



# **The “Start of Something Powerful”<sup>1</sup>: Strategizing for Safer Communities for BC Aboriginal Women**

**Final Report  
October 2, 2003**

**Prepared by**

**Pacific Association of First Nations Women  
BC Women’s Hospital & Health Centre  
BC Association of Specialized Victim Assistance and  
Counselling Programs**

---

<sup>1</sup> Quote from a participant evaluation form.

## TABLE OF CONTENTS

I.	INTRODUCTION.....	3
A.	FORUM GOAL AND OBJECTIVES.....	5
B.	FORUM OVERVIEW.....	5
II.	SUMMARY OF DAY ONE: HEALING FROM VIOLENCE AGAINST WOMEN: Issues, Gaps and Barriers.....	6
	1. Violence and Racism in Aboriginal Women’s Lives .....	6
	2. Inadequate and/or Inaccessible Anti-violence and Related Services for Aboriginal Women .....	7
	3. Lack of Provincial Representation for Aboriginal Women.....	9
III.	SUMMARY OF DAY TWO: SOLUTIONS TO ISSUES, GAPS AND BARRIERS.....	9
	1. Programs and Services.....	10
	2. Provincial Aboriginal Women’s Organization.....	11
	3. Training and Education .....	11
	4. Policy and Research .....	12
	5. Funding Issues and Requirements.....	13
IV.	PRELIMINARY RECOMMENDATIONS .....	13
	APPENDIX 1 - LIST OF FORUM PARTICIPANTS.....	17 & 18

## I. INTRODUCTION

The Pacific Association of First Nations Women (PAFNW), BC Women's Hospital & Health Centre (BCW's) - Sexual Assault Service, Woman Abuse Response Program and Aboriginal Health Program and the BC Association of Specialized Victim Assistance and Counselling Programs (BCASVACP) are organizations who work provincially with programs and communities dealing with violence against women in relationships, sexual assault, and adult survivors of sexual abuse, and, as such, work with Aboriginal<sup>2</sup> women who are working to end violence against women in their communities.

The organizations meet regularly as members of the BC Women's Violence Against Women Provincial Health Initiative Advisory Committee. In the fall of 2002, the committee convened to review a provincial evaluation report of the Sexual Assault Service, Sexual Assault Nurse Examiner Program and the Woman Abuse Response Program. The review brought forward a discussion regarding the absence of accessible and appropriate services for Aboriginal women throughout BC who experience violence and the critical need for non-Aboriginal anti-violence, health, and related legal and social services to address these issues.

In addition, reports from the BC Association of Specialized Victim Assistance and Counselling Programs regional conference calls conducted twice a year to provide support to the 150 anti-violence programs under their umbrella, emphasize the desperate need for accessible and appropriate services. There are 9 specific Aboriginal community based victim assistance programs as part of this umbrella. These programs, along with the non-Aboriginal programs, have reported an alarming state of affairs for Aboriginal women that clearly related to compromised safety and security for all Aboriginal women in BC. Some of the concerns reported include: police not responding to 911 calls on reserve; Aboriginal women not reporting violence to police due to racism and/or court closures; non-Aboriginal programs reporting few Aboriginal women accessing their services; Violence Against Women Coordination Committees reporting the absence of Aboriginal organizations as part of their committees; and significant cuts to the Aboriginal community based victim assistance programs resulting in some Bands closing programs entirely or reducing programs to 3 hours per day.

The three organizations concluded that these findings were especially alarming given that the violence experienced by Aboriginal women is believed to exceed that of any other group of women in Canada (Monture-Angus, 1995, p. 170).<sup>3</sup> For Aboriginal women, violence frequently begins in childhood and continues throughout adolescence into adulthood. Violence in Aboriginal women's lives is pervasive; results of a study conducted by the Ontario Native Women's Association in 1989 revealed that 80% of Aboriginal women experience violence in relationships.<sup>4</sup> Compounded by the violence of systemic and institutionalized racism, as well as the effects of historical violence such as residential schooling, the Indian Act and other legacies of colonization (Manuel,

---

<sup>2</sup> Here and throughout this report "Aboriginal" is defined to include First Nations and Metis women.

