Aboriginal Women’s Initiative Literature Review

A Review of the Literature on Intergenerational Trauma, Mental Health, Violence Against Women, Addictions and Homelessness among Aboriginal Women of the North (NOWSOPE)
Aboriginal Women’s Initiative

Literature Review

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Acknowledgements

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Woman is the centre of the wheel of life. She is the heartbeat of the people. She is not just in the home, but she is the community, she is the Nation.
One of our Grandmothers.
The woman is the foundation on which Nations are built. She is the heart of her Nation. If that heart is weak the people are weak. If her heart is strong and her mind is clear then the Nation is strong and knows its purpose. The woman is the centre of everything.

“The Woman’s Part”
Art Solomon,
Ojibwe Elder from northern Ontario.

Introduction
This is a journey into the literature about Aboriginal women, and those Aboriginal women who have experienced abuse. It is hoped that this journey will provide greater insight into the needs and gaps in this area, in order to help those in need. The first part provides background information and begins with the history of Aboriginal women and how colonization has impacted them over the years. This is followed by Aboriginal women’s views on health, healing and social determinants. The review then discusses research about Aboriginal women today and shows the highly compromised status of Aboriginal women’s health. Special attention is given to urban Aboriginal women since many Aboriginal women now live in the city. Access to services and services available for Aboriginal women are also reviewed. The second part examines the details of violence against Aboriginal women (root causes, risk factors, barriers to reporting, systemic barriers) and the perspectives from Aboriginal women who experienced violence (gaps, problems, barriers to healing, needs). As well, the literature review examines the challenges for women who experience violence such as mental issues, addiction and homelessness. The third part looks at the literature in terms of prevention of violence against Aboriginal women and existing shelters for Aboriginal women.

It is important to acknowledge that there is a diversity of experiences among Aboriginal women and peoples across North America (Rude & Deiter, 2004) and even among Aboriginal women in Ontario. Moreover, there is diversity among the various Aboriginal groups in Canada (Voyageur & Calliou, 2000/2001). It is also important to acknowledge that when working with Aboriginal women, they are at various levels in terms of assimilation (Garrett & Pichette, 2000). Therefore, some may be very westernized whereas others may be very traditional. For this review “ Aboriginal women” will be used to refer to First Nation, Inuit, and Métis women as a group. A few cautionary notes should be stated. For instance, much of the research in the past focused on
Aboriginal people on reserve and very little research examined off-reserve Aboriginal people, and Aboriginal women in particular (Jaccoud & Brassard, 2001, Kurtz, Nyberg, Van Den Tillaart & Mills & Okanagan Urban Aboriginal Health Research Collective, 2008). Moreover, the inclusion of Métis and Inuit, non-status, rural women is almost non-existent in the research literature. That said, this literature review attempted to examine Aboriginal women from northern Ontario whenever possible. However, because of the lack of research of northern Ontario women, often national and provincial studies were included as a means to understand the issue from a broader Aboriginal women’s perspective. With the limited literature about Aboriginal women, especially off-reserve and the paucity of literature examining Aboriginal women in northern Ontario, non-academic reports and documents have also been reviewed and added to this literature.

**Colonization**

Mitchell and Maracle (2005) suggest that the gross differences in health between Aboriginal and non-Aboriginal people today are linked to the impacts of colonization and the historical and intergenerational trauma that has resulted from “systematic racism, policies of assimilation, and cultural genocide” (p.14). Aboriginal people identify the legacy of residential schools and the associated separation from their families, as an act that has significantly contributed to their poor health status today (Canadian Institute for Health Information, 2004). Children who grew up in residential schools often suffered sexual, physical and psychological abuse (Voyageur, 2000). Without the love and guidance of their mothers, they often did not know how to parent and nurture their own children (Voyageur, 2000). Colonial policies and practices have impacted generation after generation, and have resulted in homelessness, addictions, poverty, domestic violence, family dysfunction, and a lower health status for many Aboriginal people (Royal Commission on Aboriginal Peoples [RCAP], 1996a), especially for Aboriginal women (Boyer, 2006). Colonization has also enforced a silencing of Aboriginal peoples’ voices through the suppression of their languages and disintegration of their cultures and social structures, resulting in ongoing oppression and disempowerment (Boyer, 2006; Kurtz et al., 2008, RCAP, 1996a, Voyageur, 2000).

**Opening Our Eyes (History of Aboriginal Women)**

Traditionally, Aboriginal “women played a prominent part in the political and cultural life of many traditional Aboriginal societies. First and foremost, they were honoured as the givers of life” (RCAP, 1996b, p.100). Traditionally this role in the family and within the community was highly respected (Anderson, 2000). Early accounts written by explorers describe First Nations societies that were egalitarian in structure (Brodribb, 1984), which promoted harmony in the community (Haslip, 1999). There were no hierarchical systems which limited the divisions between men and women (Popick, 2006).

The Aboriginal women in the Ojibwe territory refer to themselves as Nishnaabe-Kwek (Corbiere & Hardy, 1996; Goudreau, Weber-Pillwax, Cote-Meek, Madill & Wilson, 2008). As part of Anishnaabe (Aboriginal) cultural identity in northern Ontario, the women’s traditional role is to take care of water on Mother Earth, symbolizing the water they carry when pregnant to nurture the baby in their womb (Lavalley, 2006). According to the Elders’ teachings, these
traditional roles are to be respected and taken very seriously. The men’s traditional Anishnaabe role is to care for the fire (AHWS, 2003). According to Caibaiosai (2008), these roles stem from Aboriginal traditions, where families and communities were healthy with men and women having full and equal roles. She also claims that this equality in the community is a survival necessity, where each person shares the important responsibilities of caring and helping the family, the community and Mother Earth. Moreover, these traditional roles help achieve and maintain balance (Caibaiosai, 2008). Prior to European contact, incidences of abuse in the Aboriginal community typically resulted in dire consequences for the abuser, including ostracism and loss of honour (Bohn, 1993).

Anderson (2000) has written that “what we shared was a common sense of power, a power that was not part of the European experience” (p. 57). For instance, leaders and healers could be either men or women in the Aboriginal community (Abbott, 2003; Deiter & Otway, 2001). Anderson (2000) has written extensively about the balanced political powers once enjoyed by Aboriginal women in their relationships with men in their communities. She explains that with the influence of European colonizers, the status of Aboriginal women soon became less than equal. In RCAP (1996b), Aboriginal women reported that, “with the coming of colonial powers, a disturbing mind-set crept into their own societies” (p.100). The subjugation of women to a patriarchal nuclear family and their children being sent to residential schools had a devastating effect on Aboriginal women’s cultural roles, values, and traditions (Deiter & Otway, 2001). Colonization broke down the family unit by destroying traditional cooperative structures that valued gender balance (Boyer, 2006).

Many of the Anishnaabe children were sent to the residential school in Spanish, Ontario, which came into existence in 1913 (Corbiere & Hardy, 1996). While children were sent there for many years, often against the will of their families, the mothers lost their role as nurturer and educator (Popick, 2006). It was primarily through direct attacks on Aboriginal women’s powers and their core role within family systems that the disempowerment of Aboriginal peoples was achieved (Armstrong, 1996). Wesley-Esquimaux (2010) clearly articulates that as colonial efforts excised Aboriginal women from central roles, communities were divided, destabilized, and became more violent.

Moreover, the introduction of Canada’s Indian Act in 1876 took away many rights from Aboriginal people; in particular, the rights of Aboriginal women were decimated, leaving them with even fewer rights than Aboriginal men (Goudreau, 2006). For instance, the Act took away the “Indian status” of an Aboriginal woman if she married a non-Aboriginal man (Deiter & Otway, 2001). According to RCAP (1996b), “Policies and laws imposed by foreign governments ruptured cultural traditions and introduced discrimination against women”(p. 100). Aboriginal women had very few choices and most had to leave the reserve, losing their rights to funded education, access to land, and so on (Deiter & Otway, 2001). The prominence and respect once accorded Aboriginal womanhood has been significantly reduced and has been systematically eradicated throughout the long history and process of colonization (Brodribb, 1984; Monture-Angus, 1995) as well as through the imposition of foreign laws (Monture-Angus, 1995). These laws were not repealed until 1985 with Bill C-31 (RCAP, 1996b). Bill C-31 did away with the “patrilineal” definition of eligibility for Indian Status and reinstated those who had lost their
Status under the old rules of the *Indian Act*. Regardless of the impacts of colonization, many of Nishnaabe-Kwek (Aboriginal women) have managed to keep their core Aboriginal values of the Seven Grandfather Teachings (wisdom, love, respect, bravery, honesty, humility and truth) (Corbiere & Hardy, 1996).

**Aboriginal Perspectives on Health, Healing and the Determinants of Health**

*Health*

According to Svenson & Lafontaine (1999), the traditional Aboriginal people of Canada, although culturally diverse, share a more holistic worldview of health than the Western world. For many Aboriginal people, the conceptualization of “health” stems from the “Medicine Wheel,” also known as the “Circle of Life” (Deiter & Otway, 2001; Kinnon, 2002; Shestowsky, 1993). Each Aboriginal culture has its own way of presenting the Circle of Life; however, each culture contains the same basic concepts (Svenson & Lafontaine, 1999). In one teaching, the Circle of Life describes individuals on the basis of the four elements of being – physical, mental, emotional, and spiritual. For an individual to be healthy or balanced, the four elements must be equally developed and maintained (Deiter & Otway, 2001; Kinnon, 2002; Shestowsky, 1993). If certain elements are given prominence or are neglected, balance (health) is lost (Kinnon, 2002; Reynolds, 1997). RCAP (1996c) also defined what health means to Aboriginal people as being in balance with life support systems that promote mental, emotional, physical, and spiritual well-being. “Living the Good Life” is also known in Ojibwe as Mino-Bimaadiziwin. Mino-Bimaadiziwin describes the way Ojibwe people view health. Moreover, Aboriginal women from northern Ontario view health in this way (Goudreau et al, 2008).

*Healing*

In order for Aboriginal women to live the “Good Life”, they must often heal past wounds of colonization and abuse (Goudreau, 2006). Rogers (2001) describes healing as bringing balance or harmony into one’s life, explaining that healing is the first journey an Aboriginal person will take on the path to wellness. He explains, to move toward wellness, we must first participate in healing. Healing, to Aboriginal people, “refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations” (RCAP, 1996c, chap. 3). Healing typically refers to a spiritual reconnection, with the aim of improving overall well-being through reintegration of spiritual, emotional, physical, and mental elements (McLennan & Khavarpour, 2004). McLennan & Khavarpour (2004) have indicated that we need to recognize that spirituality can be the driving force in healing Aboriginal people. Restoule (2000) has stated that “healing is a growing process which requires much energy, time and sharing on the part of all the community members”(p.21). Healing takes time and can be intense (Native Women’s Association of Canada [NWAC], 2007). Aboriginal communities will often employ Elders or Healers to help with the process (Hardy, Apaquash & Butcher, 2000). For many Aboriginal women healing is a way of life for them (NWAC, 2007). However, because of assimilation policies over the years, some Aboriginal women have come to believe that traditional practices surrounding healing are second rate (NWAC, 2007a). Nevertheless, the majority use traditional healing in one form or another (National Aboriginal Health Organization [NAHO], 2003).
Determinants of Health
Over the past several years, the health emphasis has been on reducing inequities in the socio-economic conditions that determine the health of individuals and communities (Health Canada, 2007). According to Raphael (2004), social determinants of health, such as early life experiences, personal health practices, coping skills, gender, cultural heritage, and Aboriginal status, are influenced by the “quality and quantity of a variety of resources that a society makes available to its members” (p.1). These resources can range from housing, education and employment opportunities, to the accessibility and quality of health and social services. When socio-economic challenges, such as poverty, unemployment, crowded housing, discrimination, and racism exist, poor health is more common (Brunen, 2000; Kurtz et al., 2008). This is also part of the population health approach which is predominant today in Canada and recognizes that primary health care is a limited actor in human health outcomes (NWAC, 2007a). It has been found that the population health approach parallels Aboriginal perspectives of health (RCAP, 1996b; Goudreau et al., 2008, Dion Stout, 1996) and, is thus compatible with Native ancestral laws and spiritual beliefs, in which interconnectedness and holism as keys to healing and health are central tenets (NWAC, 2007a).

