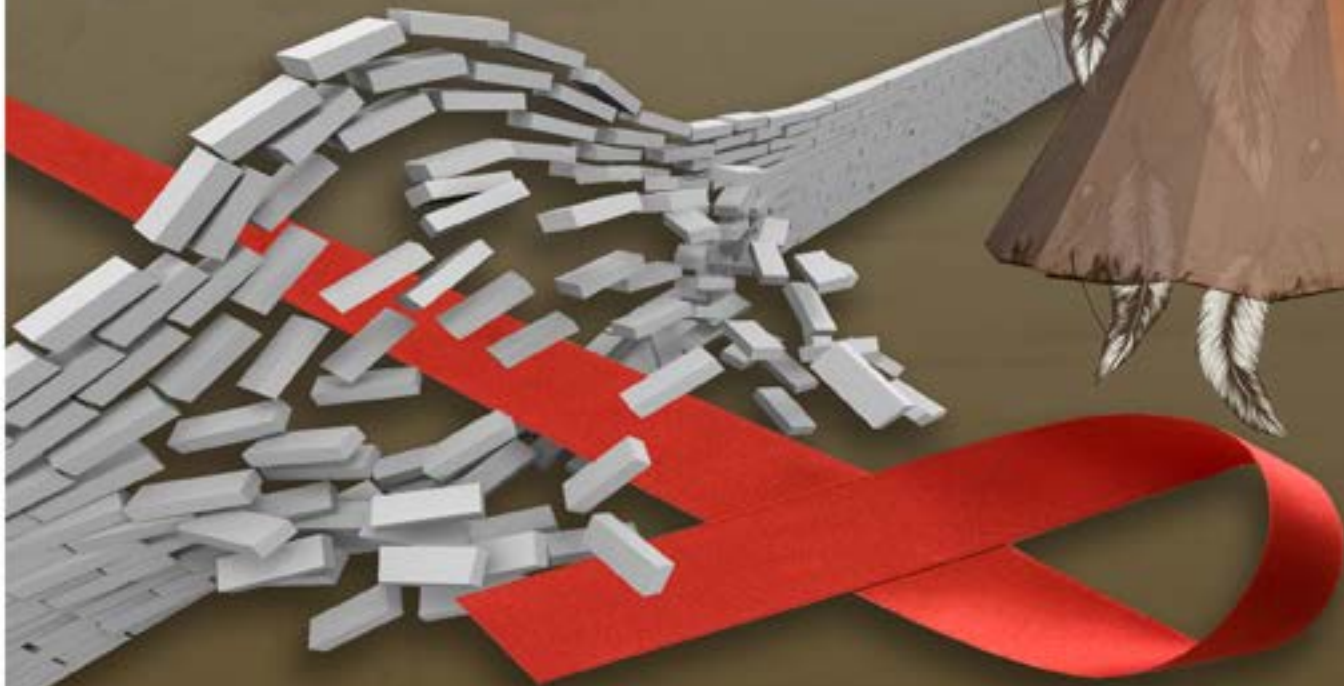




Native Women's
Association of Canada

Transforming
Indigenous
Power
Inside-Out



TIPI Dreams

A facilitator's cinema forum guide to HIV prevention with
First Nations, Inuit and Métis young women and girls in Canada

TIPI Dreams

An HIV Prevention / Educational Cinema Forum - Production of the Native Women's Association of Canada

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The following facilitator's guide is an accompaniment to the TIPI dreams educational DVD and tipi making activity kit.

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The opinions expressed in this publication/multimedia project are those of the authors and do not necessarily reflect the official views of the Public Health Agency of Canada.

Note that throughout this guide the term "Aboriginal" is used to reference: First Nations, Métis, Inuit, status and non-status Indians.

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Purpose of the Toolkit

TIPI Dreams: Transforming Indigenous Power Inside Out is an interactive popular education HIV prevention tool intended to assist users in planning and delivering community sessions with at-risk Aboriginal women/girls. It includes the following components:

- A TIPI dreams DVD
- A TIPI dreams facilitator's guide
- A TIPI making activity kit

Background

Beginning in 2011, the Native Women's Association of Canada held a series of focus groups with young Aboriginal women/girls in Ottawa, Montreal and Vancouver, as well as with staff of child welfare agencies who work with young Aboriginal women/girls in care. The goal was to use participants' voices to design a unique, culturally relevant, gender sensitive HIV prevention toolkit. TIPI dreams is the end result of this endeavour.

TIPI dreams is a three hour popular education workshop on HIV/STI prevention, designed for small groups of young Aboriginal women/girls. The aim is to increase their abilities to:

- Protect themselves from STIs/HIV
- Get tested for STIs including HIV
- Counter AIDS related stigma and discrimination

TIPI Dreams Workshop: 3 hours

HIV/STI's and You

Workshop first session – Time: 1:45 hour

During the first session of the workshop, the facilitator will show the group the first three acts of the video, stopping in between each act to animate a cinema forum with the participants around the issues they have watched. Youth will be encouraged to actively engage in the session and possibly engage in role-play, as they reflect on and learn more about how to avoid getting sexually transmitted infections.

Looking Back to Dream Forward

Workshop second session – Time: 1:15 hour

During the second session of the workshop, the facilitator will show the forth act (an Elder providing a testimonial) that addresses the wider socio-cultural contexts surrounding Aboriginal HIV/AIDS prevention and care (i.e. the inter-generational impacts and the resilience shown in the face of residential schools). This will be followed by a tipi making activity, during which youth are encouraged to think about cultural values, strengths and teachings from Aboriginal cultures, which they can, in turn, bring with them into their dream future.

Workshop Facilitator Responsibilities

It is recommended that a peer facilitator be available to facilitate or co-facilitate the workshop (someone of the same gender and age range as the participants). Participants will be more inclined to accept advice and instruction if it is provided by someone they can relate to.

It is the responsibility of the facilitator to ensure that support is made available both during and after the workshop in the event that the young women/girls should require it. The TIPI dreams workshop deals with subject matter that may be disturbing to some participants. A range of issues from drinking/drugs, date rape, child welfare custody battles, HIV/AIDS in the family, discrimination against Aboriginal people and the impact of residential schools are addressed.

Facilitators should come prepared with HIV prevention materials (male and female condoms, dental dams, lube etc.); if possible have a peer facilitator available to demonstrate how to properly use them.

The facilitator should also have available for distribution up-to-date online resources as well as community-based resource information on: date rape, sexual assault, partner violence, where to call or go for help and local health centres/testing sites.

In addition, the facilitator should research whether or not parental consent is required for testing services and advise the youth (this differs from province to province and occasionally from centre to centre). Before participants leave the workshop, make sure to share both the information and the materials.

As cultural values, strengths and teachings vary from region to region, it is recommended that the facilitator research these in order to enhance the participants' experience. This could include looking-up relevant symbols and their meanings for participants who might want to personalize their tipis.

The participants should be strongly encouraged to get themselves tested for STIs and HIV.

What is a "Cinema Forum"?