<sup>3</sup> Monture, A. (1995). *Thunder in my soul: A Mohawk woman speaks*. Halifax: Fernwood Publishing.

<sup>4</sup> Ontario Native Women's Association. (1989). *Breaking free: A proposal for change to Aboriginal family violence*. Thunder Bay, ON: ONWA.

n.d.)<sup>5</sup>, violence in many Aboriginal women's lives is a daily occurrence. The 1991 Report of the Aboriginal Justice Inquiry of Manitoba also identified the intersection of racism and violence for aboriginal women:

“Aboriginal women and their children suffer tremendously as victims in contemporary society. They are victims of racism, of sexism and of unconscionable levels of domestic violence. The justice system has done little to protect them from any of these assaults.”

The PAFNW, BCW's and BCASVACP, along with many Aboriginal and women's organizations and government departments have articulated concerns regarding the extent and magnitude of violence against Aboriginal women, the lack of adequate responses to the violence, and the gaps in related services, programs and policies, numerous times over a number of years. A number of provincial and federal studies have documented these concerns and made recommendations for ensuring that Aboriginal women have access to services and opportunities for protection from violence (Federal/Provincial/Territorial Ministers Responsible for the Status of Women, 2002; Royal Commission Report on Aboriginal Peoples, 1996; Frank, 1992). Despite this, little progress has been realized. The recent closures of government offices and reductions to anti-violence, health and related social services in BC compound the urgency of these concerns. The reality that Aboriginal women have all but stopped using anti-violence and related services significantly raises the concerns for the safety of Aboriginal women to critical proportions.

Recognizing our collective responsibility for action, the PAFNW, BCW's and BCASVACP formed a partnership to strategize about how to proceed with our concerns. Clear from the outset was that Aboriginal women would necessarily lead and inform the process. Equally clear was that support from individuals and departments within the various provincial ministries would be needed in order to make the changes necessary to meet the health and safety needs of Aboriginal women.

Informed by these directives, the idea of a two-day forum, bringing together Aboriginal women concerned with violence against women with provincial health and anti-violence organizations, policy makers and funders started to take shape. With this vision the partners sought and received funding from the Office of Special Advisor on Aboriginal Health, BC Ministry of Health Planning, and the Society of Obstetricians and Gynecologists of Canada, for what would become the *Strategizing for Safer Communities for BC Aboriginal Women* forum.

---

<sup>5</sup> Manuel, N. (n.d.). *The impact of residential schooling on First Nation's women: Substance and addiction*. Unpublished masters' thesis, City University, Bellevue, Washington.

## **A. FORUM GOAL AND OBJECTIVES**

Founded on our original vision, the PAFNW, BCW's and BCASVACP identified the following goal and objectives for the two-day forum.

### **Goal**

The long-term goal of the forum is to increase Aboriginal women's health and safety within the context of sexual assault and relationship violence.

### **Objectives**

- To ensure that sexual assault, adult survivors of childhood sexual abuse and relationship violence are each addressed throughout the forum.
- To conduct a sharing circle of Aboriginal women with expertise in the violence against women area.
- To discuss issues, gaps and service needs for Aboriginal women who have experienced violence.
- To develop strategies to respond to issues, gaps, and service needs for Aboriginal women who have experienced violence.
- To identify ways of making violence against women response programs and policies more accessible and relevant across sectors and the province.
- To carefully document the issues, gaps and service needs as identified at the meeting by Aboriginal women.
- To create an opportunity for Aboriginal women who have concerns about violence against Aboriginal women to dialogue with allies, policy makers and funders who share these concerns.
- To strategize and develop an action plan together as identified by Aboriginal women.
- To carefully document the strategies and action plans as identified at the meeting.
- To create a summary document outlining actions and recommendations.

## **B. FORUM OVERVIEW**

The *Strategizing for Safer Communities for BC Aboriginal Women* forum was held in Vancouver on June 02 and 03, 2003. On the first day of the forum, Aboriginal women who work in the area of violence against women and who are affiliated with one or all of the forum partners, met to identify and discuss related issues, gaps and barriers to safety and healing from violence for Aboriginal women, and to strategize for solutions.