For Aboriginal women, addressing health means proceeding via a holistic approach: one which incorporates physical, mental, emotional and spiritual factors with her personal situation, nature and the environment, as well as her family, community and other relationships, and societal settings and interactions (Goudreau et al., 2008, NWAC, 2007a). Goudreau (2006) claims that like the web of a dreamcatcher, there are many relational factors that intersect and play an equally important role in a person’s health.

Aboriginal Women Today
Today Aboriginal women do not enjoy the same stature or political powers as they once did (Anderson, 2000). In Recollet’s (2009) study, Aboriginal women from northeastern Ontario claim feelings of displacement and disconnect from traditional communities, other issues of loss related to culture and spirituality, feelings of shame and anger related to individual, familial and community experiences of abuse, substance use issues, low self-esteem; and dysfunctional relationships. Within their communities of origin, many Aboriginal women reported that they did not live in a healthy community (Deiter & Otway, 2001) and share a family history of alcoholism, abuse and neglect (Dieter & Otway, 2001; FitzMaurice & McCaskill, 2007a; Jaccoud and Brassard, 2003; McGillivray & Comaskey, 1999). In addition to these circumstances, Aboriginal women have often been removed from their homes, as a child or adolescent, because of circumstances listed above or other circumstances such a parent separation, deterioration of economic conditions or criminal activity (FitzMaurice & McCaskill, 2007a; Mosher, Morrow, Boulding & VanderPlaats, 2004). They were either placed with...
extended family (grandparents, sisters, brothers), foster families, or formal institutions such as rehabilitation centres. Some claim that these past issues have stymied their ability to positively move forward during different times in their lives (FitzMaurice & McCaskill, 2007a). Furthermore, Amnesty International (2004) claims that the history of government policies in Canada have torn apart Aboriginal families and communities and have pushed a disproportionate number of Aboriginal women into dangerous situations that include extreme poverty, homelessness and prostitution.

Many Aboriginal women today live off-reserve and the literature demonstrates they have equal challenges to living on reserve. For instance, Aboriginal women in contemporary society struggle with racism and sexism (Browne & Fiske, 2001, NWAC, 2007b). This means that Aboriginal women can be subjected to stereotypes applied to Aboriginal peoples generally, plus stereotypes applied to women or stereotypes applied to Aboriginal women in particular, and many others, such as stereotypes about women who are lone parents (Cornet, 2001). Amnesty International (2004) and NWAC (2010) have highlighted the fact that there are over 500 Aboriginal women who have gone missing or are feared dead in Canada over the past 20 to 30 years. NWAC (2010) has demonstrated in their research that over half of the cases involve young Aboriginal women and girls under the age of 31, with 17% of them being 18 years of age and under. Moreover, the majority of missing and murdered women are mothers. Although the majority of cases have occurred in Western urban areas, 70 of the 582 cases occurred in Ontario. In northern Ontario, there is the case of Shirley Taylor, an Aboriginal woman, who was killed, in Sudbury, in 1999, by her common-law partner (Sinclair, 2003). NWAC (2010) protests that few of these cases have been vigorously investigated by police or given attention by the media, until recently. Even today, Aboriginal women are more likely to experience a violent death than non-Aboriginal women (NWAC, 2010). Not only are these violent crimes dismissed, but little attention is also given to Aboriginal women who are homeless at a significantly higher portion than the non-Aboriginal population (Browne, McDonald & Elliott, 2009).

In many cases, Aboriginal women have lost respect for themselves. Many Aboriginal people, including women, have low-self esteem (RCAP, 1996d). These internal struggles have led to many health and social related problems such as alcohol and drug abuse (Caibaiosai, 2008). Today, many Aboriginal women are just learning to appreciate the strength in their Aboriginal ancestry, and are using it for healing (Goudreau, 2006, Urbanoski, 2001).

Aboriginal Women and Health

Aboriginal women, in particular, have substantially higher rates of mortality, injury, suicide, obesity, and chronic disease, relative to other Canadian women (Dion Stout, Kipling & Stout, 2001). Fertility rates are much higher among Aboriginal women than other Canadian women. In the 1996 to 2001 period, the fertility rate of Aboriginal women was 2.6 children; that is, they could expect to have that many children, on average, over the course of their lifetime. This compared with a figure of 1.5 children among all women in Canada (Statistics Canada,
Major discrepancies in health status, morbidity and mortality rates exist between Aboriginal and non-Aboriginal Canadians (Dion Stout & Downey, 2006; Wardman, Clement & Quantz, 2005). A key informant in the Sudbury UATF report (FitzMaurice & McCaskill, 2007c) highlighted the stress that these young women face.

Women have children at a young age and face a lot of stress around this, around finding affordable daycare for their education and employment. As single parents they experience poverty as well as sexism and general racism. These young single mothers need a lot of support services and safe housing, transportation and daycare are very important. (p. 105)

In 2001 the life expectancy was 77 years for Aboriginal women and 71 years for Aboriginal men, about 5 years less than for non-Aboriginal people (Statistics Canada, 2006a). Furthermore, registered status Aboriginal women are more likely than the general population of Canadian women to die as a result of alcoholism/cirrhosis (Grace, 2003).

Aboriginal women deal with health problems that are not common to non-Aboriginal women (Bent, 2004). These differences are in part due to the social and economic inequities faced by many Aboriginal people today, such as poor and crowded housing, poverty, and the legacy of colonialism (Canadian Institute for Health Information, 2004; Kurtz et al., 2008). Moreover, it is also partly due to racism and sexism (Walters & Simoni, 2002). As obvious as many of these issues are to most Aboriginal women, many of their health challenges are not commonly known or understood by non-Aboriginal people (Dion Stout & Downey, 2006; Kurtz et al., 2008, Wardman, Clement & Quantz, 2005). Despite statistics that demonstrate an alarming need for attention toward Aboriginal women, current health services and programs still, often, do not adequately meet the needs of Aboriginal women (Bent, 2004). For instance, stress and depression were recognized as an issue by the groups in Bent’s 2004 study; however, the researchers noted that health care professionals rarely consider them as major health problems. On top of mental health, the Aboriginal women in Goudreau’s (2006) study point out that spiritual health is also important.

In Dion Stout et al. (2001), Aboriginal women say that many health services are not culturally-appropriate; these services were designed without the input of Aboriginal women. There is plenty of literature to support the importance and benefits of Aboriginal culture and its worldview in health practice (Bartlett, 2005; Bent, 2004 Goudreau, 2008, Walters & Simoni, 2002) and social work (Nabigon & Mawhiney, 1996, Recollet, 2009). Mercredi and Turpin (1993) claim that the health of Aboriginal people is tied to the preservation and revitalization of Aboriginal culture and language. As well, research shows that Aboriginal people believe that their traditional ways will improve their health and well-being (Anderson, 2005; First Nations and Inuit Regional Health Survey, 1999).
To Aboriginal women, ceremony and the power of faith and belief are important parts of health (NWAC, 2007c). Ceremonies such as the Sweat Lodge and Full Moon (Hardy et al., 2000), offer guidance and begin healing or help it along (NWAC, 2007). Goudreau (2006) also found that humor is used as healing among Aboriginal women. Napoli (2002) concurs that, when Aboriginal people’s hearts are heavy with emotion or a situation is difficult, they embrace humour as a way of healing. She claims that, “humour helps the person feel a sense of relief” (p.1573). Recollet (2009) described the use of holistic arts based methods as a form of healing.

Stevenson (1999) discusses healing circles, talking circles and sharing circles that have been utilized in the field of social work by many Aboriginal communities and urban peoples and organizations. Urbanoski’s (2001) study provides an excellent example of what goes on in a healing circle for Aboriginal women who have experienced violence. Goudreau (2006) talks about how Aboriginal women drumming circles in a northern Ontario city can help form social support networks and extended families. In circles and ceremonies, traditional teachings are often provided (Goudreau, 2006). In northern Ontario, Aboriginal women often follow the traditional teachings of the Medicine Wheel (Goudreau et al., 2008; Hardy et al., 2000, Recollet, 2009) and the Anishnaabe Seven Grandfather teachings (Goudreau, 2006, Hardy et al., 2000, Wesley-Esquimaux & Snowball, 2010).

The literature above demonstrates the need for culturally-appropriate programming for Aboriginal women that includes traditional practices of Aboriginal people. However, some Aboriginal women in far communities in the northern parts of Canada are still very split in relation to traditional practices and Christianity (Bopp, 2009), and hence all views need to be considered. It has also been demonstrated that health programs need to consider Aboriginal women’s view of health (Bartlett, 2005, Bent, 2004, Goudreau, 2006). Other research has highlighted that urban Aboriginal women in particular want to be more involved in influencing decision-making around services related to their health (Benoit, Carroll & Chaudhry, 2003). Achieving well-being or Mino-Bimaadiziwin by Aboriginal women was examined by Anderson (2005) and Goudreau (2006). Anderson states that, in order to have a good health and a good life, Aboriginal people need to become secure again in their culture and selves. She has also stated that Aboriginal women are now reclaiming cultural traditions and recreating positive images of themselves for themselves (Anderson, 2000). Goudreau’s (2006) participants and co-researchers felt that participating in traditional activities, such as hand drumming, has brought back the good life or Mino-Bimaadiziwin. Goudreau’s (2006) participants and co-researchers also talk about how drumming helped them achieve spiritual health. As noted by Wilson (2004), the way Aboriginal women draw upon cultural values, teachings and knowledge in their effort to heal themselves can enhance the health professions’ understanding of how to assist them.

Moreover, it was found that the root causes that contribute to socio-economic gaps among the Aboriginal

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population (Health Canada, 2007) need to be examined. More specifically, in working with Aboriginal women, the broader social determinants of health need to be addressed to get at the root causes of the health inequities (NWAC, 2007a). As will be explored further, determinants of health, such as income, housing, and violence against Aboriginal women, need to be addressed. The recent NWAC (2007a) report on the social determinants of health for Aboriginal women, prepared for by the WHO Commission on the Social Determinants of Health, identifies violence against women as a major determinant of health.

**Access to Health and Social Services by Aboriginal Women**

Some Aboriginal people do not have access to health and social services because of the isolation of many reserve communities (Hardy et al., 2000) especially in northern parts of Canada. Much literature demonstrated the marginalization of Aboriginal women when accessing mainstream health care services (Benoit, Carroll & Chaudhry, 2003; Browne & Fiske, 2001; Brunen, 2000; Dion Stout, Kipling & Stout, 2001). As stated by Tait (2008), “Specifically, deep-rooted practices of gender subordination coupled with economic and cultural marginalization have come to intersect in ways that uniquely silence and oppress Aboriginal women in all regions of Canada.” (p.2) Fortunately, there have been studies done to uncover some of the discrepancies that Aboriginal women have had to face (Kurtz et al., 2008). In the study by Kutz et al. (2008) the women report experiences of marginalization and racism in their encounters with health care providers and recount how their voices are often either silenced or disregarded. In Donner’s study (2000), she notes that there are equity issues that are common to Aboriginal women that render them virtually voiceless. When Aboriginal women access health services, their concerns are often ignored or disregarded (Dodgson & Struthers, 2005). Kurtz et al. (2008) claim that this silencing often causes women to set aside their health concerns or delay seeking health services to avoid racist interactions. The authors go on to note that these decisions subsequently endanger women’s personal health.

