinds of things together. And I'm still enjoying it as a family. I might have another kid in the next year or two, but I don't know how they would react to it. Because sometimes they say, 'Are you going to have another one?' I hope somebody can really understand our culture and respect these cultural habits we have, which is having many kids."

Trauma-informed care matters

"An individual who had gone to the hospital and was turned away because of how they were processing what had happened to them. They were refused service. And this is an individual that absolutely needed to be seen by a doctor. There was physical damage, mental damage, possible drug use that was not voluntary. And because they're seeing these things, [emergency department staff] are saying, 'Oh, it looks like she's on drugs. Oh, she's swearing, she has this attitude about her, get her the heck out of here.' So, this individual was not seen by a doctor and will not go back to that hospital. The way that she was treated, like no person should be treated like that, especially if you're going to a hospital for care. [The emergency department staff] damaged a person that was already traumatized by an experience. And when you look to the person that's supposed to help you, and they're literally throwing you out onto the street."

RESPONDS
by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **RESIST** re-traumatization

2
RECOGNIZES
the signs and symptoms of trauma in families, staff, and others involved with

"I think of our own father [who went to Indian Residential School]. He was gone for seven years. He came home when he just turned 11. So, he must have been four years old when he left. And he said that he went to Penelakut, to Kuper Island Residential School, him and his brother. And he said that when he got off, he looked for his dad. And he didn't even know his dad had passed... And I thought 'Penelakut's only a 20-minute drive, but yet, he never came home for seven years.' I could not believe that when he shared that. My [dad and my late uncle] didn't know they both shared with me about when they were punished. There was a little crawlspace. It was in the basement, it was a little crawlspace. And they were little kids. So, they were, that's where they were put, in the crawl space. And he said there was a little hole there. And they could hear things going on out in the field. And he said that the things they witnessed, you know, so I wouldn't doubt that they're gonna unwell a lot of little ones there. I was telling my husband, these little ones, we have to remember that they're not little anymore. They're now our elders, they've changed over the years. And that's something that we have to remember."

"I lost all my kids inside the hospital because I had no support. I was getting beaten to a pulp. And the nurses just said, 'Oh, you can go home now.' And they knew that he was beating me and they just didn't care."

Vision for the future

- An improved health care system would:
 - Listen to women's voices
 - Reduce barriers to care
 - Ensure culturally safe care for all AND eliminate racism
 - Ensure trauma-informed care
 - Provide women-specific services
 - Holistic, feminist care
 - Care across the lifespan, beyond pregnancy
 - Broader array of health care practices
 - Reduce child apprehension



Recommendations:



1. Develop a gender affirming wellness centre, including a clinic
2. Provide more comprehensive supports for survivors of sexual assault
3. Create a Cowichan Women's Health Network
4. Strengthen culturally appropriate care throughout the system
5. Ensure there is readily available trauma-informed care throughout the system
6. Provide supports to keep women and their babies together

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Questions?

Full report available on the CWHC website:

cowichanwomenshealth.org