On the second day of the forum, provincial health and provincial anti-violence organizations, as well as cross-sectoral funders and policy makers who have decision making authority, joined the Aboriginal women to listen to the issues and solutions identified in Day One. Following, all participants joined to strategize how best to use collective resources to address the issues and build accessible and relevant responses to violence against Aboriginal women.

Over 25 Aboriginal women representing at least 25 different organizations and community groups, and from approximately 20 different communities across BC,

convened on Day One. Many of these women work on a daily basis with other Aboriginal women and speak from both personal and professional perspectives. An additional 25 participants representing relevant social policy ministries, provincial health organizations and anti-violence organizations, joined on Day Two. (See attached list of participants.)

Both days of the forum were facilitated by Doreen Sterling. Ms. Sterling is an Okanagan woman with strong beliefs in the holistic approach to healing. Ms. Sterling uses the Medicine Wheel Teachings to deal with inter-related issues of abuses, addictions and recovery. She has worked within the criminal justice system with sex offenders and in communities throughout BC with the PAFNW's Our Women, Our Strengths project to address the impact of residential schools and other forms of current violence.

What follows in this report is a summary of the discussions and recommendations arising out of the two day forum.

## **II. SUMMARY OF DAY ONE: HEALING FROM VIOLENCE AGAINST WOMEN: ISSUES, GAPS AND BARRIERS**

The purpose of Day One was for Aboriginal women to have an opportunity to: discuss the context of violence in Aboriginal women's lives; identify and discuss related issues, gaps and barriers to safety and healing from violence against women; and identify potential solutions to the issues, gaps and barriers. Participants identified many issues, gaps and barriers which have been broadly categorized into the following three themes for presentation:

1. Violence and Racism In Aboriginal Women's Lives
2. Inadequate and/or Inaccessible Anti-Violence and Related Services for Aboriginal Women
3. Lack of Provincial Representation for Aboriginal Women.

A discussion of these themes follows.

### **1. Violence and Racism in Aboriginal Women's Lives**

Aboriginal women who attended the forum spoke extensively about the context of violence in Aboriginal women's lives. Specifically, participants spoke of the systemic racism they experience and the devastating legacy of violence left by the impact of residential schools. The legacy of colonization, as well as systemic racism compounded by sexism and poverty have resulted in insurmountable barriers to Aboriginal women seeking and receiving anti-violence and related health, social and legal services as the following quotes summarize:

*"There is no support; the labels, the looks — women know what happens so they don't go back."*

*"We are doubly shot by being First Nations women and racism."*

*“Poverty is what keeps our people down.”*

*“There was a youth suicide last year and people in health say what needs to be done and nothing happens... I can see devastation and nothing is done.”*

*“The policing in Vancouver is an issue and how they continue to treat Aboriginal women’s issues. Racist comments are made toward them, they make a complaint and nothing happens.”*

*“I work with a lot of aboriginal women who are afraid of the legal system and do not want to go to court because they feel the justice system will not do any good.”*

## **2. Inadequate and/or Inaccessible Anti-violence and Related Services for Aboriginal Women**

Despite the systemic barriers outlined above, some Aboriginal women still attempt to seek support from existing services. They reported that they encountered an unacceptable lack of specific services for Aboriginal women experiencing abuse. Compounding the effects of this historic lack of accessible services is the further reduction and cuts to the already inadequate number of specialized services for Aboriginal women. This has had a devastating impact on Aboriginal women and their families. Forum participants stated that these reductions are especially critical in isolated communities where the elimination of funding to a program often results in the elimination of an entire service to the community.

Although services are required for both urban and rural communities, Aboriginal women in isolated communities have even fewer resources to draw upon. Additionally, participants identified that personal poverty frequently prohibits Aboriginal women from traveling to larger centres to access necessary services, including counselling, victim services, health care, social assistance, court, etc.