**Urban Aboriginal Women**

Studies dealing with Aboriginal women in urban centers were rare (Williams, 1997) until recently but now, many Aboriginal women live off-reserve (National Association of Friendship Centres [NAFC], 2007, NAFC, 2008). In 2006, Statistics Canada found that 50% of Status First Nations women lived off reserve, compared with 45% of their male counterparts. Among off-reserve First Nations people, 68% were Status Indians, while the remaining 32% were non-Status Indians (Statistics Canada, 2008a). Unfortunately, literature shows that urban Aboriginal women are at risk, even more so than the Aboriginal population, of not being able to have the same quality of life as the rest of Canadians (NAFC, 2008).

The following demonstrates some of the socio-economic factors that increase their risk. Statistics Canada (2009) found that Aboriginal children age 14 and under in Ontario cities, are
more likely than non-Aboriginal children to live with a lone parent, most likely the mother. In several cities, especially in northern Ontario, it was found that some of these lone mothers are taking care of three or more children: in Sudbury, 6% and Thunder Bay, 12%; compared to 2% for non-Aboriginal families (FitzMaurice & McCaskill, 2007c; FitzMaurice & McCaskill, 2007d). These factors put them at risk for greater health inequity than other Canadians.

**Reasons for Leaving the Reserve**

**Positive Reasons**

Aboriginal women from Barrie, Midland and Orillia stated their motivation for moving to urban areas included looking for better jobs, seeking education, better housing and personal freedom (FitzMaurice & McCaskill, 2007a).

**Negative Reasons**

From Abbott’s (2003) study of a reserve community in British Columbia, violence emerged as the predominant reason for leaving the reserve. Jaccoud & Brassard (2001) argue that women’s efforts to escape violence in Aboriginal communities is one of the main reasons for their over representation in the migratory phenomenon. Having stated this, none of their respondents claimed they moved to Montreal as a refuge from violence. In Abbott’s (2003) study, many women specifically named abuse as a primary reason for leaving the reserve and one woman left because of the lack of services or support while experiencing domestic violence on the reserve. Other main reasons for leaving the reserve found in Abbott’s study, included lack of housing (19%) and financial reasons (10%). Escaping alcoholism on the reserve was another significant factor in Abbott’s participants’ decision to leave the reserve. The Urban Aboriginal Task Force (UATF) report for Barrie, Midland and Orillia suggested that women leave because of such negative factors as: a breakdown of the family because of domestic violence or alcohol abuse, discrimination in legislation, personal safety and the need to bring children out of a negative environment (FitzMaurice & McCaskill, 2007a). In the UATF Kenora report, participants report lack of services and supports, housing and employment on reserve; a chance for a better quality of life; violence and safety issues; educational opportunities; and a chance to offer a better life and more safety for their children as reasons for leaving reserve community (FitzMaurice & McCaskill, 2007b).

**Positive Experiences**

Participants in Abbott’s (2003) study had positive experiences in leaving the reserve. Five participants (17%) mentioned personal safety as an immediate positive experience due to moving from their reserve home. They made comments such as, "I felt safe - like a little kid - could go here and there and sleep and no one will come in…", "The fear of walking outside left - [it] took three months to get rid of the fear - not able to enjoy life earlier…" and "Less stress; not being always afraid of his addictions - whether he would come home high or drunk…” (p. 53). Many of
the positive experiences experienced by Abbott’s respondents did not easily fit into categories. They ranged from basic living conditions, such as being grateful for running water and electricity, to sobriety and the availability of urban resources. One woman stated: "Thank god I'm alive - hit in the head with a hammer four times and stabbed in the stomach and legs and arms - knowing that I am not alone - lots of women have gone through it…” (Abbott, 2003, p. 54).

In Abbott’s study (2003), some participants also indicated improved financial situation. However, all responses were tied to independence from their former spouses, such as, "I'm self-sufficient now…", "All the money is mine now…", "Better because no one will come and hit me…” and "Money is cleaner now (not through drug dealing)…” (p.55). Those women whose finances had worsened provided reasons such as, "I acquired his debt through the relationship…", "I have no choice…” and "On the reserve, there was access to the fish, seafood and traditional foods…” (p.55). For 10% of the participants, their financial situation remained unchanged.

**Negative Experiences**

Abbott’s (2003) study found some positive experiences in moving to the city, however, the literature demonstrates living conditions among the Aboriginal women as often equally precarious. For example, Jaccoud and Brassard (2001) state “a respondent may have left behind a childhood context of family violence and parental alcoholism, and successive transfers from foster home to foster home, only to find herself, at the time of the interviews, reliant on social assistance, experiencing problems with youth protection services, and having to resort to food banks” (p.136). Several studies demonstrate negative aspects of Aboriginal women living in the city, such as poverty and homelessness. One study done in Toronto, the largest city in Canada, verifies the social and economic impoverishment experienced by urban Aboriginal women, particularly lone parents (Williams, 1997). The UATF report for Barrie, Midland and Orillia lists poverty as an issue for Aboriginal women (FitzMaurice & McCaskill, 2007a) and UATF report for Ottawa (FitzMaurice & McCaskill, 2007e) and Sudbury (FitzMaurice & McCaskill, 2007c) list poverty as a barrier to success for Aboriginal women in the city. One Aboriginal woman stated in the Ottawa report that “Many women are leaving the reserve due to family violence and then they go into urban shelters and then face homelessness.” (FitzMaurice & McCaskill, 2007e, p.77) Jaccoud and Brassard’s (2001) study reveals that for the majority of their respondents, certain living conditions were maintained and reproduced, others had improved and still others had deteriorated. For example, Jaccoud and Brassard state “some respondents were more stable in terms of their housing situation at the time of the interviews compared to an earlier period in their lives (improvement), but their socio-economic situation continued to be precarious, and they had reproduced the alcohol abuse which characterized their family and community life (maintenance) or were experiencing serious health problems (deterioration).” (p.137)

In northern Ontario, a major issue mentioned by the majority of women who participated in the UATF Thunder Bay report was violence against women by both Aboriginal and non-Aboriginal men. They specifically reference the violence against Aboriginal sex trade workers (FitzMaurice & McCaskill, 2007d). In the Kenora UATF report the participants
discussed the exploitation of young Aboriginal women by both Aboriginal and non-Aboriginal men (FitzMaurice & McCaskill, 2007b). Participants from this report stated the following:

...young women are preyed upon in Kenora bars. Sometimes young Aboriginal women are prostituted by their boyfriends to pay off drug debts. Participants reported that it has become an accepted practice to take advantage of young Aboriginal women. Such actions take place in every day life and thereby create a vulnerability issue for these young Aboriginal women. (p.100)

The link between prostitution and experiences of violence requires greater attention (NWAC, 2010). According to NWAC (2010), “Women who work as prostitutes, or in other areas of the sex industry, frequently report to researchers that they experience violence perpetrated by strangers, clients, acquaintances, partners and the police.” (p.13)

**Services in Northern Ontario Cities**

In terms of attempting to access basic services, many women from the UATF Kenora report (FitzMaurice & McCaskill, 2007b) and the UATF Thunder Bay report (FitzMaurice & McCaskill, 2007d) expressed frustration with a lack of coordination of family support, health and food services, and having to travel across town within certain day and time restrictions. In Thunder Bay, the difficulty of transportation was a common theme for many of these women. Racism was mentioned by the women in Kenora as “subversive and hidden” and as being systemic. In Thunder Bay, racism and sexism by bus drivers and passengers strongly objecting to their use of strollers on the bus was often acutely felt by Aboriginal women attempting to access these services. All the participants in Thunder Bay who had experience with these services, talked about the need for greater coordination and amalgamation within one building.

Participants from women’s focus groups in the UATF Kenora report indicated there aren’t any programs specifically designed for Aboriginal women. Specifically, FitzMaurice & McCaskill (2007b) noted that “most of the services available are non-Aboriginal programs where Aboriginal women do not feel comfortable, are feminist organizations where their ideology does not quite mesh with traditional teachings, or are for ‘at risk’ women” (p. 98). Participants also indicated that a place for single mothers would be a very good addition to the services available. Further, participants from the UATF Kenora report stated that there is also a need for parenting support groups where mothers could learn to raise children the way they were traditionally raised, prior to the fracture of families resulting from residential schools.

Participants from the UATF Kenora report (FitzMaurice & McCaskill, 2007b) also indicated that there is a need for cross-cultural training and referred to an ‘Aboriginal perceptions’ workshop that was held in the past that proved to have some success. Participants felt that there is a great deal of systematic racism, and that non-Aboriginal people do not understand the situation or history of Aboriginal people. In Sudbury, the respondents felt that service agencies and authorities had poor relations with Aboriginal women, particularly those in...
conflict with the law and those dealing with domestic violence (FitzMaurice & McCaskill, 2007c). In the UATF Sudbury report (FitzMaurice & McCaskill, 2007c), the participants in the Aboriginal women’s focus group, emphasized the need for more health and well-being promotion programs.

We need more health and well-being promotion programs but they are almost non-existent. We no longer know how to properly care for ourselves because our ways have been diminished and taken away. We have so much violence in our community. There is lots of alcoholism and a lot of misuse of prescription drugs; even our children are taking drugs; it has become an epidemic. (p.105)

**Aboriginal Services and Support in the City**

Increasingly, it is recognized that mainstream models of health service delivery have not been sufficient in serving Aboriginal women (Adelson, 2005; Dion Stout, Kipling, & Stout, 2001; National Aboriginal Health Organization, 2002, 2003). Research continues to show that tacit and sometimes overt discriminatory practices and policies continue to marginalize many Aboriginal women in the mainstream health care system (Benoit et al., 2003; Browne & Fiske, 2001; Dion Stout & Kipling, 1998; Dion Stout et al., 2001).

Aboriginal women living in urban centers have limited access to culturally/spiritually relevant services (Hardy et al., 2000). Recollet (2009) recognized that many Aboriginal women in the city, are estranged from the supports of extended family and culture. In her study, she stated that the Aboriginal women, who have lived most, if not all of their lives, in an urban mainstream community, identified a need to develop their knowledge about their Aboriginal ancestry and practices. In response to concerns about access to culturally relevant services and support in urban settings, there has been a move in some provinces to create alternate models of primary health care delivery that are specifically tailored to the needs of Aboriginal people whose needs are not well served by the mainstream sector (National Aboriginal Health Organization, 2002). Hardy et al. (2000) discuss the history and development of an Aboriginal Health Access Centre in a northern Ontario city. They discuss colonization and the link between poverty and health. They also discuss how the centre’s aim is to create culturally-appropriate materials, and use traditional teaching tools, Aboriginal ceremonies and traditional people as integral to the programs. Hardy et al. (2000) describe that “the approaches are congruent with local Aboriginal values, beliefs and cultural norms”(p.11). Moreover, the authors provide examples of how cultural and spiritual practices complement existing Western practices as a way to improve physical, mental, emotional and spiritual health.

**Aboriginal Women and Homelessness**

In the past, homelessness was mainly focused on men but since the 1980s, discussions about homelessness have become more inclusive and have increasingly acknowledged that men, women, children, youth, the elderly, more specifically, Aboriginal people and entire families also live in homeless and near homeless situations (Mione, 1994; Waldbrook, 2008). A large portion of the research on women's poverty, homelessness and housing affordability problems have
focused on their experiences in Canada’s largest urban centres and not northern geographical settings (Mione, 1994; Kauppi & Reitsma-Street, 1996; Kauppi et al., 2003; Leipert & Reutter, 2005).

