



Appendix A

Addressing the Needs of Native Women and Girls

When addressing biases, racism and discrimination, we must also consider the underlying needs of Native women and girls, especially in their challenges when accessing education in health. The following guiding statements were derived from the **Substance Abuse Mental Health Service Administration (SAMHSA)** and should be considered when planning and implementing programs for healthcare improvement:

1. Native women and girls, are more frequently vulnerable to violence and trauma, and this vulnerability must be addressed in prevention efforts as well as other mental health and substance abuse services. Trauma-informed environments based on **respect, and dignity** are essential for them to **feel safe** in seeking access to care. Women should always be offered the choice of a preferred gender in healthcare providers.
2. Trauma can have a strong and long-lasting effect on the development and on the experiences of women and girls. It can affect a woman's or girl's world view, including her social-emotional responses, her **view of herself, and her ability to trust others**. Past trauma can influence current skills, experiences, and feelings. It can have an impact on every area of a girl's or woman's life, including parenting, relationships, work, and **self-advocacy**.
3. To identify and **respond to trauma disclosures and reactions appropriately** and with cultural sensitivity.
4. **Relationships are critical** to the emotional development of women and girls and also play a significant role in both the development of, and recovery from, mental health and substance use conditions/disorders. Thus, competencies for working with Indian women and girls must address the relational-cultural context of their functioning especially in light of patient - provider relationships. Additionally, when caring for women with substance use disorders, anything written in the chart will be flagged and may be used punitively, thus almost ensuring that the woman will not be able to discuss these issues with her provider. The use of urine drug screens without the woman's consent is also a form of abuse.
5. The number of incarcerated women grows annually. The prevalence of mental health and/or substance use conditions/disorders among these women is high, and their involvement in the criminal justice system further increases their risk. Staff serving women involved in legal systems must consider the special needs of woman and girl offenders especially regarding **access to prenatal care** during pregnancy and postpartum (e.g., separation from family, employment barriers, institutionalization, and additional trauma).

6. Women with mental health and/or substance use conditions/disorders are more highly stigmatized and stereotyped. This may create **barriers to accessing services**, which can prevent or impede recovery. Women in recovery may also be at greater risk of being blamed or judged because of their disorders. They may also face negative sexual stereotypes or criticism of their parenting ability.
7. To **establish trust and rapport with women and girls during prenatal care** and discuss their roles, values, symptoms, experiences, priorities, and service needs.
8. To implement approaches that **empower women and girls** to take action in their own lives.
9. To work effectively with women and girls who are still developing their identities and who are in the process of discovering and **articulating** their preferences, interests, and goals.
10. To **establish therapeutic alliances** through development of trust and rapport, as well as to demonstrate empathy, caring, and appropriate boundaries.
11. To create and contribute to a **safe prevention or treatment environment** that encourages connection, empowerment, and mutuality, and minimizes coercion.
12. To coordinate and collaborate with health/medical and **other service providers** regarding issues specific to pregnancy.
13. To **support pregnant women to remain engaged in services**, and to counter stigma and judgment that pregnant women may experience in the community by using strength-based approaches to create a safe, supportive environment.
14. To screen for the continuum of maternal and postpartum emotions and disorders such as anxiety, depression, and psychosis, and take appropriate action when needed and **without stigma**.
15. To communicate effectively and in a **safe, unbiased, and supportive** way while working with women and girls, particularly with regard to reproductive health, pregnancy, and parenting decisions.
16. To assist women and girls to **communicate effectively with health care providers** (e.g., preparing a list of questions, listening, taking notes, asking for written information, and disclosing sensitive personal information).
17. Value women and girls as **active participants in their health and wellness**, and recognize that they are capable of setting their own priorities and identifying steps toward change.
18. Recognize one's **personal biases** (e.g., concerning race, ethnicity, gender, socioeconomic status, language, ability, education, and citizenship status) and consider how these biases may affect, expand, or limit attitudes or approaches to serving Native women and girls.
19. **Be motivated to take care of oneself and model a healthy lifestyle for women and girls.**
20. There is meaning behind the proverb, "It takes a village to raise a child." This is true regarding the health needs of Native women and babies. It will take a woman's support system such as her partner, relatives and Tribal community to support her healing, her recovery and her resilience.