*“I was being assaulted by my partner when I was pregnant and I miscarried. I couldn’t get to a hospital because it was too far away and I had no way of getting there. I never did receive any medical care.”*

*“My work hours have been drastically cut back because our program lost money in the last round of cuts, but women in crisis still call me at home 24 hours a day.”*

*“Battering and other abuses are other forms of isolation;...a double isolation occurs because of the geographical isolation of many communities...” A Silence Broken, Rencontre, Vol. 12, 1991.*

*“There is very little support ever from the federal level to help deal with Residential issues. We don’t have the support or man-power to intervene. There is very little funding for mental health support.”*

*“No real services offered for women.”*

*“Many organizations use our First Nations women’s stats to access their own funding and sometimes First Nations women don’t benefit from these programs.”*

*“If you do end up going to trial, you are usually on the same ferry as the offender and the ferry ride is ten hours, it’s no wonder many women don’t want to report”.*

*“As Aboriginal women, we have too many responsibilities. As a result of the cuts to programs, I am trying to survive while doing five different jobs and I am only one person.”*

Of specific concern was the failing of the legal system — generally considered women’s first recourse when experiencing violence — to meet Aboriginal women’s needs:

*“There is apathy in the justice system because of alcohol abuse; Crowns do not keep the charges.”*

*“I work with wife assault, child abuse and sex abuse survivors. Women who had the courage to make police reports are told by Crown Counsel that there is no evidence, that ‘your stories have changed’, and that they are not believed. I get the impression the women have been undermined because of their literacy levels.”*

Aboriginal women are also clear that Aboriginal women’s healing cannot occur in isolation from the healing of Aboriginal men, children and their communities — women’s anti-violence services must necessarily include programs for men’s and youth services. The recent cuts and reductions of already-limited services have resulted in magnifying the problems women and their families face in accessing services.

*“We have no services in our community — the therapists and counsellors have been cut, the youth programs and elders programs have been cut. How do we get women in our community healthy?”*

*“Since government made slashing cuts there was no one in my community who lobbied or rallied for the women and children who had been sexually assaulted.”*



### **3. Lack of Provincial Representation for Aboriginal Women**

The Aboriginal women who participated in the forum uniformly agreed that Aboriginal women's interests are inadequately represented by either non-Aboriginal women's organizations or by Aboriginal men. Aboriginal women's voices are routinely minimized, discounted and/or ignored regarding issues of violence and are rarely included in government consultations. Aboriginal women spoke of the urgent need for both Aboriginal women's services, as well as a provincial Aboriginal women's organization that would work on their behalf.

*"When we go to a conference, Aboriginal women's voices are minimized and not listened to — women are afraid to speak up. We need strong representation for women; need a strong group to get our voices heard."*

*"We need an Aboriginal women's shelter run by Aboriginal women — especially up North."*

*"We don't have one Native Women's voice in BC."*

### **III. SUMMARY OF DAY TWO: SOLUTIONS TO ISSUES, GAPS AND BARRIERS**

The purpose of Day Two was for: Aboriginal women, provincial anti-violence and health organization representatives, government funders and policy makers to meet; Aboriginal women to present solutions to the issues, gaps and barriers identified in Day One; and Aboriginal women, allies, funders and policy makers to strategize next steps. The focus of this summary is on the presentation of solutions and recommendations for next steps.

As described in Day One, Aboriginal women identified some solutions to the issues, gaps and barriers preventing Aboriginal women from accessing anti-violence and related services. Solutions were organized into the following five broad categories for presentation to the allies, funders and policy makers:

1. Programs and Services,
2. Provincial Aboriginal Women's Organization
3. Training and Education
4. Policy and Research,
5. Funding Issues and Requirements

A brief summary of each presentation follows.

## 1. Programs and Services

Aboriginal women require anti-violence services specific to Aboriginal women that are developed, staffed and managed by Aboriginal women. Those who fund and support programs need to ensure that all consultations and decisions about program development and funding related to violence against women must include aboriginal women if these programs are to be effective. Response services specifically dedicated to addressing violence against women are necessary when making decisions about funding. Programs also need to reflect the diversity of cultural identity of First Nations and Metis women and include programs for men and children.