Homelessness for Aboriginal women stems from many intersecting barriers that they face when seeking rental housing, as well as employment, as a result of systemic racism and stereotypes (Waldbrook, 2008). Also, Aboriginal women often experience poverty, housing affordability stress and homelessness due to unemployment and their prevalence as heads of lone-parent families with many children. These circumstances resonate with Aboriginal women living in northern Ontario (FitzMaurice & McCaskill, 2007). Recent statistics reveal that over 40% of Aboriginal women live in poverty (NWAC 2009a). Many Aboriginal women are also receiving government transfer payments (social welfare, Canada Child Tax Benefits, etc.) as a way to support themselves. In 2001, government transfer payments made up about 21% of income for Aboriginal people, versus 13% for non-Aboriginal people (FitzMaurice & McCaskill, 2007). More Aboriginal women reported government transfer payments as their major source of income (42.2% compared with 20.8%) (Dion-Stout & Kipling, 1998). Moreover, a large percentage of Aboriginal women have low incomes. In 2000, for example, 36% of Aboriginal women aged 15 and over had incomes below the Low Income Cut Off (LICO), compared with 32% of Aboriginal men and 17% of non-Aboriginal women. In that same year, 73% of Aboriginal women who were lone parents lived below the LICO (Statistics Canada 2006b).

In 2006, 13.5% of Aboriginal women were unemployed compared to 6.4% of non-Aboriginal women; data from 2001 indicates that the highest rates of unemployment (22%) are experienced by Aboriginal women living on-reserve (NWAC, 2009). In the context of northern communities, the economic structure of resource-dependent towns and cities often limits employment opportunities for women and increases the potential for poverty (Kauppi & Reitsma-Street, 1996; Leipert & Reutter, 2005). Women’s work as producers and caregivers of life is not often recognized in our money-based economy (Mecredi, 2010). Hence, Aboriginal women face economic discrimination on the basis of gender as well as race and culture (Mecredi, 2010). Of Aboriginal women with jobs, 60% end up working part-time and/or part-year and most are concentrated in low paying occupations, such as sales, service, business finance, or administration jobs (NWAC, 2009).

Further, limited educational opportunities, less access to social services, as well as attitudes and social conditions in northern communities often place women in vulnerable positions for domestic abuse and homelessness (Kauppi & Reitsma-Street, 1996; Leipert & Reutter, 2005). Kauppi et al. (2003) also determined that women’s homelessness was typically caused by family problems, domestic violence and divorce.

In northern Ontario there are also complexities in resolving women’s homeless situations and incidences of poverty and abuse. For instance, for social service providers to deliver services...
in northern regions is a difficult task (Slack, Borne & Gertler, 2003). Slack et al. (2003) suggest that service providers are typically responsible for delivering services to a relatively large population over a geographically dispersed region. Service providers and outreach workers may not be able to reach homeless individuals living outside of a core area of the community (Waldbrook, 2008). Waldbrook (2008) also stated that it may be difficult for agencies and organizations to enumerate the homeless population, as well as provide and advertise their services to the population in need.

**Housing**

Impacts of economic insecurity are seen in the poor housing conditions experienced by many Aboriginal peoples. Aboriginal peoples are almost four times as likely as non-Aboriginal people to live in a crowded dwelling and are three times as likely to live in a home in need of major repairs (Statistics Canada 2008a). The poor conditions of dwellings are especially common on reserves, where about 44% of First Nation people live in a home requiring major repairs (Statistics Canada, 2008a).

The *Regional Health Survey 2002/03 - Report on First Nations Housing* determined that “there appears to be a link between crowding and lower socio-economic status” (NAHO, 2006). Crowding, which is common in most reserves, causes extra stress in households and can be a cause of family violence (National Aboriginal Circle Against Family Violence [NACAFV], 2006). If a women experiences violence on the reserve and needs to leave the home, the *Indian Act* does not contain any laws that apply to matrimonial real property on reserve land (Abbott, 2003). In the event of marriage dissolution, provincial courts have no jurisdiction to award an interest in the family home which is usually in the legal possession of the husband. This often results in women having to leave the reserve, especially where communities do not have housing policies that address such situations (Canadian Mortgage and Housing Corporation & Indian and Northern Affairs, 2004). In such a context, women living on-reserve may be forced to choose between remaining in a violent home or leaving their community (NWAC, 2010). Aboriginal women’s access to housing on reserve or in northern geographical rural areas is often complicated by a lack of housing options (NWAC, 2007b, Waldbrook, 2008).

**Housing and Homelessness**

Aboriginal peoples living in urban centres earn the lowest incomes and frequently live in the areas with the most undesirable housing conditions (Caragata, 2006). Nearly half of the UATF Aboriginal community survey respondents reported an annual income of under $20,000 (FitzMaurice & McCaskill, 2007c). In 2005, in Sudbury, over one in four (27%) Aboriginal people were living under the LICO, compared to 12% of non-Aboriginal people (Statistics Canada, 2009). NWAC (2010) claims that Aboriginal women residing in towns or urban centers often live in marginalized areas of these communities where housing fails to meet the criteria of being safe, secure, affordable or appropriate.
Whether someone is able to afford to own their home or whether they rent it is a good indicator of their financial success and stability. In Sudbury, only 29% of Aboriginal women own their homes, while 71% rent (FitzMaurice & McCaskill, 2007c). The housing situation is particularly precarious for Aboriginal single mothers trying to escape violence. In 2001, more than half of all Aboriginal single parent, single income households headed by women, were in core housing need (NWAC 2009). Unfortunately, they often face discrimination when trying to access rental housing (Waldbrook, 2008). Discrimination when accessing rental housing often creates unstable housing situations for many individuals and households (Ontario Human Rights Commission, 2007). It is reported that young urban Aboriginal women experience the highest rate of mobility, and the highest rate of housing instability (Norris & Clatworthy, 2003). This issue resonates with a key informant from N'Swakamok Native Friendship Centre who participated in Waldbrook’s (2008) study. The key informant stated the following:

The highest risk group is young women with children. Single women with children experience barriers. Many landlords say no children. Many Aboriginal women come in with five or six children. Childbirth is a cultural gift. It is the hardest for them to find housing and the hardest for them to maintain [housing]. There is a stigma attached to women receiving help from Children’s Aid Society. For example, Aboriginal women are targeted by Children’s Aid Society for neglect. This needs to be addressed. (p.125)

Urban Aboriginal women experience a great deal of racism when attempting to apply for welfare, find housing and access other services (Mosher, Morrow, Boulding & VanderPlaats, 2004). In Walbrook’s (2008) study, an Aboriginal woman from the City of Greater Sudbury discussed the impact of racism and discrimination by landlords as well as employers because she was Aboriginal:

It was basically hard [to find housing], because even though I am a teacher I could not find work. I needed to find work where I could find housing. Because my nationality is First Nations, I have faced discrimination in the workforce and with housing. It is obvious that it is discrimination because I am a First Nations person. It is always promising when I go look at a place, but they want references. Nothing would make it easier. It's just the world today. I can't say just more buildings and lower costs. It is just the facts of life. (p.122)

Discrimination can contribute to many women's homeless situations as it creates difficulty in accessing housing and may result in unfair evictions (Waldbrook, 2008). A key informant from the N’Swakamok Native Friendship Centre, in Waldbrook’s (2008) study, described her concerns about these issues:

Many clients do not know what their rights are in terms of renting apartments. There are many unfair evictions. Racism is still a major problem. Racism does not just exist for Aboriginal people, but also for homeless people. My landlords will say that an apartment
In the City of Greater Sudbury, research has shown that those with Aboriginal origins are greatly over-represented among homeless persons (Kauppi & Gasparini, 2007).

Mione (1994) found that women in the City of Greater Sudbury (CGS) transitioned along the continuum of homelessness throughout their lives, for example, they may have owned or rented a home at one stage, but later live in a shelter. In 2006, Greater Sudbury’s Aboriginal population was more mobile than the general population. Only half (50%) remained in the same residence as occupied 5 years previous, compared to almost two-thirds (64%) of the total population. Over one-third (35%) reported moving residences within the CGS, with 13% moving here from another Ontario municipality, compared to the total population, 25% of whom reported moving residences within the city, with 8% having moved from another Ontario municipality (Statistics Canada, 2008b). Aboriginal people also comprised a significant proportion of homeless migrants as they do among Sudbury’s homeless people in general (Kauppi, Gasparini & Pallard, 2009). Key findings indicate that migrants constitute about a fifth to a quarter of Sudbury’s homeless population.

There are more women among the Aboriginal homeless population than are found in the non-Aboriginal population (Browne, McDonald & Elliott, 2009). Examining several homelessness reports from 2000-2009, shows that among homeless people in Sudbury, there is a statistically significant gender difference in that there are more homeless Aboriginal women (48%) compared to Anglophone non-Aboriginal women (38%) (C. Kauppi, personal communication September 26, 2010). Despite higher proportions of Aboriginal women in the homeless population, services and programs are often more orientated towards the male population (Browne et al., 2009).

After leaving an abusive relationship Aboriginal women often have financial difficulties in finding a new home (Urbanoski, 2001). Mosher, Morrow, Boulding & VanderPlaats (2004) describe how abused women often end up in poverty and homelessness. The following example was provided:

When she left her abusive husband she had great difficulty finding housing and spent some time living on the streets. When she was living on the streets she had no identification and when she applied for welfare they said they could not give her welfare because she did not have identification. The local Native Friendship Centre advocated for her and helped to get her off the streets and onto welfare. She also has suffered from addiction problems and was addicted to heroin and is now on the methadone treatment program. Her current male partner was charged with abuse and is now in prison. She believes she will probably end up living with him when she leaves the shelter because she has not been able to find housing. This welfare system has done very little to help this woman leave abusive relationships and find secure housing. (p.75)
In the context of restricted options and inadequate choices, too many Aboriginal women and girls are forced into situations or coping strategies that increase their vulnerability to violence, such as hitch-hiking, addictions, homelessness, prostitution and other sex work, gang involvement or abusive relationships (NWAC, 2010).

**Violence Against Aboriginal Women**

The Ontario Native Women’s Association (ONWA) (1989) has brought Aboriginal women’s violence to the forefront. They claim that it is not possible to find an Aboriginal woman whose life has not been affected in some way by family violence. In their report, they write, “either as a child witnessing spousal assault, as a child victim herself, as an adult victim of a husband or boyfriend’s violence, or as a grandmother who witnesses the physical and emotional scars of her daughter or granddaughter’s beatings: we are all victims of violent family situations”(preface iii). They also point out that it is a common reality for Ontario Aboriginal women on and off reserve. In an attempt to create a shelter for Aboriginal women in Sudbury, they define violence against women and their families as being any abusive act toward another persons’ physical mental, emotional, and spiritual well-being (MacDonald, Lemieux & Peltier, 2000). The community forum report states that violence against women and their families is not only an individual or family problem but that it is a community problem (MacDonald et. al).

The Native Women’s Association of Canada has listed violence against Aboriginal women as a social determinant of health because it is an issue that has, and continues to have, a huge impact on Aboriginal women and their families (NWAC, 2007a). Accordingly, family violence has been identified as one of the most important issues facing Aboriginal people in Canada (Bopp et al. 2003; LaRocque, 1994). The National Aboriginal Circle Against Family Violence (NACAFV) has stated that strategies to address family violence in the Aboriginal communities are very limited, they can hardly be considered in the infancy stage (2006). They go on to note that one main reason is the lack of awareness of the effects of this situation. Another is long-term, ongoing lack of resources. They also claim that another possible explanation is that domestic violence is accepted as normal in many communities (NACAFV, 2006). Unfortunately, there is a gap in research about violence against Aboriginal women (Larocque, 1994, ONWA, 1989, Urbanoski, 2001), especially in northern Ontario. As stated by Urbanoski (2001), more in-depth research that studies Aboriginal women’s experiences of abuse and being in a shelter would greatly enhance our understanding of the phenomenon.

**Statistical Overview**

In Ontario, there is a lack of reliable, evidence-based, recent statistics on violence against Aboriginal women (ONWA & OFIFC, 2007). Nonetheless, there are some statistics that demonstrate that Aboriginal women in Canada experience significantly high rates of violence compared to non-Aboriginal counterparts (Statistics Canada, 2006b).