Cinema Forum is a variation of forum theatre, which was first developed in the 1970s. It's a collection of tools to help people identify social problems in need of change. Bertolt Brecht, a theatre theorist, first used the term "Spect-Actor" to describe the kind of theatre that transforms an otherwise passive audience into people who are collectively engaged in thinking critically about challenging situations and imagining realistic ways to change them. It is for this reason that cinema forum depicts unresolved scenes.

The role of the facilitator is to guide the participants into discussions and a role-playing process where they can test out solutions to real challenges or injustices faced by the characters in the scenes. The facilitator is also there to help youth make the connections between the struggles faced by the characters and the issues they are dealing with in their own lives.

Synopsis

TIPI dreams is a cinema forum production divided into four main acts. It tells the story of Cheyenne and Kayla, two First Nations teenagers, who live in a group home and find it difficult to insist on condom use or STI testing with a partner, particularly when drugs or alcohol are involved. It is also the story of Kayla's mother, who is HIV positive. She is an inter-generational survivor of the residential school system and faces an uphill battle to bring her children home. The last act features Elder Irene Lindsay who provides background and cultural context around the inter-generational impacts of residential schools through a testimonial. An original soundtrack created for this video called "Hope for tomorrow" was developed to encourage youth to talk about HIV, get tested and better protect themselves and their partners against sexually transmitted infections.



Youth HIV project outreach poster: Laurel Thomas-Racette

Facilitation Notes

Session activities: Watch each of the first three acts, stopping between each act to facilitate a cinema forum (discussion and role playing). Take a short break. Watch the fourth act (Elder testimonial) have discussions followed by a tipi making activity during which participants must dream-up their plans for the future.

Objectives

Raise awareness about attitudes and behaviours that increase young Aboriginal women/girls risk of HIV/STI transmission, while engaging youth in the active search for solutions and de-stigmatizing HIV/STI testing.

Provide an opportunity for young Aboriginal women/girls to listen to a former residential school survivor and to discuss the link between historic cultural loss and trauma as factors that put them at greater risk of HIV/STI transmission today.

Instil pride in cultural heritage and increase awareness of the resilience of First Nations, Inuit and Métis Peoples. Provide a space in which to discuss the participants' experiences and knowledge of cultural values, teachings and related strengths.

Materials required: TIPI dreams DVD, TV & DVD player (or a laptop, projector & projector screen), tipi activity kit, glue gun (or double sided tape or strong glue), flip chart to write participants suggestions/comments on and space to move around in.

Steps to follow

1. Introduction

Introduce yourself, the topic and provide a brief background of the project (where it originates from and why it is significant).

Briefly summarize the steps for the first session of the workshop (watching video clips, discussing what was viewed, coming up with alternative scenarios and re-enacting the suggested altered scenes).

Do some fun warm up activities; make sure that everyone gets to know one another's names and a little bit about each other.

Present the make a group agreement (ground rules) for the workshop: everyone has the right to participate, the right to confidentiality and the right to have fun; participants should not fear judgement from their peers and should be made to feel that all ideas, comments and questions are valid.

2. Play the video (pause between each act to facilitate discussions and cinema forums).

3. Identify key issues and explore the youth's reactions to the video clip. Have the youth identify:

The situations that were the most unjust, worrisome or disturbing; the details that bothered them the most; and what links can they draw to experiences faced by young people today (in terms of their own experiences).

4. Animate the cinema forum

Help the participants suggest actions or behaviours that the characters could do differently which might result in a different outcome. Encourage multiple suggestions from the participants.

If they are willing, have participants take on the voice/role of one or more of the characters; have them re-enact the scenes for which they would most like to change the outcome.

It's ok if the group suggests or invents new characters, simply have another youth take on that role.

Avoid magical solutions. Keep it real!

Refer to the pages 11 to 17 for a summary of the key scenes and suggested questions.

Key role of the facilitator

- Encourage participants to offer alternative solutions and problem-solving ideas.

- Highlight the main ideas of all proposed solutions without judging or analyzing them.

- Encourage the participants to reflect upon the solutions proposed in a way that is respectful of those who shared the ideas.

- Avoid being authoritarian, don't share your own personal opinion about what solutions would be best and avoid getting caught up in disputes with participants.

Warm Up Activities

The warm up is an essential aspect of facilitation, it encourages people to get to know each other and understand they are in a safe environment. Icebreaker games can help the participants "warm up", relax and build trust. This is particularly important when facilitating the TIPI Dreams workshop due to the difficult subject matter.

Below is a list of 9 icebreaker activities for you to choose from; feel free to use whatever activities you feel would work best for your group (be creative & energetic).

1. Two Extremes

A game of two extremes! This is a simple activity to get people up and moving and sharing their preferences or views on various topics.

Create an imaginary line from one end of the room to the other. Instruct participants to move to a point on the line to indicate where they stand on a particular issue.

For example: move to the left hand side of the room if you like chocolate, the right hand side if you like strawberries and if you don't have a strong opinion, stand in the middle.

Continue with other examples:

- Do you fold toilet paper or scrunch it?
- Would you rather sleep in or get up early?
- Would you rather have a big party or an intimate dinner?
- Do you prefer dance music or alternative music?
- Would you rather go to a football game or a concert?

- Do you prefer things that are sweet or savory?
- Would you rather do homework or do the dishes?
- Do you prefer Facebook or Twitter?
- Do you prefer Summer or Winter?
- Would you rather be beautiful or smart?
- Would you rather be taller or shorter?

Once everyone has chosen a position, read out the next question and everyone moves again.



2. Name Game with Movement

Organize the participants into a circle. One at a time, have each person say their name while incorporating their name into a movement. The group must repeat both the name and the movement of each person until the circle is complete. At the end, test the facilitator to see if he/she remembers everyone's name and movement.

Before Starting the TIPI Dreams workshop...

It might be a good idea to gage the group's level of understanding of HIV/AIDS, Hepatitis C and STIs.

This can be incorporated into the warm up activities. For example: the following questions could be added to the "Sit down if..." game:

☛ Sit down if you think HIV and AIDS are the same thing. Ask the individuals left standing if they know the difference between the two and if they can explain it to the rest of the group. If no one knows or are too shy, go ahead and explain the differences to the group.

☛ Sit down if you think HIV stands for "Hunting In Vancouver" Ask the individuals left standing if they know what HIV actually stands for. If no one knows or are too shy, go ahead and tell them that HIV stands for Human Immuno-deficiency Virus.

☛ Sit down if you think AIDS stands for "All In Dance Style" Ask the individuals left standing if they know what AIDS actually stands for? If no one knows or are too shy, go ahead and tell them AIDS stands for Acquired Immuno-Deficiency Syndrome.

☛ Sit down if you think STI stands for "Silly Transmitted Idea" Ask the individuals standing if they know what STI actually stands for. If no one knows or are too shy, go ahead and tell them that STIs stands for Sexually Transmitted Infections.

Follow up with additional educational information on HIV/AIDS, Hepatitis C and STIs and answer any questions the group may have. Note that this information is provided on pages 22 to 28.