Programs also must be sensitive to rural, urban and geographical diversity. For example, lack of services within their communities may force Aboriginal women to travel to larger centres to access necessary support. For many Aboriginal women, particularly for women who are in an abusive relationships, travel to larger centres is not a safe option. Personal poverty or lack of transportation are factors that further prohibit Aboriginal women from accessing services and these conditions must be considered in decisions about the development and distribution of services for Aboriginal women throughout BC.

Based on the gaps in services for Aboriginal women, a number of key program and service areas were identified to support Aboriginal women in transition and crisis:

- establishment of safe houses on reserves
- core funding for ongoing anti-violence intervention programs, managed by Aboriginal women
- safe houses specifically for Aboriginal women off-reserve
- community counselling support programs managed by Aboriginal women
- mentorship programs
- holistic wellness

Aboriginal women are also clear that Aboriginal women's healing cannot occur in isolation from the healing of Aboriginal men, children and their communities — programs and funding for women's anti-violence services must necessarily include funds for men's and youth services.

Aboriginal women need to be included on the staff and boards of anti-violence and related organizations. Organizations need to practice affirmative action to ensure that Aboriginal women are included. Aboriginal women need to be included in anti-violence organizations regardless of whether there are programs specific to Aboriginal women and/or people. In the absence of Aboriginal staff and board members, organizations must — in the very least — make anti-racism and cultural sensitivity training mandatory for all existing and incoming staff, board and volunteers.

Aboriginal women at the forum also identified the need for local Aboriginal women's programs to be supported by a strong provincial Aboriginal women's organization that would coordinate, support and train programs, and assist government at provincial and federal levels to understand and respond to the issues.

*“We don’t have support or the manpower to intervene. There is very little funding for supporting mental health. Considering the rates of suicide and violence, much more need to be done.”*

## **2. Provincial Aboriginal Women’s Organization**

Current services for women who have experienced violence are failing to address the specific needs of Aboriginal women. In order to address systemic understanding at provincial and federal levels, BC Aboriginal women require a provincial voice. Presently, no such voice exists. As a result, Aboriginal women are frequently absent from consultative processes, policy discussions and funding negotiations addressing violence against women. Governments must include Aboriginal women in these and other processes if meaningful programs and responses are to be developed. Development of a provincial Aboriginal women’s organization is necessary to ensure that Aboriginal women’s interests are represented at all levels of discussion and decision making regarding violence against women in general and that Aboriginal women are active participants in determining responses, strategies and directions regarding violence against Aboriginal women specifically.

To effectively design programs and develop policy for Aboriginal women who are experiencing violence, a provincial Aboriginal women’s organization must be established. Participants stated that a province-wide network would be a necessary first step to providing support and direction on the issue of violence against Aboriginal women and would provide a particularly valuable source of information on the current needs of Aboriginal women as related to violence. This organization would also be in a position to provide support, information and training to Aboriginal service providers and to actively work with government to develop effective and appropriate policy and programs. Core funding for the provincial organization will be required to meet this mandate.

“The system is designed not to help women because it was not made by women, we feel squashed down and need our own organization to move things forward.”

## **3. Training and Education**

The training and education presentation was divided into two parts: training and education for service providers, and training and education for Aboriginal women who have experienced violence.

Staff of both Aboriginal and non-Aboriginal anti-violence, health, legal and related services, require anti-violence training and education that is specific to Aboriginal women. A general understanding of violence against women, for example, will not sufficiently equip front line workers with the knowledge and skills necessary to work with Aboriginal women who have experienced violence. Meaningful, effective training, must provide staff with a historical context of violence against Aboriginal women and people, address specific dynamics of violence and healing in Aboriginal families, as well as in Aboriginal and non-Aboriginal communities, and actively work to de-normalize the violence pervasive in Aboriginal women’s lives. As well, training must be both culturally and geographically relevant to meet the diverse needs of different Aboriginal peoples.

Capacity building on these issues in both Aboriginal and non-Aboriginal communities is essential.

Moreover, in the absence of Aboriginal organizations and/or programs led by Aboriginal people, non-Aboriginal organizations must provide staff with cultural sensitivity and anti-racism training to ensure that Aboriginal women and families receive the best care possible. Further, this training must be provided regardless of whether the organization offers programs specific to Aboriginal peoples. In addition, all training and education must be led by Aboriginal instructors whenever possible. Likewise, the research, development and implementation of all education and training related resources, tools and programs must also be led and/or managed by Aboriginal women.

