

*Women’s Resource Centre – The Family Place – Skeena Child Care Resource & Referral*

*Submission*

**Equality and non-discrimination with a focus on indigenous women and girls and intersecting forms of discrimination**

1. Background

As observed by the CEDAW Article 8 of the Optional Protocol dated March 30, 2015, the Principles of Non-discrimination and Substantive Equality are not experienced by Indigenous women in Canada. Indigenous women continue to “suffer from the effect of past colonialism and historic discrimination, which creates a cycle of poor health outcomes, violence, poverty, and other socio-economic hardships” (*Section 5b of the optional Protocol is the State Party’s response to the root causes of outcomes for Indigenous women*). The State itself, “admitted that residential schools had resulted in further cultural loss including the loss of parenting skills and language...the impact of these schools...have been far reaching and intergenerational” (CEDAW, p.11/58).

These past wrongs continue. Canadian systems do not provide equal levels of support for Indigenous women as is afforded other women in Canada. Ongoing harmful stereotypes and discrimination continues to exacerbate effects of past colonialism, particularly by limiting Indigenous women from accessing safe housing and affordable healthcare.  These same systemic problems provide even greater risk of marginalization and violence for Indigenous women with disabilities, for those living in poverty, and for those identifying as 2SLGBTQIA+.

Social movements such as the Red Dress MMIWG2S movement draw awareness to the Canadian inequities for Indigenous women, girls, and two-spirit community members, in particular those in northern regions of the country. Recent research from the Centre for Research and Education on Violence Against Women & Children finds that Indigenous women, girls, and two-spirit community members endure far greater physical violence than any other Canadian population (Nonomura, 2021). Specifically considering intimate partner violence, northern women and girls in rural regions experience 75% more violence than that of southern urban women and girls (Nonomura, 2021). Further, violence experienced by northern women and girls is twice as likely to result in serious physical harm than in any other Canadian population, and three times more likely to result in death than in any other Canadian population (Nonomura, 2021). Colonialism devasted, and continues to devaste, Indigenous populations in the state of what is now Canada. Between 2007 and 2012 Indigenous women and girls from the north comprised 34% of all female homicide victims and 76% of all female homicide victims in the north (Nonomura, 2021).

Beyond the overwhelming violence itself that is endured disproportionately by northern Indigenous women, girls, and two-spirit community members, there are additional barriers that prevent receiving equitable services for amelioration. Social pressures in small rural, remote, northern communities that often have longstanding and cohesive power structures create real systemic barriers that discourage reporting incidents to authorities. Additional factors normalizing *against* reporting include, but are not limited to, credibility deficit, awareness paradox, lack of privacy, conflicts of interest amongst service providers, normalization of firearm ownership, and geographical and physical isolation (Nonomura, 2021). Due to these barriers to receiving help, roughly 60% of all violent crimes against Indigenous people, particularly women, girls, and two-spirit community members, go unreported to authorities (Nonomura, 2021).

It is clear that Indigenous women, girls, two-spirit community members experience devastating inequities in their daily life beyond the racialization, discrimination and harmful stereotyping that most Indigenous peoples face in the now state of Canada. To truly understand these colonial impacts, it is imperative to understand the many layers in which these inequities are represented within the system as a whole.

At a local level within northwest British Columbia, the Terrace Women’s Resource Centre Society (TWRCS) bears witness to this discriminatory behavior and the impacts of lack of adequate housing and healthcare for Indigenous women, girls, and two-spirit community members. TWRCS is a non-profit society and registered charity established in 1980. TWRCS is a local community hub that is a safe place and welcomes every person regardless of gender, race, income level, ability, or other demographic. TWRCS is grateful to be located and work on the unceded territory of the Tsimshian people of Kitsumkalum and Kitselas.

TWRCS started as a feminist organization to address economic inequality and empower women to build skills to enter their own careers. Today, TWRCS continues to offer skill building and empowerment programs, as well as social advocacy and access to government services for all genders. In addition, it offers activities and resources to promote healthy communities, improve women’s lives, encourage community engagement, and reduce financial, cultural, and social barriers for families.

TWRCS has a close working relationship with business, schools, and other social service nonprofits in the region and beyond. These strong partnerships inform the work of TWRCS in planning programs that include input from and meet the needs of the individuals and communities we serve. The experiences of our community members, our partners, and collective and cumulative data inform this submission.

1. Purpose of the Submission

TWRCS would like to call the Committee’s attention to the vulnerable and precarious nature of Indigenous women in housing and healthcare within the Northern Region of British Columbia. The correlation between inadequate housing, poor health care, and the number of Indigenous children removed from the home and put in foster care is strong.