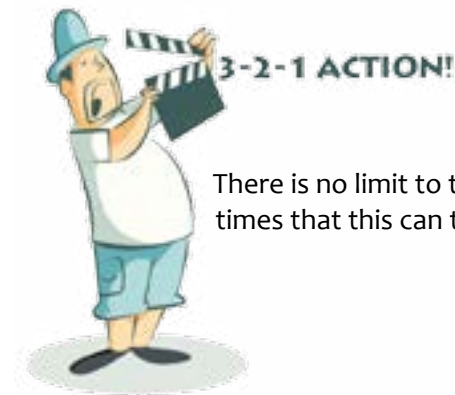
Cinema Forum Techniques

Once participants have decided to re-enact a scene, let everyone know that anyone from the group can jump into the role of a character at anytime; to do so, they simply have the yell "FREEZE!",...



That individual then takes the place of the character he/she wants to replace.

The scene then continues when someone from the observing audience yells "3-2-1 ACTION!".



There is no limit to the amount of times that this can take place.

Start the Workshop: First Session

The role of the facilitator is to help the youth identify the difficulties, risks and injustices faced by the characters shown in the video clips. Encourage the youth to propose and act out solutions to the challenges that most resemble their own experiences.

The following pages summarize the main points in the three acts and provide a roadmap for facilitation. A cinema forum is thought to be successful when participants are fully engaged, able to make associations and begin to question how to address significant issues and challenges in their own lives.

Act I: Cheyenne (4:00 min)



Summary: In this act we see Cheyenne at a party, drinking and taking drugs. Her friends decide to leave the party and ask Cheyenne to come with them, but Cheyenne is getting more drunk and wants to stay. Feeling that she can handle herself, her friends end up leaving her alone at the party. Cheyenne keeps drinking and ends up having unprotected sex with a guy she just met. Later on, the guy who Cheyenne slept with leaves the room and another guy is seen entering the room; it looks like she may be in danger.

Facilitator Interventions

Unprotected Sex

☛ What struck you most about the party scene? (Cheyenne was unable to convince the guy she met at the party to use a condom so we know that her risk of getting HIV or an STI like chlamydia or gonorrhoea was greatly increased.)

☛ What could she have done to change the situation and lower her risk of getting HIV or an STI?

Helpful Hint: Always use latex or polyurethane condoms or latex barriers (dental dams) during sex (including oral sex) to reduce the risk of STIs. Only use a water-based lubricant with latex condoms because an oil-based lubricant will cause latex to break.

Alcohol and Drugs

☛ Let's talk about the role of alcohol and drugs at the party and how intoxication hinders one's ability to prevent HIV/STI transmission.

☛ What was one of the first things Cheyenne did at the party? (She took some drugs handed to her from a guy playing foosball; did she even know him?)

☛ What are some of the risks involved in taking a drink or drugs from a stranger at a party?

☛ How can we change that scene to ensure a safer outcome for Cheyenne (change the things Cheyenne did that put her at greater risk)?

Helpful Hint: Limit the amount of alcohol or drugs that you take before having sex. Alcohol and drugs can affect your decision-making abilities and negotiating skills. This may, in turn, increase your risk of getting an STI and/or HIV.

Safe Party Plan

- Although things moved very quickly at the party, let's talk about alcohol and the ways that it reduces inhibition, takes away one's ability to consent to sex and puts one at greater risk, not just for STIs but also for sexual assault.
- Cheyenne lacked a safe party plan. What do you suggest would have made for a good party plan (what should she have done before the party)?
- Make sure to discuss the barriers to implementing a safe party plan. It's one thing to know what to do; it's another to actually do it and to do it consistently. Talk about some helpful strategies.

Should I stay or should I go?

- Friends are put in really difficult situations; should they stay and watch out for a friend who has been drinking excessively or leave a party when they want to go home?
- Is this common?
- What advice can we give to Cheyenne's friends?
- What would you have done in a similar situation?
- Is there anything Cheyenne or her friends could have done differently to change the outcome of the scene? (Encourage role-play.)

Confronting predatory behaviour

- Talk with the youth about the risk of assault including date rape at parties. Reference the scene at the party where the second guy enters Cheyenne's room.
- What do you think was going on in that scene?
- Where was everyone else at the party? How did Cheyenne become isolated?
- Why didn't the other guys try to stop him from going into the room?
- How can this scene be changed to create a different outcome for Cheyenne?

Discuss assault risks and date rape at parties; talk about how to keep oneself safe. Over the course of their lifetime, young Aboriginal women/girls face a high risk of assault. Sexual assault, in which one person seeks to oppress and violate another person, is an extreme demonstration of power. Make sure to leave resources for the youth on date rape, sexual assault, partner violence and where to call or go for help.



*"Walking in Thunder" as they walk along their life path the 7 grandfather teachings are keeping them grounded.
Youth Art Contest Winner: Christina Bekintis*

Act II: Kayla (7:30 min)



Summary: In the first scene, we see Kayla reflecting on a drawing of her with her mother; she is filled with angst and sadness. In the second scene, we see Kayla advocating on the behalf of her mother who is an HIV-Positive Aboriginal Woman (PAW). She tells the residential

unit worker that she thinks people don't realize how strong her mother is. Her mother has been living with HIV for 12 years and is also an inter-generational residential school survivor. We also learn that Kayla is a talented artist and plans to ask her mother to tell her story to help others. The residential unit worker encourages Kayla to put together an art exhibit to showcase her works of art, which highlight her mother's strength.



Act II continued: Kayla's Mother at the Child Welfare Office



Summary: In this scene we see Mrs. Wuttunee, an Aboriginal mother living with HIV, confronting a social worker in the child welfare system about getting her kids back. She expresses frustration that not enough is being done to help her family reunite. She raises concerns about how well the child welfare system is taking care of her child living with HIV, the cultural competence of the system and workers' abilities to help her daughters grow into strong First Nations women.

In a private conversation with a residential unit worker shown at the end of this scene, the social worker reveals her discriminatory attitude towards Mrs. Wuttunee. The residential unit worker is clearly disturbed by the offensive comments but doesn't say anything.

Facilitator Interventions

- Was the scene with Kayla's mother and the social worker realistic? Were some parts too stereotypical? Did any of it ring true?
- Name moments from the scene that you would like to see transformed (e.i. the residential unit worker was frustrated by the discriminatory comments made

by the social worker, but stays silent). Let's role-play these characters and give the residential unit worker some words to counteract the discriminatory comments.

Do you know of any positive initiatives being done by child welfare, youth custody agencies or other youth programs and services to support Aboriginal families affected by HIV/AIDS?

What are a few things they could improve upon to better meet the needs of Aboriginal girls and their families who are impacted by HIV/AIDS?

Do you believe stigma and discrimination against people living with HIV/AIDS is still common? Can you provide some examples?

Do women and men have different ways of showing or experiencing discrimination in regards to HIV/AIDS?

How would individuals and communities benefit from reduced discrimination and stigma surrounding HIV/AIDS?

Do you know of any interesting ways that young people have mobilized/organized to reduce the stigma, barriers and challenges faced by people living with HIV/AIDS?

Kayla wants to use her artwork and her mother's story to try to educate others about the strength of her mother as a person living with HIV. How important is the role of art and storytelling in breaking the stigma and reducing discrimination against people living with HIV/AIDS?