Additional training and education topics to be developed include:

- a provincial campaign raising awareness about the occurrences of family violence in Aboriginal communities and its impact on the family unit, as well as the entire community
- awareness and development of community protocols
- healing and healthy living
- leadership training
- negotiating skills
- revival of cultural practices
- computer literacy

*“We need to teach our children that the cycle of abuse is not normal. We need to teach them what is normal and healthy.”*

Again, training and education programs for Aboriginal women who have experienced violence must be designed, developed and led by Aboriginal women whenever possible. For training and education to be accessible, financial supports for transportation, child-care and other expenses must be considered. Likewise, the limited availability of computer and internet access must also be provided, as training and education are increasingly conducted online.

#### **4. Policy and Research**

Aboriginal women identified the need for inclusion in policy and research. Specifically, Aboriginal women need to be included in all levels of intersectoral and interministerial policy making, as well as long-term research in the area of violence against Aboriginal women. A number of federal and provincial research studies have been conducted over the past decade that reflect the urgent needs of Aboriginal women experiencing abuse, and yet little action has been taken based on the findings of these reports. While research is needed to understand many issues facing Aboriginal women, an initial step to improve Aboriginal women’s safety would be to review the existing literature, aggregate the findings and recommendations and develop and implement an action plan. Of course, Aboriginal women would take the lead role in this initiative.

The voices of Aboriginal men and/or non-Aboriginal women are inadequate substitutes for the voice of Aboriginal women. In so far as all issues impact violence against

Aboriginal women, Aboriginal women's involvement in policy making must extend beyond "violence against women" to include treaty and all other issues impacting Aboriginal peoples.

Research exists that describes the impact of violence against Aboriginal women and recommends changes to address the needs of Aboriginal women. This research must be built on to expand knowledge and inform policy, programs and services.

## **5. Funding Issues and Requirements**

Aboriginal women identified the need for funding at all levels. Given the overwhelming number of issues, gaps and barriers identified on Day One preventing Aboriginal women from using non-Aboriginal anti-violence services, funding allocated directly to Aboriginal organizations and programs is necessary. As previously addressed, the greatest barrier to women accessing anti-violence and health related services is the absence of services designed, developed and managed by Aboriginal women. If Aboriginal women are to receive the support that they so critically require, core funding must be directly designated to Aboriginal organizations and programs.

Current criteria for funding often prohibits Aboriginal organizations from even applying for program funds, resulting in non-Aboriginal organizations managing less effective and less relevant programs for Aboriginal women and peoples. A top priority is to review current government funding criteria to make it accessible and equitable to Aboriginal women and peoples.

Although funds should be directed to both urban and rural communities, Aboriginal women in isolated communities have even fewer options for services. Funding based on population ratios does not reflect the additional burdens carried by women in rural, remote and isolated communities and this formula must be changed to ensure that women in remote communities have access to services.

## **IV. PRELIMINARY RECOMMENDATIONS**

The recommendations put forward in this report are **preliminary**. Given the complexity of developing programs, networks, education, research and policy to improve the safety of Aboriginal women in BC, participants were only able to initiate this important and groundbreaking dialogue. More opportunities for dialogue among Aboriginal women and with allies and funders will be necessary to develop further recommendations and actions.

Following the presentations, Aboriginal women, allies, funders and policy makers joined to discuss strategies for next steps. Informed by the discussions during the two days of the forum, participants developed concrete recommendations for immediate next steps to continue the dialogue and more detailed recommendations based on the five categories for Solutions to the Issues, Gaps and Barriers to safety for Aboriginal women identified during Day 2:

1. Programs and services,
2. Provincial Aboriginal women's organization
3. Training and education
4. Policy and research,
5. Funding issues and requirements

A summary of allies, funders and policy makers' preliminary recommendations follows. This is not an exhaustive list, and a second forum is needed in order to expand the recommendations and fully develop these recommendations and actions.