According to a Statistics Canada (2006e) report called, *Family Violence in Canada*, 24% of Aboriginal women said that they had suffered violence from a current or previous spouse or
common-law partner, in the five-year period up to 2004. The severity and impacts of spousal violence are also greater for Aboriginal women. They were also more likely to state that they were beaten, choked, threatened with, or had a gun or knife, used against them, or were sexually assaulted (54% of Aboriginal women compared to 37% of non-Aboriginal women). As well, they were also more likely to sustain injuries and to fear for their lives as a result of violence by a spouse or common-law partner than were non-Aboriginal victims. Rates of spousal homicide are higher for Aboriginal women than for non-Aboriginal women or Aboriginal men.

Other reports claim that Aboriginal women are 8 times more likely to suffer abuse than non-Aboriginal women, and of those women, 87% had been physically injured and 57% had been sexually abused (ONWA, 1989). Aboriginal children witness more than half of the violence that occurs between the adults in the home and are also targets for abuse, especially sexual crimes, with up to three quarters of Aboriginal girls under the age of 18 having been sexually assaulted (ONWA & OFIFC, 2007). Of the known cases where charges were laid (261), it was found that 23% of the women killed were killed by current or ex-partners; 17% of accused offenders were acquaintances of the woman or girl - meaning a friend, neighbour, or someone known to her - and a further 16.5% of suspects were strangers with no prior connection to the woman or girl. Aboriginal women are three times more likely to be killed by a stranger than non-Aboriginal women (NWAC, 2010).

In Ontario, 8 out of 10 Aboriginal women had personally experienced family violence. (ONWA, 1989) And, in some northern Ontario Aboriginal communities, it is believed that between 75% and 90% of Aboriginal women have experienced abuse (ONWA & OFIFC, 2007). Also, in northern Ontario, women who identified themselves as Aboriginal were more likely to report domestic violence within the past year and at some time during their lifetime than non-Aboriginal women (Cox, Bota, Care, Bretzlaff-Michaud, Sahai & Rowe, 2004).

**Limitations to Statistics**

Sample counts on the General Social Survey (GSS) were too low to produce statistically reliable estimates of sexual assault against Aboriginal women (Brozowski, Taylor-Butts & Johnson, 2006). Moreover, methods developed by Statistics Canada for measuring violence against women were not designed specifically to take account of cultural differences among minority groups, including Aboriginal women. For example, the GSS was conducted by telephone and only in English and French; Aboriginal women who live in remote communities without telephones or who do not speak English or French fluently were not able to participate. Aboriginal women may also face additional cultural barriers to disclosing violence to an interviewer. The GSS is therefore likely to underestimate the true incidence of violence against Aboriginal women (Statistics Canada, 2006b). As reviewed by Brownridge (2003), community based studies have found rates of violence against Aboriginal women to be much higher than indicated by government surveys: from 48% of women in a reserve-based sample in rural southern Ontario, to 80% of 104 women in northwestern Ontario, to 70 to 100% of Mi’kmaq women living on-reserve in Nova Scotia (NWAC, 2010).
Root Causes of Violence Against Aboriginal Women

Violence against Aboriginal women can be seen as similar to violence anywhere across Canada, but on a deeper level there are many characteristics that make the Aboriginal situation unique (Bopp, Bopp & Lane, 2003). According to ONWA (1989) the inability to determine who they are, racial prejudice and the history of governmental control in the social, economic and political lives of Aboriginal peoples through the oppressive instrument of federal regulation (The Indian Act), has left Aboriginal men and women frustrated and with nowhere else to turn. They write, “The level of anger and frustration has been rising and with it the incidence of alcoholism and family violence. All these factors contribute to a loss of self-esteem, which in turn leads to a lack of respect for women and children.” (ONWA, 1989, preface iii) In the Report of the Royal Commission on Aboriginal Peoples (RCAP, 1996c) factors contributing to the high levels of violence in Aboriginal communities include, the breakdown of healthy family life resulting from residential school upbringing, racism against Aboriginal peoples, and the impact of colonialism on traditional values and culture.

The experience of physical, sexual and emotional abuse in residential schools meant that large numbers of Aboriginal people suffered long-lasting effects of abuse and were denied the opportunity to be exposed to examples of positive parenting (RCAP, 1996a). The intergenerational effects of trauma are often the root cause of violence in the Aboriginal community (AHF, 2005) and are more difficult to measure (Brownridge, 2003). The INAC (2006) report – re-issued by the National Clearinghouse on Family Violence as Aboriginal Women and Family Violence in 2008 - explains that Aboriginal people have experienced various losses as a result of the legacy of residential schools, such as the loss of the traditional role of the male within the community and family.

In the INAC report (2006) key informants suggest that abusers’ lack of self-esteem stems from the loss of traditional roles and identity, sometimes the result of direct or indirect experiences with the residential school system. They claim that, “Male Aboriginals in the community have lost some identity and self-esteem, as they get away from the traditional lifestyle. Residential schools had both positive and negative effects on males, in particular … there’s a big loss there…They don’t have many responsibilities now, so the loss of those traditional values is common” (p. 14). Participants echoed the perception of key informants and state that the loss of the traditional way of life and identity is also a possible root cause of violence (INAC, 2006).

In the INAC (2006) report there seems to be some difference of opinion between key informants and the Aboriginal women who took part in the focus groups on the matter of residential schools. Some key informants point to the residential school experience as a contributing factor to intimate partner violence, but they claim it was not generally considered to be a major problem, at least for current generations. They felt that the residential school
experience may, however, have contributed to the poor parenting skills of the victims and perpetrators of intimate partner violence. Aboriginal women focus group participants were much more likely to stress the impact of the residential school experience on the victims and perpetrators of male violence against women. They believe the residential school system has had ripple effects on family structure and parenting skills across decades (INAC, 2006). NWAC (2010) concurs and writes the following:

As a result, boys were denied traditional teachings, rites of passage and understandings of their responsibilities toward women and how their role contributes to a sacred balance. As a result, many boys were never taught how to parent or interact with women in positive ways that are reflective of their cultures and traditions. As a result, some Aboriginal men internalized patriarchal understandings of masculinity that are not reflective of traditional teachings; values like the importance of power, domination, and control (p.33).

Jaccoud & Brassard’s (2001) study of Aboriginal women living in Montreal state that colonization destabilized the traditional male function of provider, while largely preserving women’s roles within the family. They state that this transformation led to tension and frustration, and led directly to family and conjugal violence (Jaccoud & Brassard, 2001). NWAC (2010) goes on to claim that, “while history is not an excuse for violent behavior, violence perpetrated by Aboriginal men in the context of colonization, devaluation, and feelings of powerlessness, should be considered” (p.33).

**Risk Factors**

The reasons behind the high incidence of family violence are intimately connected with the poor social, political and economic position that faces Aboriginal people (ONWA, 1989). Using the 1999 General Social Survey, Brownridge (2003) explained that higher rates of spousal violence against Aboriginal women may be because of the higher occurrence of risk factors among the Aboriginal population. Many of these factors are considered social determinants of health (Raphael, 2004). These include lower socio-economic status, and the fact that the Aboriginal population is younger than the general population, more likely to live in common-law relationships, and have higher levels of alcohol abuse. However, when controlling for these risk factors, they account for some but not all of the difference in rates between Aboriginal and non-Aboriginal women (Brownridge, 2003), indicating possible other root causes mentioned above.

INAC (2006) also points to drug and alcohol consumption (his and hers) as a risk factor. RCAP (1996c) mentions overcrowded, substandard housing as a risk factor to violence. Amnesty International (2009) claims that overcrowding in Aboriginal homes often means that women have nowhere to escape violence in their home. Living on reserve can also be a risk factor. Police statistics comparing crime on and off reserves show that sexual assault and other violent crimes are more likely to occur on reserves (Brzozowski et al. 2006). Moreover, if the woman does leave the abuser, she often loses the home (ONWA, 1989). In the city, Amnesty International (2009)
noted that the difficulty of finding affordable housing leaves Aboriginal women at risk of exploitation by landlords and men.

Other risk factors mentioned in the literature included being a member of a lone parent family, large family size (number of children), having a previous marriage or common-law union (an indicator of family stability), mobility, homelessness, institutionalization, and drug addiction (Brownridge 2003; NWAC 2008). It has been found that mobility amongst Aboriginal women, particularly as they move from small communities to large urban centres, makes them vulnerable to violence (NWAC, 2010). As stated by NWAC (2010), “Family and community members, as well as other key informants have shared stories that women and girls raised in rural or isolated communities are often unprepared for the transition to an urban environment” (p. 37). Some lacked safe transportation to the city and resorted to hitchhiking, where violence occurred (NWAC, 2010). Also, Muhajarine and D’Arcy (1999) found that pregnant Aboriginal women were at greater risk of physical harm than non-Aboriginal women.

The NWAC (2010) report highlights the fact that emotional and psychological abuse is determined to be one of the most important predictors of physical and sexual violence in a spousal relationship. Statistics Canada (2006b) reports that spousal assault rates are up to 20 times higher for Aboriginal women whose male partners demonstrate these behaviours. McGillivray and Comaskey’s (1999) study showed that all respondents had experienced emotional abuse in an adult relationship. They all had impacting memories, remembering the name calling, humiliation, cultural devaluation and spiritual abuse. One respondent said, “…[He] manipulated me using culture, as he was a medicine man” (p.68). And, another said “…He would call me down in my own language [Ojibwa]” (p.68). Some emotional abuse was the result of jealousy and also came in the form of death threats (McGillivray and Comaskey, 1999).

The NWAC (2010) report also points out that experiences of violence as a child is a risk factor for perpetrators of violence later in life. McGillivray and Comaskey’s (1999) study shows that this is also a risk for the victim. All but one of 26 Aboriginal women had experienced or witnessed abuse of others as a child. Moreover, the majority of respondents experienced more than one type of abuse in childhood from more than one person.

**Violence as Normal in Aboriginal Communities?**

A research project done with 10 First Nations across Canada, for Indian and Northern Affairs Canada, studied the attitudes and opinions of Aboriginal women, and the professionals who work with them, on the issues of family violence (INAC, 2006). The participants from this research thought that violence was a learned behaviour. Both the victim and/or the perpetrator, having grown up in violent homes, learned to associate violence with love (INAC, 2006). The INAC (2006) report explains that for them, violence may be seen as normal, perhaps even inevitable and unpreventable. Participants said, “The daughter sees this from her father, and she thinks this is supposed to be the way. She’s not shown the right way…” (INAC, 2006, p.15). Urbanoski’s (2001) participants said that they believed their partners were abusive because they saw abuse from witnessing fathers beat mothers or being abused themselves as children. In the literature this is referred to as the intergenerational cycle of violence (RCAP, 1996c; NWAC, 2010). This is rooted in the trauma that occurred as a result of the residential schools (NWAC,
now as many as four generations of Aboriginal children have been raised in an environment of violence and abuse (Bopp et al., 2003).

In a report prepared by David (1993), delegates spoke about violence as a way of life, as a means of venting frustration and a signal of despair. They also spoke about years of being ordered to keep silent about the violence, both as victims and as victimizers. In the INAC (2006) report, some participants see violence against women and its normalcy as having dissipated somewhat in recent years. They claim that this decrease may be reflective of gradually shifting attitudes about the acceptability of such abuse. Other participants suggest that, while abuse continues, abusers may now take greater care to conceal it. The following are some quotes from the participants that demonstrate the changes in the community. One said, “It used to be more normal to beat up a woman.” (p.11) Another participant said, “It still exists, it’s not as hidden but it’s still hidden. It’s not everybody that would talk about it.” (p.12)

Systemic Challenges for Aboriginal Women

According to NWAC (2010), much of the academic literature on violence experienced by Aboriginal women focuses on domestic or family violence rather than violence rooted in the systemic, gendered racism facing Aboriginal women. The Aboriginal Affairs Working Group (AAWG) consisting of Provincial and Territorial Ministers of Aboriginal Affairs and Leaders from five National Aboriginal Organizations (Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council and the Native Women’s Association of Canada) claim that the systemic challenges related to addressing violence against Aboriginal women are racism, sexism and the need for improvements to the overall health, social and economic status of women (NAFC, 2010). Other systemic challenges identified by the National Association of Friendship Centres (NAFC) include legislative discrimination, addressing the intergenerational impacts of colonialism and the residential school system, higher levels of involvement with the child welfare system and the justice system (NAFC, 2010).

