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COMMUNITY STRATEGIC ACTION **PLAN – FEBRUARY 2007**

BASED ON THE RESEARCH REPORT ENTITLED

**“UNITED TOGETHER AGAINST SEXUAL VIOLENCE:
EMPOWERING ABORIGINAL WOMEN, SISTER
ORGANIZATIONS, AND THE COMMUNITY TOWARDS
COLLABORATIVE ACTION: A Plain Language Version”
JANUARY 2007**

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1. INTRODUCTION

This document is a community strategic action plan that was developed out of the discussions that were held with key stakeholders that included Aboriginal and non-Aboriginal community service providers, government funding bodies, government policy staff, and interested community people who attended a two-day Community Forum hosted by the Native Women's Transition Centre on January 18, 2007 and February 2, 2007. It is part of the final steps associated with the research project related to the sexual victimization of Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women in Winnipeg, Manitoba and lack of services available to them.

The research report entitled, *United Together Against Sexual Violence: Empowering Aboriginal Women, Sister Organizations, and the Community Towards Collaborative Action: A Plain Language Version, January 2007* prepared by Cynthia Bird, sponsored by the Native Women's Transition Centre with funding from the National Crime Prevention Program and the Status of Women Canada discusses the research findings and recommendations. It provided the basis for the two-days of discussions held with key stakeholders.

The Community Forum was held January 18, 2007 and February 2, 2007 at the Robert A. Steen Community Club. The forum was an opportunity to bring key stakeholders together for the purposes of sharing the plain language version of the research findings and recommendations, and engaging them in discussions leading to the development of a strategic planning document. This document is the outcome of those two-days of deliberations.

2. COMMUNITY ENGAGEMENT AND CONSULTATION PROCESS

The process of community engagement was an extension of the research project itself. The Aboriginal and non-Aboriginal service providers who participated in the research project focus groups were invited to the forum as part of the follow-up leading to a conclusion of the project.

Consultation included additional key stakeholders such as other service delivery organizations with an interest in family related violence, education awareness, health, and prevention and intervention. Special invitations were also sent to specific Manitoba government departments, Members of Parliament, and Members of the Manitoba Legislature. And finally, representatives from the research project's funding bodies, namely the National Crime Prevention Program and Status of Women Canada were invited.

3. DEVELOPMENT OF A COMMUNITY RESPONSE

(A) CURRENT REALITIES

It is significant to stress that this community response is grounded in the current reality of the community based service delivery organizations in Winnipeg whose resources are limited and whose capacity is being challenged by the high needs of the people who they are mandated to serve. This mandate also does not necessarily include specific reference to Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women who have been sexually victimized and are seeking services and support to facilitate their recovery and healing. This current reality applies equally to both Aboriginal and non-Aboriginal service delivery organizations.

It is recognized that non-Aboriginal service delivery organizations maybe more challenged to provide culturally appropriate services to Aboriginal people. Equally, the Aboriginal service delivery organizations are challenged by capacity building and inadequate resourcing for services that have been devolved from government jurisdictions to Aboriginal entities. These challenges remain part of the current reality.

In addition, specific mandated services are very limited in Winnipeg for Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women who have been sexually victimized and are seeking services and support to facilitate their recovery and healing. This continues to be a huge gap in the existing service delivery continuum that is also not inclusive of disabled Aboriginal women.

Collectively, these current realities present a huge challenge for individual service delivery organizations. However, it has not stopped these organizations and other key stakeholders from considering how they could collaborate to advance the work required in this area and address the need for such services in Winnipeg and elsewhere in Manitoba.

The two days of deliberations at the Community Forum identified priority recommendations from the research, and potential strategies and actions for collaboration that could advance this agenda and address the needs of the Aboriginal women seeking recovery and healing form various forms of sexual victimization.

(B) PRIORITY RECOMMENDATIONS FROM RESEARCH

The twelve recommendations (Appendix 1) from the research report were reviewed and discussed on Day 1 of the Community Forum, then prioritized, and placed into three categories:

1. *A one-stop Aboriginal direct service delivery site with a focus on best practices:*

This category included three overlapping recommendations:

- ✚ Recommendation #4 calling for the establishment of an Aboriginal Women's Sexual Abuse Recovery Centre which was renamed as *Aboriginal Women's Recovery and Healing Centre*;
- ✚ Recommendation #6 calling for an Aboriginal Addiction Treatment Centre; and
- ✚ Recommendation #2 respecting the use of an Aboriginal approach to nurturing relationships between the helper and the person being helped while recognizing that healing is a life long journey and not time specific;