### **Recommendations for Next Steps:**

Due to time constraints, an in-depth dialogue regarding strategies and next steps was limited. **Therefore, it is recommended that:**

- Recommendation 1:** A second forum be organized for the fall of 2003, bringing together Aboriginal women, allies, funders and policy makers to fully articulate the preliminary recommendations, develop proposals for moving forward, and strengthen Aboriginal and non-Aboriginal networks and working relationships.
- Recommendation 2:** The BC Ministries of Health Planning, Public Safety & Solicitor General, and Community, Aboriginal and Women's Services, cost share this forum.

### **Programs and Services:**

Aboriginal women experience profound levels of violence yet, due to systemic racism, poverty and numerous other barriers, many Aboriginal women do not and cannot access non-Aboriginal anti-violence and related services. Anti-violence services designed, developed, staffed and managed by Aboriginal women are vital to Aboriginal women's safety and healing. **Therefore, it is recommended that:**

- Recommendation 3:** Funds be allocated to the development of anti-violence programs managed and staffed by Aboriginal women.
- Recommendation 4:** Funds be allocated for a transition house program for Aboriginal women in the North to be funded by Ministry of Community, Aboriginal and Women's Services.

- ❑ **Recommendation 5:** Funds be allocated for a new community based victim assistance program located in a region with high Aboriginal population, utilizing funds from the Ministry of Public Safety & Solicitor General.

### **Provincial Aboriginal Women’s Organization:**

The need for a provincial Aboriginal women’s organization to coordinate with Aboriginal women in every community, to represent the voices of all Aboriginal women in BC and to access funding for province wide initiatives was clearly identified. Establishing a coordinated provincial Aboriginal women’s organization would also ensure that Aboriginal women have an important role that would provide policy makers with expertise and knowledge. **Therefore, it is recommended that:**

- ❑ **Recommendation 6:** Core funding be provided by the Provincial Health Services Authority to develop a provincial Aboriginal women’s organization with Aboriginal women’s health and safety as a primary mandate.
- ❑ **Recommendation 7:** The Pacific Association of First Nations Women take a lead role to initiate this organization.

### **Training and Education:**

Staff of both Aboriginal and non-Aboriginal anti-violence, health, legal and related services require specialized anti-violence training and education that is specific to Aboriginal women and addresses the historical context of violence against Aboriginal women and people. **Therefore, it is recommended that:**

- ❑ **Recommendation 8:** The Ministry of Public Safety & Solicitor General provide funds to develop and implement education and training on variety of topics related to violence in Aboriginal communities delivered by Aboriginal women.
- ❑ **Recommendation 9:** Training be developed and provided by Aboriginal women focused on capacity building within Aboriginal communities on topics such as leadership, intersectoral coordination, policy and protocol development, etc.

### **Policy and Research:**

Aboriginal women must be included in all levels of intersectoral and interministerial policy making and research in the area of violence against Aboriginal women. While research is needed to understand many issues facing Aboriginal women, an initial step to improve Aboriginal women’s safety would be to review all existing literature. **Therefore, it is recommended that:**

- ❑ **Recommendation 10:** As all issues impact violence against Aboriginal women, Aboriginal women’s involvement in policy making must extend beyond “violence against women” to include treaty and all other issues impacting Aboriginal peoples.

- ❑ **Recommendation 11:** All social policy ministries in BC review existing research about Aboriginal women and violence to expand knowledge and inform policy, programs and services.
- ❑ **Recommendation 12:** The Ministries of Public Safety & Solicitor General and Community, Aboriginal and Women's Services take the lead role in this initiative, and provide funds for Aboriginal women to review the existing literature related to Aboriginal women and violence, aggregate the findings and recommendations and the Ministries begin to fund programs based on the recommendations.