What would you recommend doing to reduce the stigma faced by people living with HIV/AIDS?

Act III: Kayla and Josh (4:00 min)



Summary: In the first scene, we see Kayla talking to Josh, her boyfriend, about her concerns on moving too fast in the relationship; she asks him to go with her to get tested for STIs/HIV. Josh says he's not sure; he believes testing is not necessary if they always use condoms when they have sex.

In the second scene, we see Josh texting a friend about the conversation he had with Kayla; he asks his friend: "Has a girl ever asked you to get tested?" Josh's friend tells him that Kayla seems like a lot of trouble and he should take control of the situation.

The third scene shows Kayla and Josh walking into a clinic together. The fourth scene shows Kayla's girlfriend asking her why Josh is not with her to get the test results, to which Kayla responds: "he came with me to the clinic, but then changed his mind and decided that HE didn't need to get tested and left."

In the last scene, we see Kayla and her friend with the clinic worker; Kayla is about to receive her test results, however, we don't know what they are.

Facilitator Interventions

How hard is it to get motivated to get tested?

What stops people from getting tested? (Idea for role-play: have two girls come up, one girl will play someone who is scared to get tested but thinks she probably should (let's call her "Shania Yes"). The other girl will play someone who resists getting tested "Shania No". Have an inner dialogue between the two sides. Both sides should stick to their ideas and not be swayed by the other side (not quite yet...).

Now ask the other participants for suggestions: how can we help the side that thinks she should get tested to win over the side that says forget it? (What other arguments and ideas can we give her?) Brainstorm ideas and have one of the participants who shared some ideas come up and take the place of "Shania Yes". Let her role-play the idea to try it out. The task of Shania No is to be believable – not to give in to any suggestion but to appear reasonably convinced.

Once "Shania No" is won over (i.e. she agrees to go for testing), have a group discussion about how to overcome the hurdles and fears associated with getting tested.

How hard do you think it was for Kayla to muster up the courage to ask Josh to go with her to get tested for STI's/HIV? How do you think she did?

What else could Kayla have said or done to convince Josh to go with her to get tested? How should she respond if he says that he doesn't want to go?

What did you think of Josh's reaction? Was it realistic/typical?

What other kinds of things might a boyfriend or girlfriend say if he or she is resisting questions about condoms or testing?

Role play idea: What words can Kayla use when she is faced with Josh's resistance to getting tested?

Two-spirit identities

What if Josh had been a young woman? Would that have changed anything?

Not every girl or young woman has a boyfriend. Some girls might have girlfriends and that's okay. There is a long history in many First Nations cultures of non-judgement and acceptance of people with different sexual orientations and/or gender identities. Today, the term two-spirit is often used to describe people who are both Aboriginal and gay, lesbian, bisexual, queer or transsexual.

Have a discussion about safe sex practices between two young women. Instead of talking about condoms, they would have talked about other forms of latex barriers; for example, dental dams.

In this case, Kayla would also be doing the right thing by asking her new girlfriend to go with her to get tested.

Helpful Hints: Talk about why going for regular STIs and HIV testing is important to prevent long-term health issues and the spread of infections. You can pass on chlamydia and gonorrhea without knowing you are infected. The only way to know for sure is to get tested.

Get tested once a year and before having sex with a new partner or if you think you may have an STI. Tell your partner if you have a STI. * Answer questions on STIs and HIV transmission.



This would be a good time to pass around male and female condoms, explain how dental dams and other barriers work and have a peer facilitator demonstrate how to properly use them.

Take a short break (serve refreshments/snacks)

After the Break and Before Starting the Second Session:

Have the participants summarize the key points that were discussed during the first half of the workshop.

Start the Workshop: Second Session

This session will give the facilitator the opportunity to address critical facts about Aboriginal Peoples and HIV, as well as the opportunity to explore themes such as lateral violence and family disruption in a broader, more collective sense.

Aboriginal Peoples rates of HIV are more than three and a half times higher than those of the general Canadian population. New infection rates of HIV amongst Aboriginal women occurs more than twice as often as it does amongst non Aboriginal women in this country, and of increasing concern is the disproportionate number of our young people, who are becoming exposed to HIV.

We know that every time an Aboriginal women or girl experiences violence she is put at risk. Many of those involved in street life, using intravenous drugs do so because of the pain. We can trace many of these traumas which continue to put Aboriginal people at risk to the residential school era, the child welfare system and the legacies these left. When we combine these factors with poverty, lack of access to affordable housing and the daily vulnerability Aboriginal women and girls face from sexual predators. We are left with the stark reality that the rate of new HIV infections amongst Aboriginal people in Canada is rising and that the rate is rising fastest amongst young Aboriginal women and youth.

The facilitator is to encourage discussions regarding the Elder testimonial, placing an emphasis on understanding challenges from the past, how these can be overcome and how learning to take care of ourselves and those whom we love; all of these make up a great part of the strength and resilience of Aboriginal people today. The facilitator should ask the youth to reflect on the kind of home they want for themselves in the future, starting with a vision of who they want to be and how they want to walk in relation to all of creation. "Visions forward to stay strong inside!"

Act IV: Looking Back to Dream Forward (15:00 min)

Elder Testimonial (Residential Schools)



Summary: In this act, we see an Elder testimonial given by Irene Lindsay (Spirit name: Eagle Eye Woman) that discusses her time in residential schools, the challenges faced by Aboriginal People as well as their courage and perseverance. She addresses the wider socio-cultural contexts surrounding Aboriginal HIV/AIDS prevention (i.e. inter-generational impacts and resilience in the face of residential schools).

Facilitator Interventions

- Have a discussion with participants about how they relate to what they have just watched. Do you know anyone who spent time in a residential school? How have their experiences affected you?
- What kinds of traditional Aboriginal values have helped First Nations, Inuit and Métis people through hard times and adversity?
- Hand out the tipi kits and instructions.

As the participants are assembling their tipis, ask them to think about what they would want to bring forward from their collective past, into their ideal futures (i.e. values, teachings, heritage, from First Nations, Inuit or Métis cultures). Sometimes we get so busy thinking about where we want to go that we forget where we came from. Like the arrow that flies straight and strong, we have to look back and remember who we were as a People and where we came from, to fly forward.

What does "home" mean to you? Where is "home"? What qualities, strengths and values do you want to bring from your cultures and traditions into our dream future?

As Aboriginal people, we carry the strength and resilience of our ancestors and it is our responsibility to pass those things on to our children and grandchildren. Our cultural teachings provide us with lifelong values and we can tap into these during difficult times. We can also carry our teachings with us into our dream future. This is what this exercise is intended to promote.

Advise participants to draw on their own teachings, to jot down the things they would like to be reminded of on the small piece of paper provided, and put these in the tipis so that they can be carried with them into their dream future.

How do we want to be treated? What kind of relationships do we want? Have our dream futures and the homes we create for ourselves reflect our values and teachings?