2. *Funding*

This category included reference to three overlapping recommendations:

- ✚ Recommendation #7 to support policy development with respect to Aboriginal women;
- ✚ Recommendation #10 calling for ongoing discussions to utilize a human rights framework that recognizes Aboriginal peoples right to be able to provide services to their own peoples from their own worldview;
- ✚ Recommendation #11 calling for funding to support additional research concerning Aboriginal women;

3. *Inclusiveness*

This category included two related recommendations:

- ✚ Recommendation #8 calling for existing services to be more inclusive of Aboriginal women, Aboriginal transgender women, Aboriginal two-spirit women; and
- ✚ Recommendation #9 that recognizes the value of involving men in the healing process.

These recommendations were strongly recommended as a starting point. The other recommendations were considered as important to the process of addressing this important issue; however, they could be implemented in the longer term. Collaboration was recognized as an essential element in moving forward as a community to mobilize action on the existing recommendations.

(C) STRATEGIES AND ACTIONS

The following strategies and actions have been developed out of the discussions over the two-day Community Forum and were considered in light of the priority recommendations identified on Day 1 of the Community Forum.

The call to action is for all key stakeholders, inclusive of government, to take a portion of the community responsibility to address the issue of violence against Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women. We believe the collective and collaborative energy generated can bring action.

COMMUNITY STRATEGIES AND ACTIONS TO ADDRESS THE RECOVERY AND HEALING OF ABORIGINAL WOMEN, TRANSGENDER WOMEN, AND TWO-SPIRIT WOMEN, FEBRUARY 2007

PRIORITY : To keep the voices of the Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women who participated in the research project in the forefront of ongoing initiatives		
STRATEGY	ACTIONS	COMMUNITY RESPONSIBILITY
1. sharing the research report	1.1 Native Women’s Transition Centre to provide public access to the research report on-line through their website, estimated to be available June 2007;	Native Women’s Transition Centre
	1.2 Manitoba Women’s Advisory Council to provide a link to the Native Women’s Transition Centre that will facilitate broader access to the research report;	Manitoba Women’s Advisory Council
2. advocating for government to host a forum	2.1 community service delivery organizations to approach government bodies to host a forum to further address this issue and need;	Community Service Delivery Organizations (a) Aboriginal; and (b) Non-Aboriginal
3. involvement in existing initiatives to address violence against Aboriginal women	3.1 community service delivery organizations to involve themselves in the following initiatives that were identified as relevant to the research findings and recommendations: (a) Native Women’s Association of Canada’s joint initiative with Amnesty International called Stolen Sisters; (b) Amnesty International’s petition to stop violence against women; (c) Federal, Provincial and Territorial Ministers initiative to develop an action plan to address violence against women, and violence against Aboriginal women; (d) National Aboriginal Women’s Forum, June 2007	Community Service Delivery Organizations (c) Aboriginal; and (d) Non-Aboriginal Women’s Advocacy Groups

PRIORITY: One-stop Aboriginal direct service delivery site, such as an Aboriginal Women's Healing and Recovery Centre, with a focus on best practices		
STRATEGY	ACTIONS	COMMUNITY RESPONSIBILITY
1. building on existing service delivery organizations	<p>1.1 consideration for expansion of mandates to provide services to Aboriginal women, Aboriginal transgender women, and Aboriginal two-spirit women;</p> <p>1.2 determine best approach to one-stop Aboriginal service delivery site, for example is it a one-site stand along entity? or is it a set of existing services that provides a continuum of services?</p> <p>1.3 Establish a working group of service delivery organizations to address issue of gaps in service continuum;</p>	<p>Existing individual community-based service delivery organizations</p> <p>Interested community-based service delivery organizations (both Aboriginal and non-Aboriginal) working as a collective</p> <p>Interested community-based service delivery organizations (both Aboriginal and non-Aboriginal) working as a collective</p>
2. using language that is sensitive to the survivor/victim seeking services and support	2.1 consider the impact of language on the survivor, for example the name Aboriginal Sexual Assault Centre vs. Aboriginal Women's Recovery and Healing Centre;	All key stakeholders
3. recognition that recovery and healing is a life long journey that is not time specific, which includes first stage through to third stage shelter supports and after-care	<p>3.1 create awareness among government and other funding bodies that funding needs to be long-term to support recovery and healing;</p> <p>3.2 make provision for different funding criteria and formulas that support long-term recovery and healing;</p> <p>3.3 clarify jurisdictions for service delivery as preventative measure to reducing the impact of deaths and suicides</p>	<p>All key stakeholders</p> <p>Treasury Board Governments Funders</p> <p>Governments</p>

