



## Sexual Exploitation/Abuse of First Nations Children

*Violence against children is never justifiable. Nor is it inevitable. If its underlying causes are identified and addressed, violence against children is entirely preventable.*

*- Kofi Annan*

*United Nations Secretary-General*

### Sexual Exploitation - International Dimensions

Sexual exploitation is the use of a child under the age of 18 years for sexual purposes in exchange for money, drugs, food or shelter. Sexual exploitation has been defined to include sexual harassment, rape, incest, battering, child pornography and forced prostitution.<sup>1</sup> Sexual exploitation is a form of child abuse.

Sexual exploitation of children is a form of violence that has increasingly been the focus of international condemnation over the past decade. As a result, international focus on children's rights has heightened and children's concerns are a priority on the international agenda. Despite increasing international pressure to eliminate all forms of violence suffered by children, with particular recognition of the long-term impact of sexual violence on children's development, health and well-being, children's right to live free of violence is rarely debated domestically in many countries. And yet, member-countries of the United Nations committed to achieving Millennium Development Goals must recognize that in order to make meaningful progress towards meeting the pledged goals, violence against children must be aggressively reduced. For example, violence experienced by children is a barrier to achieving universal primary education. Experiencing violence, or witnessing violence within the

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<sup>1</sup> Canadian International Model United Nations Conference, Third Committee: Social, Humanitarian and Cultural. Draft Resolution 1.5.

home, school or other environment reduces the probability that boys and girls will successfully complete a full course of primary schooling.

The rights of children, including First Nations children, not to be sexually exploited are protected by the *Convention on the Rights of the Child* (CRC).<sup>2</sup> Article 34 of the CRC requires that:

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

- (a) The inducement or coercion of a child to engage in any unlawful sexual activity;
- (b) The exploitative use of children in prostitution or other unlawful sexual practices;
- (c) The exploitative use of children in pornographic performances and materials.

In 2002, an Optional Protocol to the CRC came into force as a supplement to the CRC by providing states with detailed requirements to end sexual exploitation and sexual abuse of children. The *Optional Protocol on Sale of Children, Child Prostitution and Child Pornography* recognizes that girls are particularly vulnerable to sexual exploitation and that eliminating the occurrence of sexual exploitation requires a holistic approach that addresses the contributing factors for high-risk groups. These factors include poverty, economic disparities, inequitable socio-economic structure, dysfunctional families, lack of education, urban-rural migration, and gender discrimination. Finally, state parties to the Optional Protocol are required to take all feasible measures to ensure that all appropriate assistance is offered to victims of child sexual exploitation. Such assistance includes their full social reintegration and their full physical and psychological recovery.<sup>3</sup>

### **First Nations Children are Vulnerable**

In the *World Report on Violence Against Children*<sup>4</sup>, Paulo Sergio Pinheiro recognizes that:

Some groups or categories of children are especially vulnerable to different forms of violence. For example, higher levels of vulnerability are associated with children with disabilities,

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<sup>2</sup> Convention on the Rights of the Child (1989). Geneva: United Nations General Assembly.

<sup>3</sup> Article 9 - Optional Protocol on Sale of Children, Child Prostitution and Child Pornography (2002). Geneva: Office of the High Commissioner for Human Rights.

<sup>4</sup> Pinheiro, P.S. (2006). *World Report on Violence Against Children*. Published by the United Nations Secretary General's Study on Violence Against Children.

orphaned children (including the millions orphaned by AIDS), indigenous children, children from ethnic minorities and other marginalised groups, children living or working on the streets, children in institutions and detention, children living in communities in which inequality, unemployment and poverty are highly concentrated.

As a result of a number of socio-economic factors, First Nations children are vulnerable to experiencing violence and are disproportionately subject to sexual exploitation and abuse relative to other children in Canada. Research studies have demonstrated that, as the gap in income equality widens, the social environment deteriorates, trust decreases, involvement in the community declines, population health deteriorates, and the incidences of hostility and violence increase.<sup>5</sup> Research has also determined that children who experience long periods of poverty between the ages of 0 and 5 years or in their early teen years are more likely to commit crime.<sup>6</sup> Children who have been sexually abused or extremely neglected in their homes, or who have experienced violence in their homes, are at an increased risk of drifting out of their homes and into the streets where the risk for sexual exploitation increases. This is true for both boys and girls. Canadian research has found that, of the number of boys involved in prostitution, almost all of them had been sexually abused at home.<sup>7</sup> Other risk factors include:

### Poverty

The child poverty rate for non-Aboriginal children in Canada is 15%. The poverty rate for Aboriginal children is double that, at nearly 30%. First Nations women are more likely to be lone-parents<sup>8</sup>, and are more likely to live in poverty. Among First Nations women raising children by themselves in Winnipeg, Regina and Saskatoon, 80-90% were living below the poverty level according to the 1996 RCAP report. On-reserve, 80% of First Nations people have a personal income of less than \$30,000 per year. The median income was \$27,385 for two-parent households, compared with \$17,737 for lone-parent households.<sup>9</sup>

Living in poverty for extended periods of time has been demonstrated to result in poorer health conditions, over-crowded housing, lower educational

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<sup>5</sup> Wilkinson, R.(2000). *Mind the Gap: Hierarchies, Health and Human Evolution*. London: Weidenfield & Nicholson.