"My Dream for the Future"

TIPI Making Instructions

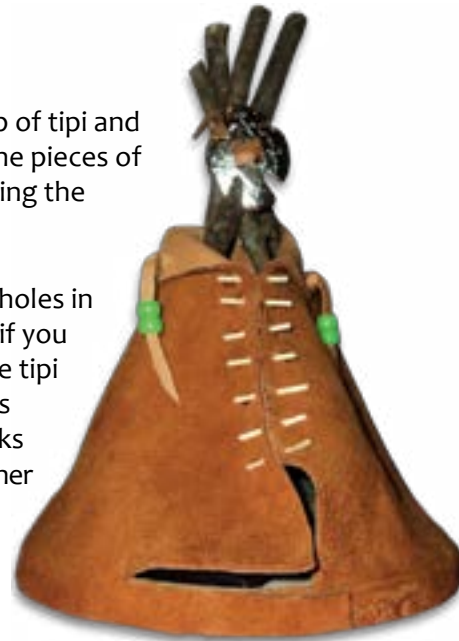
Kit consist of:

- 4 pony beads
- 1 long tie
- 2 small ties
- 1 concho, 1 elastic
- 4 tipi posts
- 7 small sticks
- 1 round wood
- 1 bed, 1 note bag (with paper)



1. Place tipi posts in holes (if needed use elastic to gather posts at top).
2. Stick the double sided tape to the outside of the base (alternatively use strong glue or a glue gun).
3. Stick the leather to the board, starting with the side without the door flap. Continue all the way around (if needed cut the excess material).
4. Press all the way around a few times, to make sure the leather is well stuck onto the board.
5. Use the longest piece of leather, wrap it around the top of poles and tie a knot. Leave a bit of a tail to fasten your concho to (cut elastic off).
6. Take a strip of leather and tie a knot in one end. Starting at top of tipi from inside, slip the leather through the hole, now slip it through the other hole to tie the flap back. Tie a knot as close as possible to the tipi. Repeat on other side.

7. Fasten concho to top of tipi and put pony beads on the pieces of leather that are holding the top flap.
8. Slip small sticks into holes in front of tipi. It helps if you put two fingers in the tipi to hold leather still as you are pressing sticks against tipi. (Glue leather sides together for a more secure fit).
9. Uncurl the paper in the small cylinder pouch from the tipi kit and write a note to yourself. Write down what you want for yourself and your future children. List a few key values, principles, teachings or an encouraging quote that you want to carry with you into your dream future. Roll it up, put it back in the cylindrical pouch and place it in the tipi.



10. Place a couple of condoms in the small rectangular pouch (it makes a nice mini bed in the tipi).



Cultural Information

It is important to note that just like all traditional teachings, certain beliefs and values differ from region to region.

TIPI

The floor of the tipi represents the earth on which we live, the walls represent the sky and the poles represent the trails that extend from the earth to the spirit world (Dakota teachings).

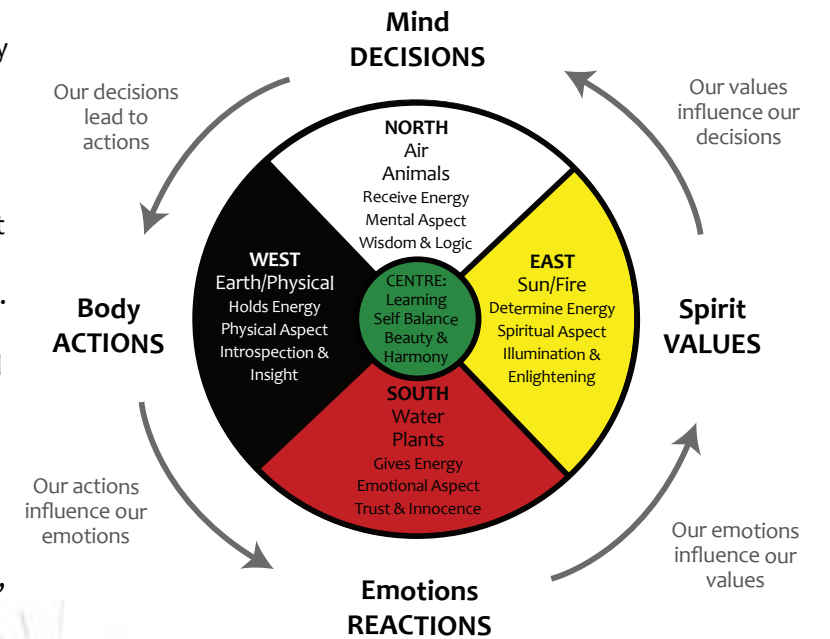
Tipis hold special significance among many different nations and Aboriginal cultures across North America. They not only have cultural significance, but also serve practical purposes (particularly when nations practiced traditional ways of living, like hunting and gathering). Tipis provide shelter, warmth, and family and community connectedness. They are still used today for ceremonies and other purposes. There is special meaning behind their creation and set up.

For spiritual purposes, the tipi's entrance faces the east and the back faces the west. This is to symbolize the rising and setting of the sun and the cardinal directions. The tipi's poles stretch high into the sky as a connection with the Creator and are firmly planted on the ground as a connection to the Earth. Each pole has a specific meaning based on each of the essential moral values of the tribe.

A tipi's exterior decorative paintings typically depict personal visionary experiences during which the individual, usually a man, earned the right to create the image. Beading or other ornamentation can also be done to the exterior of a tipi. The women who do the beading are also required to earn the right to do so. Today, however, tipi artwork and ornamentation can be done by anyone, but the visual aesthetics still have important value and meaning.

Medicine Wheel

There are variations of the Medicine Wheel dependent upon the culture and/or the teacher. It is important when working with clients to be curious about which Medicine Wheel teachings they connect with so as not to make assumptions about their beliefs and values.



The Seven Grandfather Teachings



The traditional concepts of respect and sharing that form the foundation of the Aboriginal way of life are built around the seven natural laws or sacred teachings. Each teaching honours one of the basic virtues intrinsic

to a full and healthy life. Each law is embodied by an animal to underscore the point that all actions and decisions made by man are manifested on a physical plain. The animal world taught man how to live close to the earth and the connection that has been established between the animal world and that of man has instilled a respect for all life in those who follow the traditional Aboriginal way.

LOVE must be unconditional.



The Eagle represents love because of its unique relationship with the Creator; only the Eagle has the ability and strength to fly higher than any other animal; therefore, placing it closer to the Creator than all others.

Eagles are loving parents and teachers to their offspring, protecting and guiding them.

An Eagle's feather represents the Creator's love for us and our need for greater understanding of ourselves and each other.

Native people hold the Eagle feather close to their heart and consider receiving an Eagle feather to be the greatest gift.

RESPECT is the condition of being honoured.



The Buffalo represents respect because for as long as we have been here, we have sustained our lives through the Buffalo in terms of clothing, food, shelter and expressing ourselves through art.

North American Natives depended on the Buffalo for survival and used every part of the animal – hides for tipis and clothing, bones for tools and toys, meat for food, tendons and muscles for sinew and bow strings, horns for cups and spoons, and brains for hide tanning. Today, the eyes are also used for liquid paint thickener and buffalo chips for fuel and baby powder.

