

## **Culturally Safe and Trauma-Informed Practices for Researchers during COVID-19**

COVID-19 is currently significantly affecting First Nations communities in BC – and bringing back memories of devastating past pandemics. Learning from history, we know that research with First Nations people and communities requires careful attention. During this time of emergency when many are experiencing uncertainty and stress, it is essential to take a culturally safe, trauma-informed approach to working with First Nations. Cultural safety is achieved when the research process results in an environment free of racism and discrimination and people feel safe to participate in research.<sup>1</sup> This means respectful engagement, adhering to Nation-based protocols, and recognizing and striving to address power imbalances inherent in research by creating space for First Nations health and healing philosophies and practices to ground projects.

This note offers considerations for:

1. Relationship building and community engagement in First Nations research from a lens of cultural safety and humility and a trauma-informed approach.
2. How researchers can be guided by cultural safety and humility and trauma-informed practice.
3. Respectful research with First Nations Peoples and communities during COVID-19.

### **Considerations for relationship building and community engagement in First Nations research from a lens of cultural safety and humility and a trauma-informed approach**

Many BC First Nations communities uphold cultural and community practices that have been impacted because of COVID-19 measures. It is important to listen to each Nation's position on resuming research-based work. For example, data collection is considered inappropriate for communities in mourning. To respectfully partner in research, engagement efforts should be made during inter-pandemic periods to establish relationships that can be built upon over time, to learn from past experiences and to develop new approaches where required. This should reflect the unique character of First Nations populations and be sensitive to Nation-based needs.

Community engagement efforts should be a collaborative process that includes emergency operations committees and other COVID-19 operational and/or advisory bodies when appropriate, and these efforts should ensure that community priorities for research are driving the process.

*Community engagement considerations:*

- Apply innovative and adaptable approaches
- Use Nation-based methods (no pan Indigenous methods)
- Listen respectfully to community needs
- Inquire with key resource people and engage as advised
- Include and facilitate processes that ensure First Nations are equal partners in decision-making
- Uphold community/traditional protocols
- Establish collective best practices
- Be mindful and respect protocols, grieving and mourning process

- Be flexible and patient
- Develop clear cultural safety standards for research team members to follow
- Communicate clearly at all times throughout the process

## Considerations for how researchers can be guided by cultural safety and humility and trauma-informed practice<sup>ii,iii</sup>

Taking the historical context into account, and knowing that the trauma continues today in First Nations communities, the following are some culturally safe, trauma-informed practices for researchers to use when engaging First Nations peoples and communities in research. In addition to upholding Nation-based protocols and decision-making processes, when approaching First Nations for participation in clinical trials or behavioural research studies, consider how to:

- **Help prepare the participant for what to expect.** Be honest. Ask the participant what is important to them in terms of proceeding, and ask how they would like to be supported if they feel emotionally triggered and who they would like present for that support.
- **Support self-regulation practices.** When people are stressed, they have a harder time managing emotions and staying regulated. Build in time for self-regulation practices like breathing, grounding exercises and movement. Maintaining your own calm behaviour will help create an atmosphere to support others' calmness.
- **Provide connection and support.** Provide the option of cultural or emotional support to assist with language barriers and moments where the community or community members are being triggered. If participants do not have close access to somebody they trust, you can access telephone or online support from the following organizations:
  - Indian Residential School Survivors Society: 604-985-4465 or toll-free: 1-800-721-0066
  - Tsow-Tun-Le-Lum: 1-250-268-2463 or toll-free: 1-888-590-3123
  - KUU-US Indigenous Crisis Phone Line: 1-800-558-8717
  - Hope for Wellness Indigenous Online Chat: [www.hopeforwellness.ca](http://www.hopeforwellness.ca)
- **Explain the why** behind actions. Understanding why something (like a policy or practice) is happening can give people a sense of control and decrease a stress response. Be participant-centered and use culturally appropriate informed consent practices. Oral consent may be preferable to written consent. Use simple, accessible language at a level participants/partners can completely understand.
- **Compassionate and thoughtful communication**, including tone and body language, are very important. Avoid stigmatizing language that might be triggering (such as questions about substance use). Listen with your heart, not just your ears.
- **Let people know what to expect** to the greatest extent possible. In uncertain times, having any amount of certainty or predictability is helpful. We aren't suggesting that you provide answers that you don't have; however, sharing information when it's available will decrease stress.
- **Bring a traumatized person into the present moment.** If someone is having a flashback, offer them ways to return to the present moment so they can respond to their current situation instead of reacting to a past threat. If a person is distressed, you can help ground them in the present using these sensory grounding tips:
  - **SOUND:** Speak in a loud, audible voice with a calm, even tone. Your voice can help ground