Racism

Several Aboriginal women recall the racism they experienced once they got out of residential schools (Corbiere & Hardy, 1996). Research has suggested that more than six-out-of-ten Canadians (61%) think that racism separates Aboriginal peoples from the rest of society; and, roughly the same proportion (59%) felt that Aboriginal peoples are discriminated against by other Canadians (Canadian Heritage, 2005). In a study on racism in Sudbury 2003-2004, statistics indicate that Sudburians tend to discriminate against Aboriginal people more severely than any other visible minority. Over half of Aboriginal people stated they had heard negative comments at work or school about their race. Seven in 10 had witnessed racism in a store or restaurant in Sudbury (Kauppi, Nangia, Gaspirini, Faries, Euphasie, & Garg, 2004). Eight of ten Aboriginal women in Urbanoski’s (2001) study had experience racism at some point in their lives prior to going to the shelter.
**Sexism**

In the literature and popular media, there is a long history of depicting Aboriginal women as lazy, drunk and sexually available (Mosher, Morrow, Boulding & VanderPlaats, 2004). Native princesses have been overly sexualized in a way that young White girls generally are not (LaRocque, 1994). According to Mosher et al. (2004) an Aboriginal woman who is drunk is considered fair game for men’s violence and particularly unworthy of help.

NWAC (2010) wonders if Aboriginal women and girls are victimized because of their race and gender, and if the experiences of violence go unnoticed by police, the justice system, government, and society because of their race and gender. Frontline organizations confirmed that racist and sexist attitudes toward Aboriginal women continue to make them vulnerable to sexual assaults in Canadian cities (Amnesty International, 2004). Amnesty International (2010), professes that racism and discrimination were clearly significant factors in dozens of violent murders of Aboriginal women that were reviewed. They go on to state the following:

The racism and misogyny of individual perpetrators, the role of others in assisting or helping cover up the crimes, the reluctance of some police forces to promptly and thoroughly investigate suspected abductions of Indigenous women, and the failure of these crimes to provoke outrage in the general population, all illustrate the need to understand violence against Indigenous women in a larger social and historical context. (p.5)

**Experiences of Aboriginal Women**

**Implications for Aboriginal Women who Experience Violence**

**Mental Health and Substance Abuse**

Many Aboriginal women’s lives are completely disrupted as they often have to move away from their communities and families in order to escape the violence. In terms of implications, some Aboriginal women may experience a temporary crisis and many others become emotionally paralyzed (Urbanoski, 2001). According to Urbanoski (2001) women abused by their intimate partners may admit to a variety of psychological responses to the abuse, including denial, psychological numbing, fear, depression, suicidal ideation, suicide attempts and substance abuse. Substance use and mental health problems frequently co-occur among women who are survivors of violence, trauma and abuse, often in complex, indirect, mutually reinforcing ways (Canadian Women’s Health Network & Centres of Excellence for Women’s Health, 2006). As discussed by Nahanee (1995), the majority of Aboriginal women keep violence a secret to themselves and only report it after sustained abuse which affects their mental well-being. NACAFV (2006) supports this, stating that anxiety and depression among women who experience violence may come from not having a voice, which is needed for emotional well-being. Nahanee (1995) goes on to explain that Aboriginal women who suffered abuse, often for their entire lives, drink and do drugs as a way to get to a safe place in their minds. She also notes that some leave and seek a life of self-worth and dignity, but others turn to violence and commit the ultimate crime of murder or violent assault.
The literature about extreme psychological distress and substance abuse among Aboriginal women who have been abused is limited (Urbanoski, 2001), however, there have been some studies done among Native American women. For example, a majority of Native American women report feeling more depressed and stressed since their first beating from their intimate partner (Norton & Manson, 1995). And, while alcohol use has been shown to be a risk factor in precipitating domestic violence, many Native American women felt their own problems with alcohol abuse escalated since the abuse (Evans-Campbell, Lindhorst, Huang & Walters, 2006; Norton & Manson, 1995). Norton & Manson (1995) studied Native American women who were requesting counselling for domestic violence. All of the women in the study experienced an increase in depression and stress as a result of the abuse. Moreover, the authors examined a mental health need assessment survey of 198 Native American women. From this survey the women who reported domestic violence were more likely to be separated or divorced and reported more problems with alcohol than the women with no history of domestic violence. Research also demonstrates that Native American women who experienced abuse, when compared to non-Native American women, had higher levels of dysphoria, were less likely to utilize counselling services (possibly due to the westernization of treatment) and more likely to engage in sexual risk taking behavior and attempt suicide (Campbell et al., 2006; Norton & Manson, 1995).

In Urbanoski’s (2001) study, substance abuse was a significant problem for many of the participants. Many of these women’s substance abuse was connected to their partners. Waldbrook (2006) provides a powerful example of substance abuse being connected to the family and domestic violence. A key informant from the Elgin Street mission in Sudbury, Ontario, stated the following:

There is always one that comes to mind, and it was a really sad story. It just shows the need for a transition home in Sudbury. It was an Aboriginal woman, who was living with her family, uncles, and brothers. And they were all alcoholics...to the point where they were drinking Listerine. So, they were pretty far into their addictions. She came to a point, with help from us and other individuals as well, to say she didn’t want to drink anymore. She wanted to stop that kind of life, so she made that decision. She was being supported as much as she could have, but what she realized was, she couldn’t live with her family anymore. They beat her up so badly that she had to get a CAT scan, because they thought she was coming off as she was better than them. So, that was horrible to see. She was trying to make a difference in her life and the struggle she was going through. (p.128)

**Barriers to Reporting Violence**

Despite higher rates of violent victimization, Aboriginal people were no more likely than non-Aboriginal people to report their victimizations to the police. About 6 in 10 incidents of violent crimes that were committed against Aboriginal people, went unreported to the police (Statistics Canada, 2006b). According to the INAC (2006) report, Aboriginal women face a wide variety of obstacles - psychological, social and logistical - to reporting acts of violence against them and in seeking help and legal recourse. Focus group participants said that when violence
occurs, it must be very severe, often nearly fatal, before the woman will report it to the police or leave the home. Key informants from the INAC (2006) study agree that often by the time women call the police; they have suffered a series of incidents of escalating violence culminating in what is often a severe beating. This report also states that reporting is compromised by distance from police and support resources, by what is often a poor relationship with the police, and by fear of reprisals.

The INAC report goes on to claim that acts of reprisal, or the threat of them, may come from, not only the abusive husband, but also from members of his family; these relatives often exert pressure on the woman to leave the incident unreported and to return to the relationship. The following are some examples of fear of reprisal from some women in the study: “Someone from the family might get mad and get involved. The family is against you. You feel like the argument is with the entire family rather than the person you’re dating.” (p.19) As explained by a key informant, “They might not want to piss off all of his family in the community. The community is just 200-300 people, and if you piss off half of them it can cause you all kinds of grief. There’s probably more reasons not to call than there are to call.”(p.21). Participants in Urbanoski’s (2001) study also talk about the fear of repercussions from their community. One participant explained that if her partner was charged then everybody would know she was being abused. This Aboriginal woman felt the community would be angry at her for putting her partner in jail.

Also, the INAC report claims that lack of trust in both service providers and other members of the community is a major obstacle to women reporting and acting on abuse. One participant stated the following: “In some communities they’ll have a worker there who’s from the outside, so there’s no conflict, but then there’s less trust. If there are services within the community there will be a number of people there to whom you are related.”(p.40) Another stated: “Confidentiality here is a big issue, because we’ve had bad workers over the years, who have given information out after they leave the centre. We really need to respect their confidentiality when we stop working here. It’s a really big problem.”(p.40) In terms of the community, one stated, “Knowing someone in the talking circle is risky. They could share what happened during the session.” (p.36)

As noted in the INAC (2006) report, another barrier to reporting acts of violence is the fear of losing children to child welfare authorities when violence in the home is disclosed. Some first key informants from the study explained that, in the past, children were often removed from the home when police were called to respond to a violent incident. Although the approach has shifted in many communities to keeping children with parents wherever possible, many still have this fear. Although key informants from the study now strive to preserve and support family units as much as possible, they note a common perception among Aboriginal families, more or less historically justified: losing children to social services is a distinct possibility following a report of violence, and getting the children back may be very difficult. Some of the participants stated the following: “We don’t report it because we have to keep the family together – it’s an important value for Aboriginals” [Translation](Canada, 2008, p.16); “They certainly might not want to get children services involved, there’s a policy here that if the children have seen the violence, they have to get services involved. It might cause the violence to escalate”(INAC, 2006,
Amnesty International (2009) concurs that many Aboriginal women who are victims have told them that they are reluctant to seek help from government or police for fear that their children will be taken away. In the Thunder Bay UATF report, a participant explained barriers that sex trade workers experience:

We need an amnesty for women in the sex trade...when they are assaulted by predators they can’t report to the police for fear of being sent to jail for breaching conditional sentence orders, and these violent men (Native and non-Native) are allowed to attack again and again with no fear of ever being apprehended, charged, jailed. Some of these women have been so severely beaten it can be considered torture—and they can’t seek help for fear of reprisals. With help from women’s communities and councils, a form of amnesty needs to be established—where young girls, teens and adult women can come forward and tell what happened or is happening to them. We need safe places and forums where they are protected from reprisal from relatives and predators in their home communities, or in this city. (FitzMaurice & McCaskill, 2007d, p. 91-92)

**Services Available for Aboriginal Women who Experience Violence**

Often the only available source of help on reserve is the police (McGillivary & Comaskey, 1999). According to Statistics Canada (2006b), Aboriginal women were more likely than non-Aboriginal women to contact police regarding spousal violence and more likely to use social services. This is in keeping with the more serious nature of the violence perpetrated against them. In the INAC (2006) report, key resources for Aboriginal women experiencing violence for the on-reserve population include: informal networks of family and friends; health care professionals (nurses, CHRs); Health Centre referrals (Monday to Friday, 9 to 5) compared to myriad off-reserve and urban resources, including counselling, shelters and programs; and police. For Aboriginal women living in urban centres and cities the resources include: crisis centres and shelters; crisis hotlines; Friendship Centres; Aboriginal Health Access Centres, informal networks of family and friends; and counselling services.

Many of the women in MacGillivray and Comaskey’s (1999) study, that took place in Winnipeg, talked about going to women’s shelters for help and protection (p.81). Although the availability and helpfulness of agencies varied, respondents spoke positivity about the agencies with which they were associated with at the time of the study. These included shelters, counselling services, treatment centres for substance abuse, healing centres and crisis telephone lines.

Nonetheless, it was found that even if a women does access the services, many factors will lead an Aboriginal women back to an abusive relationship, including distance from extended family, children and friends; lack of financial resources or job and life skills to enable her to cope outside her home community; and, often, simply a profound sense of loneliness (INAC, 2006).

**Gaps and Problems in Services**

McGillivray and Comaskey’s (1999) study highlighted that isolation and lack of services were a reality for northern communities. One respondent said, “When he took me back home to
his place [on a reserve] up north, I felt trapped. I had nobody to talk to, and I felt really alone. I felt I was in jail. I felt I couldn’t escape” (p.80). The authors go on to explain that delays in the response by the service system give the abuser time to convince the victim to forgive and forget. Moreover, transportation out of the First Nation communities was a reported problem. Thirty-one per cent of the respondents in the ONWA (1989) study said they did not have adequate transportation out of their communities for help, if necessary. And, as noted by INAC (2006), community-based resources would be ideal on smaller reserves and Northern settlements, however, they often do not have the means to sustain crisis centres or shelters, and both focus group participants and key informants noted that privacy and safety were real concerns.