The Buffalo is a tool of life guided by the Creator to live harmoniously with a sense of balance. Native people have seen the Buffalo driven to near extinction. With the renewal of Native traditions, there is a preservation and symbolization of the Buffalo that is alive and strong today.

TRUTH is to know and understand all seven teachings given to us by the Creator and to remain faithful to them.



The Turtle represents truth because it is one of the oldest animals on our planet and is said to have witnessed Creation. The Turtle is grounded, methodical, careful and attentive to detail – important qualities for those who speak the truth.

The laws of time and life are recorded on the back of the Turtle. There are 28 markings representing the 28 full moons and the 28 days between a woman's cycle for creating and bearing life. There are also 13 moons that represent the 13 times the Earth circles the Sun.

For Native people, the Turtle is a reminder of the Creator's teachings from the beginning of time.

WISDOM is the ability to make decisions based on personal knowledge and experience.



The Beaver represents wisdom because it utilizes its gifts in ways that promote wellness to itself and its family.

Wisdom also means knowing what your limits are with respect to your body and the life around you.

The Creator gave the Beaver large teeth and the knowledge of how to build. This has enabled the Beaver to positively impact its environment and create a more sustainable world.

Native people understand that the Beaver is intelligent, productive and very much a family animal.

COURAGE is the ability to face danger, fear or changes with confidence and bravery.



The Bear represents courage because of its strength and natural ability to overcome challenges. A mother bear, for example, will stand against a much larger, stronger male bear or other threat to protect her cubs.

Just as the Bear hibernates during the winter and reawakens each spring, we too need rest and rejuvenation. The Bear shows us how to live a balanced life, where there is a time to be playful and a time to be assertive and courageous.

Native people believe that the Bear calls them to awaken the potential within themselves and to stand up for what they believe in.

HONESTY is speaking and acting truthfully and thereby remaining morally upright.



The Sabé represents honesty because it is closer to the Creator than to humans. It is believed that the Sabé used to walk among humans to remind us of the Creator's wish for us to remain true to our natural forms.

Actions such as being true to our spirit and accepting who we are will guide us in being honest.

Native people believe in the existence of the Sabé and honour it with acceptance and respect.

HUMILITY is being humble, not arrogant.



The Wolf represents humility because of its giving nature and devotion to protecting and working for the good of the Wolf family and the welfare of the pack.

Wolves mate for life and are generous and loving parents,

setting an example of what our communities and family systems should be.

Native people have great respect for the Wolf because of its love for family and its protective instincts.



HIV/AIDS and Hepatitis C Information

What are HIV and AIDS?

HIV (Human Immunodeficiency Virus) weakens your immune system, your body's built-in defence against disease and illness.

Anyone can be infected with HIV no matter his/her age, sex, race, ethnic origin or sexual partner(s). You can have HIV without knowing it. You may not look or feel sick for years, but you can still pass the virus on to other people.

Without HIV treatment, your immune system can become too weak to fight off serious illnesses. HIV can also damage other parts of your body. Eventually, you can become sick with life-threatening infections. This is the most serious stage of HIV infection, called AIDS (Acquired ImmunoDeficiency Syndrome).

There is no vaccine to prevent HIV. There is no cure for HIV... but there is treatment.

With proper care and treatment, most people with HIV can avoid getting AIDS and can stay healthy for a long time. Anti-HIV drugs have to be taken every day. Although they cannot get rid of HIV, they can keep it under control.

How does HIV get passed from one person to another?

Only five body fluids can contain enough HIV to infect someone: blood, semen (including pre-cum), rectal fluid, vaginal fluid and breast milk.

HIV can only get passed when one of these fluids from a person with HIV gets into the bloodstream of another person – through broken skin, the opening of the penis or the wet linings of the body, such as the vagina, rectum or foreskin (HIV cannot pass through healthy, unbroken skin).

The two main ways that HIV can be passed between you and someone else are:

- through unprotected sex (anal or vaginal sex without a condom)
- by sharing needles or other equipment to inject drugs (including steroids)

HIV can also be passed:

- by sharing needles or ink to get a tattoo
- by sharing needles or jewellery to get a body piercing
- by sharing acupuncture needles
- by sharing sex toys
- through vaginal or anal sex without a condom
- through oral sex without a condom or dental dam (a piece of latex used to cover the vulva or anus)
- to a fetus or baby during pregnancy, childbirth or breast-feeding

HIV cannot be passed by:

- talking, shaking hands, working or eating with someone who has HIV
- hugs or kisses
- coughs or sneezes
- swimming pools
- toilet seats or water fountains
- bed sheets or towels
- forks, spoons, cups or food
- insects or animals

Practice safer sex...

Use a latex or polyurethane condom every time you have vaginal or anal sex.

Use only water-based or silicone-based lubricants (oil-based lubricants can make latex condoms break).

Get tested for STIs regularly; having an STI increases your risk of getting and passing on HIV.

- Avoid sharing sex toys; if you do share sex toys, cover each one with a new condom before each use. It is also important to clean your toys between vaginal and anal use.
- Use a condom or dental dam every time you have oral sex.

- Choose forms of sexual stimulation that pose little risk for HIV (masturbation, sensual massage)

HIV and Pregnancy – HIV can pass from a woman to her baby:

- during pregnancy
- at childbirth
- through breast-feeding

Protect your baby. If you are HIV-positive and pregnant, proper HIV treatment and care can reduce the risk of your child being HIV-positive to less than 2 percent. Talk with your healthcare provider to find out more.

Get tested for HIV if you are pregnant or thinking about getting pregnant. If you are HIV-positive, you can have a healthy pregnancy and a healthy baby if you seek proper treatment.

HIV and Drug Use

- HIV can be passed on through shared needles and other drug equipment. Sharing needles and other drug equipment is very risky.
- Another virus called hepatitis C can also be spread when sharing drug equipment. Hepatitis C damages the liver. It is transmitted when the blood from someone who has hepatitis C gets into the bloodstream of another person.

Protect yourself and the people you do drugs with. If you use drugs, there are things you can do to protect yourself and use drugs in a safer way. This is called harm reduction.

To practice safer drug use...

- Use a clean needle and new syringe every time you use.
- Use your own drug equipment (such as pipes, bills, straws, cookers, water and alcohol swabs) every time. Never share equipment, not even with your sex partner.
- Get new needles and supplies from your local harm reduction program, needle exchange or community health centre.
- Get tested for HIV and hepatitis C. If you know that you have HIV or hepatitis C, you can take steps to protect yourself and others.

If you do not have access to a needle exchange... As a last resort, your own needles can be cleaned before each time you use them, but it is still best not to share with other people. Cleaning means flushing the syringe twice with clean water, twice with bleach, and then twice with fresh water. Each flushing should last 30 seconds. This will kill HIV, but it will not protect you from hepatitis C.

GET TESTED. You are better off knowing if you have HIV.

If you test positive for HIV

There have been significant advances in the care and treatment of HIV and with the right treatment, you can stay healthy.

To protect yourself and your partner(s), practice safer sex and do not share drug equipment.

What is hepatitis C?

Hepatitis C is a liver disease caused by the hepatitis C virus. The liver helps the body fight infections, clean toxins (poisons) from the blood, digest food and more.