someone who is in another time during a flashback. Speak clearly, use simple language and be concise. Researchers or household members can provide this help. In fact, household members may be more effective in this role as a familiar person may seem safer and less threatening.

- Help them recognize the present situation and return to it by identifying who you are, who they are, what time/day, or place you are at, and what is happening. “My name is \_\_\_\_\_, your name is \_\_\_\_\_. We are here at [location]. It is [time]. I am/this is [researcher role]. I am here to help you with [purpose of your visit].”
- Other grounding questions can include asking, “what year is it?”, “what is your name?”, “what is your favourite colour?” or you can ask them to name five things they see around them or name four things they hear if it is a busy space.

**TOUCH:** If it is easily accessible, bring the person to stand on the earth in bare feet, if possible (and if it is safe to do so). Ask others in the home or centre whether there is something comforting that the individual can hold in their hands, such as a piece of moose hide, fur, beadwork, a smooth or textured stone or another keepsake from a family member that brings comfort.

**SMELL:** You could help ground someone by using the scent of cedar boughs or spruce needles, pressed to release the oils and scents from the needles. Family members may want to burn or boil smudging medicines such as sage, tobacco, sweet grass and other local smudging medicines that communities use.

- **Reframe behaviours.** It’s important to remember that emotional regulation and impulse control are more difficult during times of stress. People respond in different ways during periods of fear and chaos. We need to give everyone grace and realize that challenging behaviours are a reflection of the stress we are under. We need to offer compassion, kindness, patience and understanding.

## Considerations for respectful research with First Nations Peoples during COVID-19<sup>iv</sup>

First Nations peoples may be experiencing a heightened sense of fear and panic during COVID-19 because of the devastating and long history of epidemics in communities. Knowing this context is an important first step before engaging with communities for research.

- **Historical context** – Historical factors greatly impact relationships with Western systems of health and research for valid, long-standing reasons that require well-designed, culturally safe and appropriate methods.
  - **From first colonial contact**, First Nations communities were historically devastated by outbreaks of Spanish flu, small pox, influenza and tuberculosis epidemics that decimated First Nations populations. This immense loss of so many ancestors impacted languages, knowledge and history. The inability to mourn the death of community members in traditional cultural ways due to the pandemic and concern for disease spreading has had a devastating effect on the emotional, spiritual and mental well-being of First Nations peoples. Despite the many harms of ongoing colonialism, many communities have fought to maintain, uphold and regain traditional teachings.