Community Strategic Action Plan February 2007, United Against Sexual Violence: Empowering Aboriginal Women, Sister Organizations, and the Community Towards Collaborative Action: A Plain Language Version 2007, prepared by Cynthia Bird, sponsored by the Native Women's Association, with funding from the National Crime Prevention Program and Status of Women Canada.

	among Aboriginal women associated with lack of services and supports in urban, rural and northern locations;	
4. recognize the value of increasing capacity among Aboriginal staff through professional development initiatives	<p>4.1 support experiential workers who have achieved a high level of recovery to gain the professional credentials to work in service delivery area with target population;</p> <p>4.2 provide supports for helpers that enables them to remain healthy enough to help others;</p> <p>4.3 develop culturally competent services for Aboriginal peoples by collaborating and working together to provide cultural specific awareness, training, and modeling best practices;</p> <p>4.4 support culturally competent services capacity building initiatives among Aboriginal and non-Aboriginal service delivery organizations;</p>	<p>Existing service delivery organizations Funders Governments</p> <p>All community organizations Funders</p> <p>Aboriginal and non-Aboriginal community organizations</p> <p>Funders Government</p>

PRIORITY: Funding for policy development, additional discussions that utilizes a human rights framework, and research		
STRATEGY	ACTIONS	COMMUNITY RESPONSIBILITY
1. ensure that community is represented in policy development initiatives	1.1 support the involvement of community people in the policy development process i.e. women, Elders;	All community organizations
	1.2 develop alliances, strategies and collaborative initiatives that involve key stakeholders before approaching government;	All community organizations and key stakeholders
	1.3 ensure that language is respectful and inclusive when involving all key stakeholders;	All community organizations Governments Institutions Researchers
2. approach government to support policy and research initiatives	2.1 develop collaborative strategy with specific policy and research initiatives;	Community organizations
	2.2 approach government for funding	Community coalitions, alliances
3. begin dialogue on devolution of services to Aboriginal service delivery organizations and entities	3.1 consideration to devolve specific services for Aboriginal peoples to an Aboriginal service delivery organization and/or entity, which may begin with referrals and lead to program devolution;	Existing mainstream service delivery organizations
	3.2 collaborate directly with Aboriginal service delivery organizations to determine how devolution can happen;	Existing mainstream service delivery organizations and Aboriginal service delivery organizations
	3.3 initiate dialogue on how a human rights approach may be utilized to devolve services for Aboriginal people to Aboriginal service delivery organizations or entities;	Existing mainstream service delivery organizations and Aboriginal service delivery organizations

PRIORITY: Healing that is inclusive of Aboriginal women, transgender women, two-spirit women, disabled women and men		
STRATEGY	ACTIONS	COMMUNITY RESPONSIBILITY
1. articulation of mission to be inclusive	1.1 develop mission statements, with goals and objectives and operational plans that are inclusive of Aboriginal women, Aboriginal transgender women, Aboriginal two-spirit women, Aboriginal disabled women, Aboriginal men;	All community organizations (Aboriginal and non-Aboriginal)
	1.2 commit resources to support achievement of the mission;	All community organizations (Aboriginal and non-Aboriginal)
	1.3 ensure that staff reflect population being served;	All community organizations (Aboriginal and non-Aboriginal)
2. include Aboriginal women, transgender women, two-spirit women, disabled women and men in all initiatives i.e. process of service delivery, program development, policy development and research	2.1 identify which initiatives can be inclusive and who it can include, then define the processes for being inclusive;	All community organizations (Aboriginal and non-Aboriginal)
	2.2 identify what kind of collaborative actions can facilitate inclusiveness and support inclusive initiatives;	Interested (self-identified) community organizations (Aboriginal and non-Aboriginal)
	2.3 host interagency meetings to discuss inclusiveness and collaborative strategies to achieve inclusiveness;	Interested (self-identified) community organizations (Aboriginal and non-Aboriginal)
	2.4 work collaboratively to support recovery and healing services and supports for Aboriginal men;	All community organizations

(D) RECOMMENDATIONS

Participants to the Community Forum considered many facets of the issue related to violence against Aboriginal women. This included how the approach to recovery and healing should be viewed as:

- ✚ Inclusive of all Aboriginal women regardless of orientation or ability;
- ✚ Inclusive of men;
- ✚ Supportive of the family unit;
- ✚ Based on an Aboriginal worldview with broad access to various therapies and medicines in a variety of urban, rural and northern locations that spans multiple jurisdictions;
- ✚ Supportive of Aboriginal peoples human right to provide services to their own community;
- ✚ A life long journey;
- ✚ Inclusive of the service providers who are the helpers and healers;
- ✚ Inclusive of all key stakeholders;
- ✚ Collaborative in nature among Aboriginal and non-Aboriginal service providers, so that a full continuum of delivery services can be achieved.

3. NEXT STEPS

The next steps in the process include:

- ✚ The Native Women's Transition Centre completing the project's last phase of reporting to the funders, and participants to the Community Forum by the end of February 2007;
- ✚ Ongoing demonstration of the commitment made by key stakeholders to the Community Forum who stated they would continue to advance the issue and move the agenda forward within their existing resource base;
- ✚ Making the research report available to others through the Native Women's Transition Centre's website which is to be available June 2007;
- ✚ Engaging government and other funding bodies in discussions to resource a forum with key stakeholders to move forward with the action plan and other solutions.

RECOMMENDATIONS FROM RESEARCH REPORT

The recommendations identify the need for a wide variety of sexual victimization services for Aboriginal women, transgender Aboriginal women and two-spirit Aboriginal women. They support the call for a range of services from prevention, intervention, treatment, and long term aftercare that includes Aboriginal women and their children. They challenge current service delivery models to be more inclusive and consider the involvement of women and men in the healing process, and they present a challenge for more collaborative action among all key stakeholders.

The following key recommendations arose from the research.

1. develop and establish Aboriginal sexual victimization services with involvement from the Aboriginal community;
2. ensure that services use an Aboriginal approach to nurture the relationship between the person being helped and the helper;
3. ensure that services are based on Aboriginal epistemology (ways of being and thinking);
4. establish an Aboriginal Sexual Assault Centre* that would offer a wide variety of services to include:
 - (a) holistic counseling;
 - (b) trauma counseling;
 - (c) healing;
 - (d) ceremony;
 - (e) traditional medicine;
 - (f) Elders guidance;
 - (g) A team of Aboriginal staff, such as sexual assault counselors, trauma counselors, victim support workers, and sexual assault outreach workers;
 - (h) Aboriginal assault crisis line with language speakers in Cree, Anishnabe/Ojibway and Oji-Cree; and
 - (i) Residential services inclusive of Aboriginal women and their children that can provide holistic services for up to five years.
5. establish Healing Lodges in a variety of locations throughout Winnipeg, on reserves, and in rural communities. The recommendation calling for the

establishment of healing lodges is a long-standing one that was made as early as 1993 (*Ontario Native Women's Association*).

6. establish an Aboriginal women's addiction treatment services based on Aboriginal ways of being and thinking that utilized a harm reduction framework and includes:
 - (a) Aboriginal women's detox centre;
 - (b) Aboriginal women's residential treatment, day treatment, and aftercare that includes their children;
7. develop a provincial policy on Aboriginal women with designated funding to support the policy development process in the following government departments:
 - (a) Health, inclusive of Aboriginal Health Services, Winnipeg Regional Health Authority;
 - (b) Family and Housing;
 - (c) Manitoba Women's Directorate;
 - (d) Aboriginal and Northern Affairs;
 - (e) Justice;
8. shelter services need to be more inclusive of Aboriginal women and transgender Aboriginal women who have experienced sexual assault;
9. include Aboriginal men in the healing process from the beginning, as it is the holistic way of addressing issues;
10. utilize a human rights framework, in future discussions and research of Aboriginal women's sexual victimization as Aboriginal peoples are survivors of trauma associated with the non-Aboriginal practice of genocide. This approach is similar to that of the partnership between Amnesty International and the National Aboriginal Women's Association's *Stolen Sisters: A Human Rights Response to Discrimination and Violence against Indigenous Women in Canada* initiative.
11. support further research that examines Aboriginal women's silence on the issue of sexual victimization needs and integrate the recommendations into programming; and
12. offer school based Aboriginal youth sexuality education.

*This recommendation calling for an Aboriginal Sexual Assault Centre was renamed "*Aboriginal Women's Recovery and Healing Centre*" at the Community Forum on February 2, 2007.