There is no vaccine or other immunity against hepatitis C, so the only way to prevent hepatitis C is by avoiding the virus.

Hepatitis C is spread through blood-to-blood contact; when blood carrying the virus gets into the bloodstream of another person.

This usually happens through breaks in the skin or breaks in the lining of the nose and mouth.

Hepatitis C is a strong virus and can live outside of the body for many days. This means that dried blood can also pass the virus.

These are some of the ways hepatitis C can get inside the body:

- Using drug equipment that has been used by someone else.
- Getting a blood transfusion or an organ transplant that has not been screened for hepatitis C.
- Re-using tools for activities that break the skin, such as tattooing, body piercing, acupuncture and electrolysis.
- Re-using medical equipment that should only be used once, such as needles for vaccinations.

- Sharing or borrowing personal items that might have blood on them, such as razors, nail clippers and toothbrushes.
- Having unprotected sex where blood could be present (i.e. during anal sex, rough sex, sex during a woman's period or when one person has open sores).
- During pregnancy or childbirth.

Testing is the only way to find out if you have hepatitis C. There are close to 250,000 people living with hepatitis C in Canada. Many people who have hepatitis C don't know it.

Most people do not show any signs or symptoms until many years after getting hepatitis C.

If and when people do have symptoms, they are very general and may feel like other illnesses.

As the liver becomes more damaged, symptoms may include feeling tired all the time, body aches, dry and itchy skin, difficulty concentrating, forgetfulness and confusion (called "brain fog") or a yellowing of the skin and eyes (called jaundice).

There is treatment for hepatitis C. Many people finish treatment and are able to get rid of the virus. Without treatment, damage to the liver gets worse over time.

For additional information on HIV/AIDS and services in your area visit: www.catie.ca

Sexually Transmitted Infections Information

Sexually Transmitted Infections (STIs) are bacteria and viruses, which can be passed from person to person through a variety of sexual activities. It is important to be aware that all STIs are treatable even if they are not all curable.

How to prevent getting a Sexually Transmitted Infection?

Although 100% prevention against sexually transmitted infections is only possible if you abstain from any sort of activity that can transmit STIs, there are ways to greatly reduce your risk of contracting one:

- Use latex or polyurethane condoms when you have vaginal or anal sex.
- Use condoms for oral sex performed on a penis.
- Use dental dams for oral sex performed on a vulva or anus.
- Get tested every 3-6 months for STIs so that if you do have an STI you and your partner(s) can get prompt treatment.
- Talk to your partner(s) about safer sex.
- Avoid having sex with your partner(s) if they are experiencing an outbreak of herpes or genital warts.

Bacterial Sexually Transmitted Infections

Bacterial sexually transmitted infections can be treated and cured with the use of antibiotics, but can often lead to serious permanent complications if not detected and treated in a timely manner.

Chlamydia and Gonorrhea

You cannot know for sure whether or not you have chlamydia and/or gonorrhea unless you get tested for them. Approximately 70% of infected women and 50% of infected men have no detectable symptoms. Symptoms can also come and go, leading people to believe that they are cured; furthermore, people can have chlamydia or gonorrhea for several months or years and not have any symptoms while still passing them on to others. Chlamydia or gonorrhea will not go away without treatment.

Possible complications if left untreated include:

For Women:

- Pelvic Inflammatory Disease (PID), which affects the reproductive organs (ovaries, uterus, fallopian tubes), can cause infertility.
- Increased risk for an ectopic pregnancy (pregnancy that forms inside your fallopian tubes and is extremely painful and dangerous).
- If you are pregnant, you can pass it on to your baby during delivery, which can cause serious eye, ear or lung infections.

For Men:

- If left untreated, chlamydia can cause swelling of the prostate gland.
- Inflammation in the testicles or urethra.
- In rare cases, chlamydia can lead to infertility.

** Additionally gonorrhea can also cause problems for both men and women by infecting the joints, skin, heart and brain, causing permanent damage to the body.*

Syphilis

If left untreated, can lead to serious complications, including organ damage, brain damage and in rare cases death. Syphilis can also be passed from mother to baby during delivery, which can result in serious medical complications and sometimes death. Syphilis can also be transmitted to a foetus during pregnancy.

Viral Sexually Transmitted Infections

Viral sexually transmitted infections cannot be cured. Some viral STIs can stay in a person's body for life. There are treatments available for all of the viral STIs, which can reduce and control symptoms.

Genital Herpes

Genital herpes are sores that appear on or around the genitals, which are caused by the herpes simplex virus. There are two types of viruses that can cause genital herpes: herpes simplex I, which is often referred to as the common cold sore and herpes simplex II, which is responsible for the majority of cases of genital herpes.

Genital herpes can easily spread from the mouth to the genitals and vice versa through oral sex. While there is no cure for the viruses, genital herpes can be kept under control with the use of medication.

What happens if I get Genital Herpes and don't get treated?

Genital herpes does not usually cause serious complications. Outbreaks can be unpleasant but with the use of medication, they can generally be kept under control. Herpes is not considered to be life threatening; however the following complications, while rare, are possible:

- In pregnant women herpes can sometimes be passed onto the baby during delivery.
- In rare cases, herpes can be transmitted to a person's eye, which can cause vision problems or blindness.

Hepatitis B

Hepatitis B is the most common strain of hepatitis worldwide and affects the liver. Most people who contract hepatitis B will naturally clear the virus without any ill effects after a few months; however approximately 10% of people will develop a chronic infection, which can lead to serious health problems.

There is a preventative vaccine that is available in Canada, which can greatly reduce the risk of contracting hepatitis B. However, it cannot cure a hepatitis B infection once you have it.

Many people who have hepatitis B have no symptoms at all. Even if no symptoms are present, the virus can still be transmitted to other people.

What happens if I get Hepatitis B and don't get treated?

For those who develop chronic infections, untreated hepatitis B can lead to cancer or cirrhosis of the liver. In some cases, liver failure or death may occur, although this is not common.

Pregnant women who are infected with hepatitis B can be passed to their babies during delivery. People who contract hepatitis B as infants almost always develop chronic hepatitis B. There are preventative measures that can be taken to greatly reduce the risk of mother to baby transmission.

Human Papilloma Virus (HPV)

HPV, or the Human PapillomaVirus, is the most common sexually transmitted viral infection in the world. HPV is contracted through skin-to-skin contact, which means that you can get HPV without having intercourse. It is estimated that up to 75% of Canadians will have HPV at some point in their lives. This estimate includes 63% of all 16 to 18 year-olds.