Housing Concerns

Canada’s response to the Optional Protocol listed a series of investments in housing across the country between 2008 and 2013. During the five-year period, 4,357 shelter units and beds were created across Canada (CEDAW, p. 12/58). This effort falls well short of the demonstrated need. Spread across the vast geography of an entire large country, this is a staggeringly inadequate investment. Consider that “*37% of First Nations females living off-reserve live in poverty,* ***double the rate for non-aboriginals***” (CEDAW, p. 28/58, emphasis ours). This translates into a high proportion of First Nations females being unable to afford adequate housing. Even more chilling, is that in Northwest British Columbia, with its much higher rate of Indigenous people than in most other parts of Canada, received few of the 4,357 units.

Currently, northwest British Columbia is at the heart of multiple Liquified Natural Gas (LNG) projects, the largest industrial investment in Canadian history.  While an economic boom for secondary and tertiary businesses and industries, LNG development has caused a significant housing shortage and increasing costs for what is available.

Locally, when the LNG Canada (one project of many) Final Investment decision was announced, rental housing in the Northwest BC, specifically Terrace and Kitimat, tripled in cost overnight. A following tumultuous period of renter evictions to allow for new and higher rental rates increased rents (when available) to levels unattainable for many local residents not working in the LNG industry, increasing homelessness exponentially.  As stated in multiple United Nations reports, and echoed here by the experience of local community organizations, it is disproportionately Indigenous women and single-income families who are tipped into homelessness when communities do not adequately prepare for the influx of contractors to complete large industrial projects. This has been the case in northern BC—Indigenous women are disproportionately forced into unsafe, unsuitable housing; many are living in recreation vehicles, overcrowded mobile homes, and tents, and others have even less shelter.

Indigenous women are the identifiable demographic most impacted by local lack of rental housing. The practice of evicting tenants in order to renovate and then raise rents, known locally as *reno-viction*, relies specifically on tenants not having the personal capacity or social supports to fight the eviction process. This opens the way to discrimination in various forms: again, poverty, gender, 2SLGBTQIA+ are most at risk and most targeted by landlords employing these tactics. These dynamics increase the vulnerability of Indigenous women, girls, and two-spirit community members, and increase the risk that Indigenous children will be taken from parents’ care due to poverty.

The particular apprehension of Indigenous children has a long, violent history in Canada. The residential school era started in 1867 and continued until 1996. During that time, Indigenous children were intentionally taken from their parents and sent to church-run institutions to disrupt their language and culture, and where the children were frequently abused, raped, starved, and murdered.

In 1996 the residential school program was replaced with a child welfare system that continued, and continues, to remove children from Indigenous homes disproportionately compared to non-indigenous households. Lack of adequate housing increases the number of Indigenous children in care (CEDAW, p. 28/58). Without appropriate support systems in place so that parents can have reasonable housing, this tragic cycle will continue indefinitely.

Indeed, the Optional protocol Committee recognized that inadequate housing in Canada continues the cycle. In Section C, sub sections 112 and 113 of the optional protocol Committee indicated “the continuing discrimination originally evident during the time of the residential school system and now perpetrated in child welfare practices” is “reflected in the high incidence of poverty...and marginalization are linked to inadequate housing and homelessness” (CEDAW, p. 28/58).

The Calls to Justice under Human Security, sections 4.1,.4.5, 4.6, &4.7 address the needs and requirements for funding to ensure adequate income, and thus safe shelter (CEDAW, p.10/11).

1. Health Care Concerns

The health care system of the northwest BC area reports a higher mortality rate for Indigenous women, girls, and 2SLGBTQIA+ community members. Again, like housing, health care is a particularly difficult issue.

The 2020 collective research study, *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care*, depicts the lack of appropriate health care services available to Indigenous peoples within the now province of British Columbia. The prejudice and racism that Indigenous peoples experience daily have roots in the colonial beliefs that Indigenous peoples were weak, less worthy of care, dying off anyway, incapable, or savage and/or primitive; these beliefs—which are embedded in laws and policies—continue to permeate into public life, including areas such as health care, education, justice systems and the child welfare system (Turpel-Lafond, 2020).

In general, a staggering 92-95% of Indigenous peoples who participated in the In Plain Sight 2020 research study reported emotional and mental health impacts due to experiencing racialization and harmful stereotypes at the point of care (Turpel-Lafond, 2020).  Further, 31% of Indigenous peoples with this experience feel they cannot speak up when being treated poorly at the point of care (Turpel-Lafond, 2020).  In comparison, 58% of non-Indigenous participants report safe care from public health services (Turpel-Lafond, 2020).  Racism demonstratably limits access to medical treatment and negatively affects the health and wellness of Indigenous peoples within B.C.

It is the duty of all health care providers to create a safe environment for all peoples receiving care. A culturally safe environment can only be defined by the Indigenous person who is receiving care in a safe and respectful manner, which means that meaningful communication and service is a requirement (Turpel-Lafond, 2020).  To achieve this, non-Indigenous peoples, including and especially health care providers, are tasked to practice cultural humility as a life-long learning process of self-reflection and self-critique.  This is the first step in creating a foundation on which to build a culturally safe environment (Turpel-Lafond, 2020).