- **At Indian Residential Schools**, diseases, especially tuberculosis, played a major role in the loss of young lives due to the overcrowded conditions and lack of quality health care.
- **Indian Hospitals** segregated Indigenous people from settlers, often removed children from their families for years at a time and forced some into abusive medical experiments and sterilization procedures without their knowledge or consent.<sup>v</sup> Mainstream society accepted the racist narrative perpetuated of Indigenous people as carriers of disease, not recognizing the oppressive dynamics of forced removal from land and community, and substandard health and education infrastructure, that led to the spread of tuberculosis in Indigenous populations.<sup>vi</sup>
- **Historical factors and self-imposed travel bans limiting community access** should be carefully considered. These may include mistrust of outsiders, fear of loss of languages and knowledge, being in a state of grief or mourning, resource allocations and general anxieties regarding community-wide transmission from non-community members.
- **Current context** – Institutional and systemic racism are not limited to historical experiences: they persist today and need to be acknowledged. Critical work is currently underway to address and uphold accountability for ongoing experiences of systematic racism by Indigenous people in Canada.
  - On June 19<sup>th</sup>, 2020, the Province of BC launched an independent investigation led by Mary Ellen Turpel-Lafond, which will examine Indigenous-specific encounters of racism within health care. The investigation will inquire into and report on alleged incidents of Indigenous-specific racism in emergency departments in BC, situated and examined within a broader context of Indigenous-specific systemic racism in BC's health care system.<sup>vii</sup>
  - Far too often First Nations people encounter unacceptable, racist barriers to care that have even resulted in loss of life. On September 21, 2008, for example, Brian Sinclair died after waiting 34 hours for care in the hallway of a hospital emergency department in Manitoba. The inquest into his death, based partly on surveillance camera footage uncovered that hospital staff made false assumptions about him and left him to wait for care until he died because of the way he looked.<sup>viii</sup>

### Taken together, this highlights:

- **The importance of Elders** – COVID-19 is of considerable concern for First Nation communities, and the potential loss of Elders, fluent language speakers and knowledge keepers is being felt deeply within communities. Disruption to cultural practices, which have been in place from time immemorial, are threatened. The threat of losing knowledge keepers, language speakers, healers and protectors due to COVID-19 is overwhelming and traumatic. Not only do communities continue to carry trauma from previous epidemics, but the COVID-19 pandemic puts an additional burden on communities that are already overwhelmed with loss.<sup>ix,x,xi</sup>
- **Distrust of government** – Governments have used crises as justification for the forced removal of First Nations peoples from their homes and lands, and there is a history of inappropriate responses to communities during pandemics (e.g., sending body bags to a Manitoba Nation rather than swine flu assistance). From this perspective, some fear what governments might do during this crisis.<sup>xii</sup>
- **Disconnect between decision makers and communities** – Many decisions are made without an understanding of what life is like in northern or remote First Nations communities. This can lead to

a lack of trust. In response to COVID-19, collaborations require even further respect to the fact that many communities are requiring that research be accommodating and flexible to complex Nation-based needs.

- **Community-specific barriers** – Many First Nations face community-specific barriers to participating in research, such as remoteness, isolation (e.g., fly-in-only communities), overcrowding in houses, access to clean water (as of August 2020, there were 16 drinking water advisories in BC First Nation communities<sup>xiii</sup>), insufficient human resources, such as nurses, a lack of funding for supplies, and general community awareness regarding disease and prevention of COVID-19.<sup>xiv</sup> While not easily addressed, these factors must be acknowledged by researchers.
- **Power imbalances** – Indigenous peoples often do not hold equal power in interactions with researchers and health care providers. It is important to leave room for collaborative decision-making. More importantly, the community or individual has a right to stop at any point in the process of the research if they would like to stop.<sup>xv</sup>

**The resources below – from the First Nations Health Authority (FNHA), the UBC Learning Circle, the BC Ministry of Health and Indigenous Services Canada – support the work of culturally safe and trauma-informed research practices.**

## Recommended Resources

- [FNHA's Cultural Safety and Humility Policy Statement](#)  
This statement provides the FNHA's view on creating cultural safety and humility for First Nations in the health care system. It builds a common understanding of cultural safety and humility and provides recommended actions to embed cultural safety into the health system across multiple levels.
- [Trauma-Informed Practice Guide](#) (BC Provincial Mental Health and Substance Use Planning Council)  
This foundational guide in trauma-informed practice incorporates both academic and practice-based knowledge from collaboration and consultation between the BC Ministry of Health, the BC Centre of Excellence for Women's Health, the BC Ministry of Children and Family Development, BC health authorities, representatives from anti-violence organizations and mental health & substance use service providers across the province.
- [Cultural Safety in the Face of a Pandemic: Historic & Contemporary Realities through a Trauma Informed Lens with Harley Eagle](#) (UBC Learning Circle webinar)  
This timely presentation by Cultural Safety Facilitator Harley Eagle discusses the connection between Canada's colonial history and current realities that may be the root of COVID-19 triggering trauma for Indigenous Peoples and communities. Harley speaks to the power of broadening the scope of cultural safety learning beyond health care and what that might mean for the journey of reconciliation.
- [First Responders and Trauma-Informed Care](#) (FNHA)  
This resource offers tips for providing a trauma-informed response during the pandemic for first responders.
- [COVID-19: Information for First Nations and Indigenous Peoples in B.C.](#) (Government of BC)
- [COVID-19 Information and Resource page](#) (First Nations Public Service Secretariat)