In some communities, services are offered only on a 9:00-5:00 basis or are located in a remote area and may therefore be inaccessible at the time abuse occurs (INAC, 2006). In the Sudbury community forum report, participants stated that in times of crisis there are very limited resources available to “address specific needs at the current time” (MacDonald, Lemieux, & Peltier, 2000, p.4). In some communities, available resources have limited admittance quotas. Focus group participants have found that women are occasionally turned away without receiving assistance (INAC, 2006). One respondent said, “You can’t just walk in, even if you’re an abused wife. You’re turned away if the program is full” (p.37). A key informant from the UATF Kenora report stated there are, “Too few services to meet the needs of too many people. Women’s shelter always full, rarely take referrals…” (FitzMaurice & McCaskill, 2007b, p. 97).

According to the INAC (2006) report, the use of support resources and services is compromised by:

- The distance of these resources from the home community;
- Lack of transportation;
- Poor relationships with the police;
- Low awareness of existing resources;
- Lack of faith in the effectiveness of the resources;
- Lack of privacy on reserve and in small settlement communities, and ensuing shame about accessing resources;
- Complex relationships between the victim, the perpetrator, their families, and other community members; and,
- The need to keep the family structure intact at all costs (due to fear of the unknown and of losing children, home, assets and face).

The literature also demonstrated how health professionals are often unaware of the problems and issues that Aboriginal women face (Campbell et al., 2006). In an Emergency Department (ED) in northern Ontario, Cox et al, (2004) stated that ED triage staff either do not screen routinely or use invalidated screening questions for domestic violence. Also, the literature often notes a lack of specially trained personnel and resources in the area of violence (LaRocque, 1994). Concerns about the qualifications of staff are often raised, and low numbers of Aboriginal personnel are an issue in some communities, particularly among the police (INAC, 2006).
Urbanoski’s (2001) study, several women claimed that the police and judicial system were a source of ambivalence.

In the INAC report (2006), focus group participants suggest that non-Aboriginal staff of shelters leave them feeling less comfortable than if they were able to deal with Aboriginal counsellors and social workers. They go on to note that this discomfort is caused by cultural and linguistic differences as well as a sense of displacement that accompanies their moving to an urban community. Some key informants from the INAC (2006) report point to the culture shock that some Aboriginal women experience when they leave their home community to seek help.

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This statement was validated by Aboriginal community members from Sudbury who have experienced violence (MacDonald, Lemieux & Peltier, 2000). Frequently, mainstream shelters approach issues of family violence and homelessness through a ‘justice’ lens that does not accommodate an Aboriginal emphasis on healing (NWAC, 2007b). Many of the Aboriginal women from Urbanoski’s (2001) study expressed discomfort with a number of rules, regulations and expectations at the shelter which increased their anxiety. This may explain the comment by key informants from the INAC (2006) report. They point out that available supports and services are certainly not accessed every time women experience an act of violence against them. Instead the resources may be used as a last resort.

The Sudbury community forum report states that mainstream services have few Aboriginal workers to assist Aboriginal clients with sensitive issues such as residential school experiences (MacDonald, Lemieux & Peltier, 2000). LaRocque (1994) states that most counsellors do not take into consideration the historical, social and political history of Aboriginal people. Morissette et al. (1993) argue that ethnocentric social work practices from a western bias further victimize and alienate Aboriginal women who have been abused. According to the INAC (2006) report, this alienation causes further withdrawal and therefore Aboriginal women do not open up to social workers or employees of the shelter. Many of the Aboriginal women in Urbanoski’s (2001) study did not feel respected or empowered when working with the staff at the shelter; they often felt like they were treated like children. Moreover, half of the respondents perceived that the staff as believing they were better than them (Urbanoski, 2001).

The INAC (2006) report also states that a lack of staff training about services available for Aboriginal people can be a barrier. A participant stated, “Most staff have little knowledge about things like social assistance, or where other services are located…Knowing things like the differences in the system for status and non-status women, and how to appeal funding decisions, can be quite complicated.” (p.39)

The Executive Directors of Aboriginal agencies in Sudbury recognized the need for more support and services for Aboriginal women experiencing domestic violence. Further, it was also expressed that there is no long-term support for Aboriginal women in Sudbury exiting the sex
trade, leaving a violent relationship or dealing with an addiction (FitzMaurice & McCaskill, 2007c).

Other Barriers to Healing

The literature demonstrated that a woman’s ability to leave an abusive relationship in smaller remote communities is often much more difficult than elsewhere due to the lack of community support for abused women (Bryce, Dungey, & Hirshman, 1992). As explained by Dumont-Smith (1995), often Aboriginal people in the community are hesitant to intervene because they are related to both the male and female, and violence against women is considered by some communities to be a personal, family matter that should remain private. Urbanoski (2001) also referred to the value placed on privacy concerning family matters in the Aboriginal community.

McGillivary & Comaskey (1999) explain that women who lived in or married into a reserve community often face a lack of resources because of who she is married to. One of their respondents claimed, “I sought help from many people I thought were my friends, but because he was a medicine man, many people felt they couldn’t assist me, because of my husband’s position. Many of them thought I was lying because of what was happening to me” (p.80). One participant from Urbanoski’s (2001) study noted that in smaller communities, the men often knew members of the police so no action was taken to hold the man accountable for his behavior.

As pointed out by David (1993), leadership within communities may also exacerbate victims’ feelings of helplessness. According to INAC (2006) report, participants felt that Band and community leaders are not adequately engaged in the issue of family violence generally. However, some pointed to encouraging signs that the tide is turning with Band leaders and community members and they are becoming more aware that male violence against women is unacceptable. As stated by one respondent, “They’re becoming more and more cognizant of the needs within their own communities, and there’s more of an effort to deal with these social problems…they’re looking for healing within the communities, and they recognize that family violence is part of that…” (INAC, 2006, p. 41).

Urbanoski’s (2001) study showed that many of the women attending the Aboriginal Shelter in the city, from outside the city, had no social and familial support. Several of these women stated that they remained with their abusive partner due to the lack of familiar and social connections. These participants felt that leaving involved the fear of being alone in the city with no social connections.

Needs of Aboriginal Women Experiencing Violence

Specific Needs

In the Sudbury community report, participants wanted existing services to be advertised in the community, so there is more awareness of these services. They suggested that community gatherings like Pow-Wows, feasts or potlucks would provide an opportunity for service providers to share information. The participants also stated the need for 24 hour services as “crisis situations does not only occur during business hours.” (MacDonald, Lemieux, & Peltier, 2000, p.4) Moreover, the participant stated that having child care as a support system and
transportation is required to make it easier for parents to access community workshops or make the necessary appointments (MacDonald et al., 2000). And, they believe a shelter is needed that deals not only with abuse, but with family and economic stress and how it affects people (MacDonald et al., 2000).

The Aboriginal women in Urbanoski’s (2001) study discussed specific needs once in the shelter, such as transportation to the city. They also discussed the need to learn how to deal with the court and social service system. They also needed information on how to obtain housing, furniture and clothing. Urbanoski (2001) also points out that Aboriginal women who leave an abusive relationship may not want to leave their partners permanently. She explains that they may want information about how he can achieve healing so they can heal together as a family (Urbanoski, 2001). According to NACAFV (2006), staff at shelters need to be non-judgmental and allow clients to take responsibility for making their own decisions.

**Transition**

In the INAC (2006) report, participants mentioned the need for nearby accommodation for their children while the mothers are receiving counselling or other treatment off-reserve. MacGillivray and Comaskey’s (1999) study respondents needed support and protection after leaving their abusive partner and required assurance that services would continue to be available to ensure their healing and safety. Most of the women in Urbanoski’s (2001) study stated they needed a period of relaxation when they entered the shelter as a way to think about what happened. The participants did not want to feel pressured to do counselling right away and felt they needed more support and nurturing when they entered the shelter. The Sudbury community respondents suggested that there need to be ways to help Aboriginal women create social support networks (MacDonald et al. 2000). In Urbanoski’s (2001) study, the Aboriginal women expressed the importance of camaraderie with each other and felt the need to support those that were not doing so well.

The NACAFV (2006), *Ending Violence in Aboriginal communities: Best practices in Aboriginal shelters and communities* explains that when a woman first comes into the shelter it is important to help her and her children feel welcome. They suggest recruiting other clients to make the newcomer feel comfortable and at ease.

**Culturally-appropriate Services**

Of the thirteen recommendations from *Breaking Free: A Proposal for Change to Aboriginal Family Violence* made by the Ontario Native Women’s Association (1989), the concept of healing and culturally-appropriate services flowed through every recommendation. Norton and Manson (1997) argue that services need to be designed to address the needs and reflect the values and beliefs of Aboriginal people, as they are less likely to use mainstream services. Many respondents from the community forums in Sudbury state that services for Aboriginal women experiencing violence need to be delivered in a culturally-sensitive manner. In the INAC (2006) report, participants were pleased when the available resources employed culturally-sensitive women who have themselves experienced male violence (INAC, 2006). The Sudbury community report goes on to claim that “developing culturally sensitive services will
make those services more approachable and accessible” (MacDonald, Lemieux, & Peltier, 2000). All of Urbanoski’s (2001) participants felt it was important that the counsellor be familiar with their client’s cultural background.

Urbanoski claims that hiring of Aboriginal staff in shelters can reflect the community it is often serving (2001). However, many of the participants from her study did not seem to care whether their counsellor was Aboriginal; they only wanted someone who would listen (Urbanoski, 2001). In contrast, one participant from this study explained the frustration of having to explain her Aboriginal practices and beliefs (Urbanoski, 2001). The Sudbury respondents stated that mainstream workers need to be educated to find cross-cultural solutions that are more traditional to Aboriginal women (MacDonald et al., 2000). In Urbanoski’s study, identification with their Aboriginal heritage was important for many of the participants in providing a sense of connection with others and with their spiritual selves. Norton and Manson (1997) describe successful interventions in an urban Native American health centre which included home visits and a domestic violence group incorporating traditional Aboriginal practices and values. Murphy, Risley-Curtiss and Gerdes’s (2003) study showed that spirituality and returning to cultural traditions played a large role in overcoming domestic violence for the Native American women. The same was true for Aboriginal women in Urbanoski’s study (2001).

In terms of individual counselling, the respondents from the Sudbury community forum emphasize that only healthy service providers can help clients become healthy community members (MacDonald, et al., 2000). Bohn (1993) explains that counsellors should examine their prejudices and biases and how it may impact the session. She also explains the importance of establishing a rapport to build trust. The INAC (2006) report claims that trust is a very important issue within the Aboriginal community. The report also explains that trust takes time to develop, but it can be facilitated in a crisis situation by a friendly and familiar Aboriginal face, and further enhanced by personal experience with violence. Focus group participants, from this report, expressed mixed views about the need to have Aboriginal staff managing crisis facilities. It was found that Aboriginal women who do not live on reserve are more likely to prioritize expertise and personal experience (INAC, 2006). By contrast, Aboriginal women who lived on reserve tended to think that a friendly and experienced Aboriginal woman would be better equipped to deal with Aboriginal women (INAC, 2006).

Bohn (1993) also emphasized the need to have an open, relaxed atmosphere, in addition to a sense of humour, to help the counselling process. This author also states that questions should be open ended, and claims that if the Aboriginal woman feels pressure, she may be inclined to say what she believes is expected, rather than what she is actually feeling or thinking. Moreover, she states that silence is important and needs to be respected. Norton and Manson (1997) found that counselling was more successful if the counsellors went into the Aboriginal women’s home, as this lacked the formality of an office setting, and therefore was less intimidating.