## **Funding Issues and Requirements**

Inadequate funding for Aboriginal anti-violence services and the many issues, gaps and barriers that prevent Aboriginal women from accessing non-Aboriginal anti-violence services combine to deprive Aboriginal women of necessary services to address their safety. Project-based rather than core funding results in an inequitable distribution of funds to Aboriginal women's organizations. Furthermore, funding decisions based on population ratios do not reflect the additional burdens carried by women in rural, remote and isolated communities. **Therefore, it is recommended that:**

- ❑ **Recommendation 13:** The Ministries of Public Safety & Solicitor General, Community, Aboriginal and Women's Services, Health Planning and Health Services allocate core funding directly to Aboriginal organizations and programs in the areas of anti-violence and health related services.
- ❑ **Recommendation 14:** The Ministry of Public Safety & Solicitor General review and alter their population-based funding formula to ensure that women in remote communities have access to services.
- ❑ **Recommendation 15:** The Ministries of Public Safety & Solicitor General, Community, Aboriginal and Women's Services, Health Planning, Health Services and Children and Family Development review current government funding criteria to ensure that it is accessible, relevant and equitable to Aboriginal women and peoples.



## Appendix 1

### LIST OF FORUM PARTICIPANTS

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>AGENCY</b>
Agnes	Lui	Status of Women
Angie	Todd-Dennis	BC Women's Aboriginal Women's Health Program
Anita	Pascoe	Pacific Association of First Nations Women
Anneke	Van Vliet	BC Women's Hospital, Sexual Assault Services
Bertha	Cardinal	Prince George Native Friendship Centre
Caroline	White	BC Association of Specialized Victim Assistance and Counselling Programs
Cheyene	Dyer	BC Association of Specialized Victim Assistance and Counselling Programs
Daniel	Parker	Warriors Against Violence Society
Darlene	McGougan	Vancouver Island Health Authority
Debbie	Michel	Pacific Association of First Nations Women
Deborah	Schwartz	Provincial Special Advisor for Aboriginal Health
Debra	Bell	Victoria, BC
Denise	Lecoy	Penticton Indian Band
Doreen	Sterling	Facilitator
Eileen	Lafferty	Vancouver Police & Native Liaison Society
Frances	Stanley	Native Courtworker & Counselling Association of BC
Georgie	Jackson	Ministry of Community, Aboriginal and Women's Services, STV Branch
Hilda	Green	Indian Residential School Survivors Society
Irene	Mills	Pacific Association of First Nations Women
Jan	Finch	BC Women's Hospital & Health Centre
Jane	Coombe	Victim Services Division, Ministry of Public Safety & Solicitor General
Jennifer	Semenoff	Ministry of Human Resources
Jill	Cory	BC Women's Hospital, Woman Abuse Response Program
Joanne	Lafferty	Merritt, BC

<b>FIRST NAME</b>	<b>LAST NAME</b>	<b>AGENCY</b>
Joe	Fossella	Warriors Against Violence Society
Lenore	Riddell	BC Women's Hospital
Lerinda	Swain	BC Women's Aboriginal Health Program
Lianne	Ritch	BC Women's Hospital, Sexual Assault Services
Lillian	Granley Hirtz	Helping Spirit Lodge Society (Reclaiming Our Spirit)
Lorna M.	Quatell	Campbell River Band
Louise	Wilson	Specialized Victim Services
Maggie	Matilpi	Namgis Specialized Victim Services
Marcy	Ptolemy	Southern Stl'atl'imx Health Society
Marilyn	Vickers	Stoney Creek Health Station
Marje	Riches	Maple Ridge/Pitt Meadows Community Services
Melody	Johnson	All Nations Women and Girl's Society
Morgen	Baldwin	Community Coordination for Women's Safety, BCASVACP
Pamela	Bernier	Three Corners Health Services Society
Penny	Mumm	Health Canada, First Nations & Inuit Health Branch
Rita	Barnes	Vancouver, BC Corporal, Operations Policy Unit, Vancouver Headquarters
Robin	Bridge	
Sandra	Greene	Pacific Association of First Nations Women
Sharon	Coflin	Services to Aboriginal Children & Families Division, MCFD
Shelley	Rivkin	Centre for Leadership and Community Learning, JIBC
Susanne	Dahlin	Victim Service Division, Ministry of Public Safety & Solicitor General
Tessa	Graham	Office of the Special Advisor for Women's and Seniors' Health
Tina	Bolton	Gitwinksihlkw, BC
Tracy	Porteous	BC Association of Specialized Victim Assistance and Counselling Programs
Vera	Lagasse	National Crime Prevention Centre