This page provides information related to health, financial supports and emergency response resources gathered from various trusted First Nation and government organizations.

- [Cultural Safety and Humility Case Study Report](#) (FNHA, BC Ministry of Health and Indigenous Services Canada)  
Cultural safety and humility are areas of collaboration between the FNHA, the BC Ministry of Health and Indigenous Services Canada. This case study outlines policy development to embed culturally safe practices and approaches in health services in BC.

## Additional Readings

- [Five Essential Elements of Immediate and Mid–Term Mass Trauma Intervention: Empirical Evidence](#)
- [Communicating Risk to Aboriginal Peoples: First Nations and Metis Responses to H1N1 Risk Messages](#)
- [Optimizing resilience and wellbeing for healthcare professions trainees and healthcare professionals during public health crises - Practical tips for an ‘integrative resilience’ approach](#)
- [Preventing Suicide in Rural Communities During the COVID-19 Pandemic](#)
- [COVID-19 shines light on Navajo water contamination](#) (News article)
- [Family Life Education for Families Facing Acute Stress: Best Practices and Recommendations](#)
- [COVID 19 and its mental health consequences](#)
- [Planning for an Influenza Pandemic: Social Justice and Disadvantaged Groups](#)
- [Rural and Remote Health article - Adapting to a new reality: COVID-19 coronavirus](#)

**Authors:** Gillian Corless (FNHA & REBC), Jessica Humchitt (FNHA), Leena Hasan (FNHA), Namaste Marsden (FNHA); **Editors:** Leona Smith, Debbie McDougall (Office of the Chief Nursing Office, FNHA)

---

## References

- <sup>i</sup> FNHA, BC Ministry of Health and Indigenous Services Canada: [Cultural Safety and Humility Case Study Report](#)
- <sup>ii</sup> FNHA: [First Responders and Trauma-Informed Care](#)
- <sup>iii</sup> Portland State University: [COVID-19 Considerations for a Trauma Informed Response for Work Settings \(Organizations/Schools/Clinics\)](#)
- <sup>iv</sup> UBC Learning Circle: [Cultural Safety: Historic & Contemporary Realities through a Trauma Informed Lens with Harley Eagle](#)
- <sup>v</sup> Laurie M. Drees, Healing Histories: Stories from Canada’s Indian Hospitals.
- <sup>vi</sup> Tyee: [First Nations Know Pandemics](#);
- <sup>vii</sup> Government of BC: <https://engage.gov.bc.ca/addressingracism/investigation-details/>
- <sup>viii</sup> Ignored to Death: <http://ignoredtodeathmanitoba.ca/>
- <sup>ix</sup> Indigenous Corporate Training: [The Impact of Smallpox on First Nations on the West Coast](#)
- <sup>x</sup> National Post: [Loss of Canada elders to coronavirus threatens indigenous culture](#)
- <sup>xi</sup> Indigenous Corporate Training: [Dr Bonnie Henry, Elders, Reconciliation, and COVID-19](#)
- <sup>xii</sup> Aboriginal Healing Foundation: [Historic Trauma and Aboriginal Healing](#) (page 15)
- <sup>xiii</sup> FNHA: [Drinking Water Advisories](#)
- <sup>xiv</sup> International Journal of Circumpolar Health: [The 2009 H1N1 pandemic response in remote First Nation communities of Subarctic Ontario: barriers and improvements from a health care services perspective.](#)
- <sup>xv</sup> [Historic Trauma and Aboriginal Healing](#)