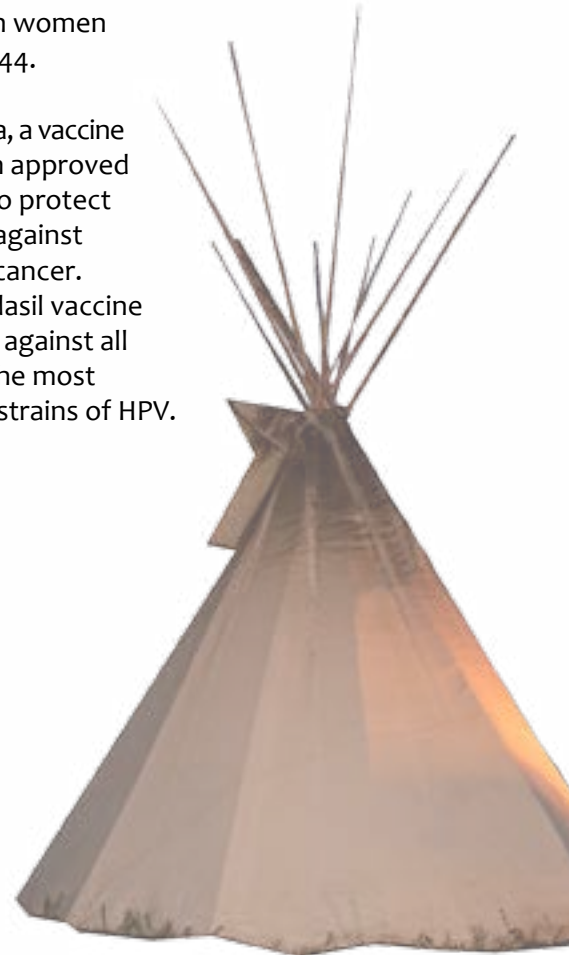
While everyone is at risk of contracting HPV, several factors can increase a person's risk:

- Being sexually active at a young age
- The number of partners a person has
- If the person smokes (specifically women)
- If the person uses oral contraceptives (specifically women)
- If the man is uncircumcised

Although 80% of HPV infections are treatable, some diseases such as diabetes and Crohn's disease make it more difficult for the body to get rid of the virus. And although condoms are extremely useful in preventing a variety of sexually transmitted infections, condoms only reduce the likelihood of contracting HPV by 70% since HPV is contracted through skin-to-skin contact.

HPV and cervical cancer are often discussed simultaneously. This is because 99.7% of cervical cancer cases are caused by HPV. Cervical cancer is the 2nd leading cause of cancer related deaths in Canadian women aged 20-44.

In Canada, a vaccine has been approved for use to protect women against cervical cancer. The Gardasil vaccine protects against all four of the most harmful strains of HPV.



Resources

Resources and assistance towards the development of TIPI Dreams provided by:

Abegweit First Nations Mi'kmaq Wellness Centre
Seven Sacred Grandfather Teachings Resource
www.abegweithealth.ca

Canadians for Choice – STIs Resource
www.canadiansforchoice.ca

CATIE, Canada's source for HIV and Hepatitis C information
HIV and Hep C Resource
www.catie.ca

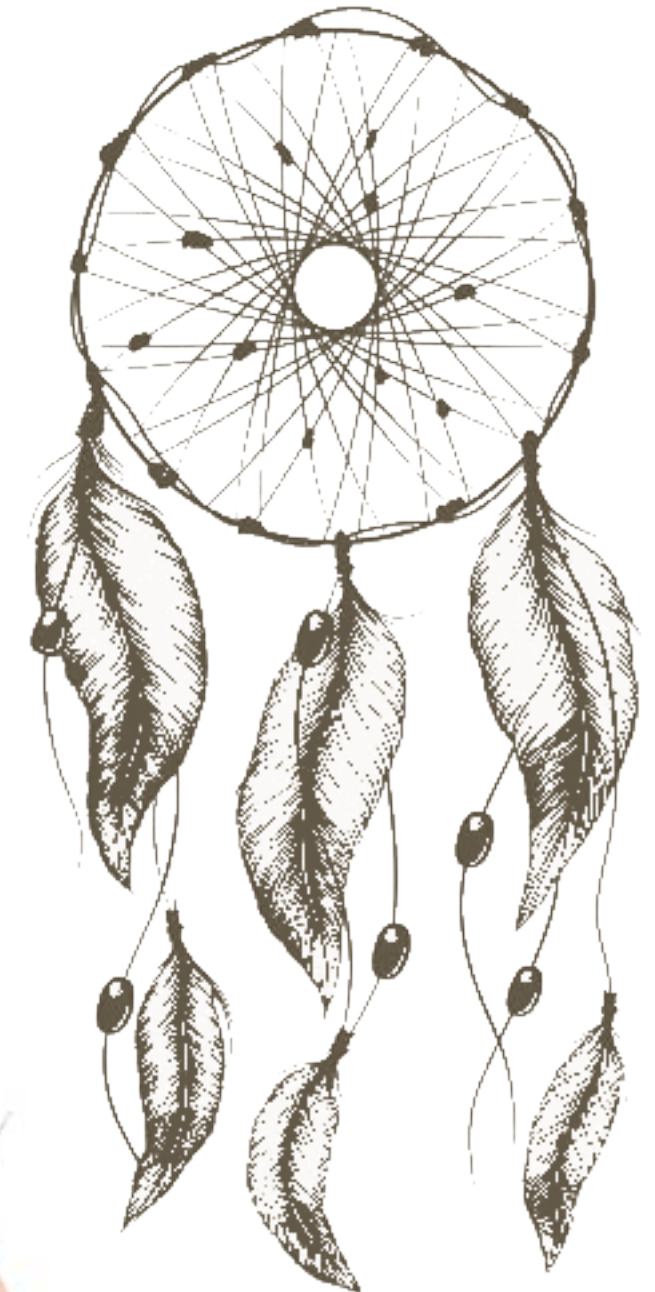
Health Canada's Diseases & Conditions Section
STIs Resource
www.hc-sc.gc.ca/dc-ma/sti-its/index_e.html

Luc Gaudet, Mise au jeu (Montreal)
Cinema forum and dynamic meeting techniques
www.miseaujeu.org

Society of Obstetricians & Gynecologists of Canada
STIs Resource
www.sexualityandu.ca

University of Ottawa, Aboriginal Health
Medicine Wheel Resource
www.med.uottawa.ca/sim/data/Aboriginal_Medicine_e.htm

* **Mini Tipi making activity:** is an NWAC exercise created for the TIPI dreams toolkit. The pre-cut tipi making kit was originally designed by **Diane Sault of New Credit First Nations** and later reproduced by **Brittany Wahshonti (Mohawk) of Akwesasne**.



Credits:

Actors

Cheyenne... Paskale Leblond Champagne (Métis)
Older Boy... Gilles Venne (Mohawk)
Kayla... Brittany Dale (Mohawk)
Residential Unit Worker... Celyne de Gaspé (Mohawk)
Kayla's Mother... Shirley Tolley (Algonquin)
Social Worker... Christine Mercier (Quebecer)
Josh... Paul Tetreault (Mic Mac)
Friend... Nick Cere (Algonquin)
Reception... Melanie Bigras (Métis)
Clinic Worker... Jill Simser (Moose Creek)

Elder

Irene Lindsay... Eagle Eye Woman (Cree)

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Native Friendship Centre of Montreal

Native Women's Shelter of Montreal

Native Youth Sexual Health Network (Toronto)

Urban Native Youth Association
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Vancouver Aboriginal Child and Family
Services Society

Vancouver Native Health Society
"Positive Outlook Program"

Wish drop in centre (Vancouver)



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