The Native American women from Norton and Manson’s (1997) study also reported a reduction in their distress if they participated in a group counselling session. The authors explain that the group sessions were similar to the traditional talking circle in which there is an uninterrupted sharing among members. Many of the women in Urbanoski’s (2001) study
claimed they enjoyed going to the healing circle as a way to express themselves and receive feedback. One participant stated, “I seem to get more out of the women than the counselors themselves... because they share their experiences and we’re kind of going through the same thing…” (p.121). The participants also expressed how they felt comforted being surrounded by other Aboriginal women (Urbanoski, 2001). Morissette, McKenzie and Morissette (1993) argue that services for abused Aboriginal women should incorporate a holistic approach not only to the conceptualization of violence against Aboriginal women, but also to the solutions to address violence. As explained by NACAFV (2006), in a holistic view, individuals cannot be healthy unless they grow physically, mentally/intellectually, emotionally and spiritually.

The use of Elders was emphasized greatly in the community forum in Sudbury (MacDonald et al., 2000). Deiter and Otway (2001) claim that Elders may be used as an important source of healing. Through the use of traditional teachings, Elders can transmit the importance of traditional roles of the family (MacDonald et al., 2000). Community members from Sudbury also explain the need to include services for men. Men need to be involved in the healing process to work towards ending violence against Aboriginal women (MacDonald et al., 2000).

Running Own Programs and Services

As proclaimed in the Sudbury community forum report, the Aboriginal community knows best what is needed to address the issue of family violence (MacDonald, Lemieux & Peltier, 2000). However to do this, several participants stated, “Input from all family members and the community are needed to address the issue of family violence.”(MacDonald et al., 2000, p.2) Another participant indicated that the “community has to be responsible to help families and children.”(p.2)

In the INAC (2006) report, women participants stated the following: “We’d like to see it [a shelter] run by one of our people, and not by white people…” ; “It’s very important that it’s an Aboriginal woman. I have nothing against white women but I don’t think they understand and sometimes they judge…” [Translation] (p.37). The Sudbury community also expressed the need for their own Aboriginal women’s shelter (MacDonald et al., 2000). A participant from the Kenora UATF report stated: “…Aboriginal women say they’re not comfortable there [mainstream shelter]. Need Aboriginal base shelter…” (FitzMaurice & McCaskill, 2007b, p. 97). The Manager of the Culture Program at the Minwaashin Lodge, in Ottawa, said the following:

Real and lasting solutions to violence against Aboriginal women can be, and should be, provided through Aboriginal organizations, run by Aboriginal people. Our organization may be a small piece of the puzzle we are all trying to solve, but I can tell you that what we do...works. That’s because all of our work is grounded in the historical understanding of the impacts of colonization, the Indian Act, and Residential Schools. We understand the women who come to us for help. We have lived their life experience, and they know and trust us. These women have an internalized shame about their identity and culture that leads them to live lives filled with violence, addiction, and mental illness. They have been lost, disconnected from their spirit, culture, language, family and community. When
Aboriginal women seek out support and ask to learn about themselves they deserve to be received by women who are like them, have lived that reality, and who understand.” (Compton, 2010)

A policy position paper by National Association of Friendship Centres about ending violence against Aboriginal women and girls also reiterated the need for involvement of Aboriginal people, and Aboriginal women in particular. It stated that they must be involved at all levels and stages of policy and program implementation related to this issue (NAFC, 2010). Male leadership in the Aboriginal community also needs to commit to the long-term undertakings to isolate and weed out factors that condone violence against women (NACAFV, 2006).

**Prevention**

As stated at the Sudbury community forum, working to end violence against Aboriginal women and their families includes not only intervention but also prevention methods (MacDonald et al., 2000). Prevention can come from learning about the roots of the problem which is the first step in changing patterns of abuse (Witco, Martinez & Milda, 2006). Public knowledge and understanding of the historical context of violence against Aboriginal women, including the traditional roles of women in Aboriginal societies, must be strengthened. This includes increased awareness by public servants (NAFC, 2010). Participants from the Sudbury Community report suggested that workshops are needed on self-healing and to focus on intergenerational traumas such as those suffered through the residential school experience (MacDonald et al., 2000). Also, the report suggests that positive parenting skills would help parents to learn consequences to behaviours and actions.

The Sudbury community report explained the need to create children and youth programs. As stated in the Sudbury community forum report, “children need to learn non-violent resolutions to problems and positive behavior patterns”(MacDonald et al., 2000). Moreover, youth need to regain cultural identity through the use of hands on teachings of the medicines such as sage and sweetgrass (MacDonald et al. 2000). Urbanoski (2001) describes how Aboriginal mothers or grandmothers can tell their stories of being abused and use them as a teaching tool.

Utilizing existing programs that have already been proven effective is important. For instance, OFIFC’s (Ontario Federation of Indian Friendship Centre) program called the Kizhaay Anishinaabe Niin (I am a Kind Man Initiative) and Kanawayhitowin (Taking Care of Each Other’s Spirit Initiative) are considered best practices. The first initiative provides a culturally-appropriate holistic model for community healing to Aboriginal men and youth aimed at teaching them how they can contribute to ending violence against Aboriginal women and girls. The second initiative is a complementary parallel program which “reflects a traditional and cultural approach to raising awareness of the warning signs and risk factors of woman abuse, so that people close to at-risk women or abusive men can provide support” (NAFC, 2010). In one First Nation, the Chief initiated a program to end violence against Aboriginal women on Mother’s Day where the men cooked and served to the women. They believe this program helps convey a powerful example of how men should treat their wives (NACAFV, 2006). This is important work to help eradicate the view of violence as being “normal” in the Aboriginal
community. Prevention programs need to examine different viewpoints and different visions in order to steer Aboriginal communities into healthy relationships (NACAFC, 2006).

**Shelters for Aboriginal Women Experiencing Violence**

**Circumstances around Shelter Entry**

Urbanoski (2001) found that the reasons Aboriginal women went to the shelter included leaving an abusive partner, family conflict and homelessness. Many of the Aboriginal women escaping violence in Urbanoski’s (2001) study claim that if there were no shelter they would have become homeless. McGillivray & Comaskey (1999) found that many Aboriginal women go to shelters to protect their children.

**Emergency and Shelter Services**

The availability of shelter services, or safe homes, specifically for Aboriginal women in Ontario is scarce. To receive help from the shelters means some Aboriginal women experiencing abuse must leave their community and frequently travel a considerable distance. The fact that there are no shelters in the remote North, which has the largest percentage of Aboriginal people in Ontario, and considering the amount of family violence, makes this situation truly appalling (ONWA, 1989). Nonetheless NACAFV (2006), questions whether women’s shelters should be considered to be the primary vehicles to combat family violence in the Aboriginal community. They go on to note that shelters may wish to position themselves as only one of several key agencies spearheading efforts in this area within the community.

**Non-Aboriginal Shelters that Service Aboriginal Women**

While non-Aboriginal shelters do frequently provide temporary accommodation for Aboriginal women, the literature has demonstrated some gaps and problems with the adequacy of these services noted above. This is demonstrated with a statement by a shelter worker [from a non-Aboriginal shelter] in the ONWA (1989) report. The worker stated that, “Native women don’t feel at home here. They come to us because there’s nowhere else to go, but they don’t really trust us…They are constantly worried that we’ll call Child Welfare…”(p.14). ONWA (1989) claims that the main problem is many non-Aboriginal shelters are not designed specifically for Aboriginal women, or staffed by Aboriginal women, nor are they aimed at the rehabilitation of Aboriginal women, especially those who live in northern Ontario.

Within recent years, there has been a growing recognition for the development of shelters to meet the needs of Aboriginal women (Urbanoski, 2001). In the literature there has been some encouragement for the development of shelters that are culturally sensitive by incorporating aspects of Aboriginal culture and spirituality (Fairchild, Fairchild & Stoner, 1998; Norton & Manson, 1995, Urbanoski, 2001). It has also been found that two-thirds of shelters across Canada offer culturally-sensitive services to Aboriginal women and one quarter reported service provision in an Aboriginal language. One-third of the shelters indicate they provide programs aimed at addressing the effects of the residential school system (NAFC, 2010).

**Shelters Specifically for Aboriginal Women**
Since the late 1980’s separate shelters for Aboriginal women have opened in Canada (Urbanoski, 2001). During this time there was no money designated to train upcoming shelter managers and staff, therefore they operated on a “trial and error” approach to a large extent (NACAFV, 2006). The effectiveness of Aboriginal shelters has only recently been studied (Urbanoski, 2001). The impetus for an Aboriginal shelter in Calgary came from an Aboriginal crisis counsellor working at a non-Aboriginal shelter who viewed racism and discrimination towards Aboriginal women by non-Aboriginal counsellors (Urbanoski, 2001). This counsellor was also concerned that Aboriginal women had no outlets for their spirituality and means of praying. For instance, this counsellor noted that smudging was not allowed at the non-Aboriginal shelter. She also noted a number of cultural and language barriers (Urbanoski, 2001). The Calgary Aboriginal shelter incorporates an Elder program in which Elders from the city and surrounding reserves come into the shelter to guide women in the healing circles. The Elders also provide individual counselling as required to residents, non-residents and their children. Some of the Aboriginal women shelters use the Medicine Wheel as their model of healing (Urbanoski, 2001).

NACAFV (2006) found that Aboriginal shelters are chronically underfunded. They note this significance in that it indicates how few resources and time there is to plan and develop broader community strategies to address family violence. They also note inadequate resources to train staff. Another overall finding by NACAFV (2006) is that the success of any shelter is largely dependent on its executive director. They go on to state that a strong shelter director propels a community towards more awareness of family violence and its effects, and this awareness can become the impetus for positive community action.

Conclusion

Colonialism has had a profoundly negative effect on Aboriginal communities in Canada, affecting not only Aboriginal women’s relations with Aboriginal men, but pushing many Aboriginal women to the margins of their own cultures and Canadian society as a whole. Based on the literature, the marginalization of Aboriginal women is obvious. A disproportionate number of Aboriginal women today have to deal with poor health status, poverty, homelessness, and violence. In over 500 cases, Aboriginal women have gone missing or have died as a result of violence. As seen in the literature, the root causes and risk factors to the various issues that they face are the same, such as colonization, various determinants of health (income, housing) and alcohol. Often times one causes the other or vice versa. For instance, violence is the leading cause of women’s homelessness; however homelessness can lead to violence. Unfortunately, the gaps and problems in services for Aboriginal woman are often linked to racist and sexist attitudes by the service providers. And, although the literature has demonstrated the importance of cultural programming for years, there is still a gap, especially in mainstream services.

This circumstance has resulted in the under-utilization of services by Aboriginal women because of the feelings of alienation. Therefore, it is time that services be put forth by Aboriginal women to meet the needs of other Aboriginal women. It is time for their voices to be heard. Together, Aboriginal women (Nishnaabe-Kwek) have supported each other for years, and they
will continue to do so, given the opportunity. In terms of shelters, the best practices document by
the National Aboriginal Circle Against Family Violence (NACAFV) is definitely a good starting
point, if no cultural services for Aboriginal women are being offered in the area of Aboriginal
women experiencing violence. The most obvious gap stated in this document is the lack of stable
funding for these programs and services. Based on this literature review, there is also a huge gap
in terms of research in the various areas of Aboriginal women’s health such as violence, mental
health, substance use and homelessness. Immediate action in terms of more research is needed in
these areas and cultural programming that addresses the gaps to meet the needs of Aboriginal
women who are experiencing abuse. It is important to remember that Aboriginal women gave
life to the first people in North America and the respect and honour that they once had needs to
be returned.
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About YWCA Canada:

YWCA Canada is the country’s oldest largest women’s multi-service organization, with 34 Member Associations operating in nine provinces and two territories. YWCA is the largest national provider of shelter to women, serving 25,000 women, children and teen girls including 6,000 fleeing domestic violence each year. We are the largest provider of literacy, life skills, employment and counselling programs in the country, and the second largest provider of childcare services. YWCA Canada is a member association of the World YWCA which unites 25 million women and girls worldwide and spans 125 countries.