In Northwestern British Columbia, the lack of family physicians, access to appropriate maternal and women’s health services, and geographically spaced-out primary care facilities have increased the vulnerability of Indigenous women and girls even more than elsewhere across the country.

Poor health outcomes in maternal health, whether physical or mental, contribute to the likelihood of child apprehension by the State. Indigenous children that experience foster care are more likely than their peers to drop out of school before completing high school, become homeless, become dependent on substances, and/or spend time in the criminal justice system, such as prison.

The systemic changes needed to break poverty cycles and end racist policies, can begin through state-supplied core funding to service agencies that currently struggle to support Indigenous women and girls in the northwest British Columbia area. By then supporting Indigenous women in rural northern communities with appropriate housing and accessible health care, we can disrupt the cycle of colonial trauma.

1. Data Collection

The specific collection of data and analysis of Indigenous women’s experiences in healthcare and access to housing in Northern and Rural Canada is vital to lead the systemic change necessary to achieve Substantive Equality. Key information can be used to rationalize core funding to organizations that create sustainable change in lived experience of Indigenous women, girls and 2SLGBTQIA+ community members.

Consistent, longitudinal, quality, disaggregated data on housing and health care access of Indigenous women is not currently collated or disseminated. Disaggregated data can highlight the disparities that are often hidden in aggregate data. Smaller populations, such as Indigenous women with disabilities living in poverty, can be missed if subcategories are not used to capture the experiences of smaller populations.

The British Columbia Office of Human Rights Commission describes the value of disaggregated data: “Disaggregated data is data that provides subcategories of information...and used in statistical analysis. Unlike aggregated data, which groups information together, disaggregated data can reveal inequalities and relationships between categories” (bchumanrights.ca).

Lack of data creates barriers to systemic change in housing and healthcare, because it makes it nearly impossible to provide the information needed and allows the discrimination against Indigenous women to continue. Good data would support effective actions to advocate for long term systemic change meaningful for Indigenous Northern Rural women.

TWRCS and other local community service organizations, have the ability, capacity, and desire to assist in appropriate data collection.

Recommendations

As per recommendation Section B of CEDAW Optional Protocol 8 Report on Canada, Article 218, a to d, summarized below, TWRCS also recommends the following:

1. Improve the socioeconomic conditions of Indigenous communities, including the particular conditions affecting Indigenous women on and off-reserve
2. Collect disaggregated data by sex, Indigenous/Non-Indigenous status on socio economic conditions of women
3. Develop national anti-poverty, food security, housing, education and employment strategies specifically for Indigenous women
4. Address the disproportionately high number of Indigenous children institutionalized by child welfare authorities

**In order to carry out these recommendations TWRCS recommends the following practical actions:**

1. **Provide core funding to qualified community-based social services organizations:**

Overall, the need to improve socioeconomic conditions of Indigenous Northern Rural women is clear and undisputed. Service organizations currently rely on project-based funding to address the myriad of issues. Year-to-year project-based programming vulnerable to inconsistent funding streams does not support sustainable systemic change. Long-term core funding for community organizations allows multiyear strategic planning that would provide targeted supports to women in a consistent and compassionate manner. Without multi-year core funding, the band-aid single issue approach will continue, adding to the fragmented nature of service provision in northern rural communities. Systemic barriers will continue to contribute to homelessness, poor health outcomes, and demoralizing numbers of children in the child welfare system, thus increasing, levels of violence, loss of language, culture, and autonomy of Indigenous women.

1. **Build, and sustain Government-funded affordable housing in Northern and rural communities, especially those impacted by large industrial projects:**

TWRCS recommends that both the provincial and federal governments fund substantial numbers of long-term housing units, transitional housing, and shelter housing in Northern and Rural communities, specifically those impacted by large industrial projects; and include housing accommodations designed and dedicated for only women, girls, and two-spirit community members to ensure safe housing options for all community members. A specific goal would be to narrow the discriminatory gap existing for indigenous women compared with non-indigenous women.

1. **The federal and provincial governments make trauma-informed training mandatory in all health care environments**.

A trauma-informed approach incorporates “a knowledge of trauma into all policies, procedures, and practices of solutions and services” (TRCA, p. 2). Elimination of bias and systemic racism against Indigenous women and girls, and 2SLGBTQIA+ is imperative for all Canadians to enjoy the full scope of human rights in Canada. This systemic change can only be implemented if fully funded and mandatory training programs lead to the change. Trauma-informed practice in all health care environments will increase life expectancy and quality of life for Indigenous, Northern Rural Women and Women living with disabilities.

4. **Provide core funding to community service organizations to develop, collect, analyze data that can inform long term strategic planning**.

Consistency in service, support, and community development, will increase safety, housing, and adequate health care for Northern Rural Indigenous women in Canada

**Works Cited**

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