<sup>6</sup> Jarjoura, G., et al. (2002). Growing up poor: examining the link between persistent child poverty and delinquency. *Journal of Quantitative Criminology*, 18, 159-187.

<sup>7</sup> International Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission to the UN Secretary-General's Study on Violence against Children. Oslo, Save the Children.

<sup>8</sup> Beijing+10 Fact Sheet: Women and Poverty (2005). Status of Women Canada.

<sup>9</sup> First Nations Regional Longitudinal Health Survey 2002-03.

attainment, increased risk of deviant behaviour, depression and other emotional problems, and a higher instance of family dysfunction.

### Child Welfare Intervention

Aboriginal children represent 40% of the nearly 76,000 children placed in out of home care in Canada.<sup>10</sup> Research completed in Southern Ontario regarding the number of First Nations children in care of child welfare, and the factors leading to their involvement and placement in care indicated that “the number of First Nation<sup>11</sup> children in CAS care, as a percentage of the total of First Nation children seen at the CAS within [the] sample, the data indicates that approximately eight out of ten First Nation children are in the care of the CAS in 2001.”<sup>12</sup> The research findings also indicated that “the majority of First Nation families receiving service from the CAS experience high rates of family violence, and in particular, the rates of woman abuse and children exposed to woman abuse has increased in 2001.” These statistics indicating a significant overrepresentation are consistent with the findings of the *2003 Canadian Study on Reported Child Abuse and Neglect*<sup>13</sup> which determined that, whereas non-Aboriginal children come into child welfare care at a rate of one-in-two-hundred, First Nations children come into care at a rate of one-in-ten. There are currently an estimated 27,000 First Nations in the care of provincial and First Nations child welfare agencies.

It is clear that the development of strong attachment bonds between parents and children, and the nurturing of relationships with children that do not involve violence or humiliation within stable family units, can be powerful sources of protection for children.<sup>14</sup>

### Exposure to Violence

Nearly 40% of First Nations children on-reserve in care had experienced exposure to family violence, and 30% of off-reserve First Nations children in care had been exposed to family violence. 21% of First Nations children on-reserve in care had experienced physical abuse themselves, and 10% off-reserve in care had experienced physical abuse.

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<sup>10</sup> Farris-Manning, C., Zandstra, M. (2003). Children in Care in Canada: Summary of current issues and trends and recommendations for future research. Unpublished paper prepared for the Child Welfare League of Canada for submission to the National Children’s Alliance.

<sup>11</sup> Statistics Canada 1991 Census, RCAP 1996 p.171)

<sup>12</sup> Chiodo, D.(M.A.), Leschied, A.W.(Ph.D.), Whitehead, P.C.(Ph.D.), and Hurley, D.(M.S.W.), (2003). *First Nation Children Seen at the CAS of London and Middlesex*. London: University of Western Ontario.

<sup>13</sup> Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report, (2005).

<sup>14</sup> *World Report on Violence Against Children*, (2006).

Abuse, neglect and witnessing violence as a child negatively impacts their healthy development. Children exposed to violence are more likely to demonstrate aggressive behaviour and/or emotional problems including substance abuse, self-harm, and inappropriate sexual behaviour. Child victims are also at risk for experiencing lower success in life, higher risk for obesity, greater propensity for deviant behaviour, and an increased risk of victimization by others.<sup>15</sup>

### Poorer Health

First Nations' health outcomes, both physical and mental health, are poorer than other Canadians. For example, 30.9% of First Nations participating in the First Nations Regional Health Survey (RHS) 2002-03 reported having suicidal thoughts over their lifetime. There were no significant gender differences in lifetime ideation of suicide. Moreover, 15.8% reported having attempted suicide at least once in their lifetime. Females were more likely than males (18.5% vs. 13.1% respectively) to have attempted suicide at least once in their life. Many of the First Nations individuals reporting a tendency towards suicide or suicidal thoughts felt that racism was the key factor for their mental health circumstances. The use of drugs and alcohol is also a factor towards impacting the health and well-being of First Nations. According to the RHS, alcohol-related deaths amongst First Nations people were six times higher, and drug induced deaths were more than three times higher, than those of the general population.

The Canadian Paediatric Society, Paediatric Child Health (Volume 7, No 3, March 2002) notes that studies on Fetal Alcohol Syndrome and Fetal Alcohol Effects are very limited in Canada, but any evidence suggests "a very high incidence among Canadian Aboriginal children." Research done in BC and the Yukon suggest the rate in some First Nations communities is one in five children. Overall, Fetal Alcohol Spectrum Disorder (FASD) among First Nations is estimated at 25 to 30 times the national average. To date, there have not been any definitive research studies to calculate the total effects of FASD upon First Nations children.

With respect to First Nations youth, among 15 to 17 year olds, smoking rates are three to four times the Canadian rates for boys (47% vs. 13%) and girls (61% vs. 15%). About 4 in ten (42%) reported consuming alcohol in the previous year. Among those who did, nearly two thirds (65%) had five or more drinks at a time at least once a month. One third (33%) of youth used cannabis (marijuana, hash) in the previous year. Among 15-17 years olds, the proportion was 48% compared to 15% for those 12-14 years old. Girls are twice as likely as boys to report feeling "sad, blue or depressed" for two weeks or more in a row during the previous year (44% vs. 22% among those 15-17 years old). Youth with a

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<sup>15</sup> Family Violence in Canada: A Statistical Profile 2006. Ottawa: Public Health Agency of Canada.

close friend or family member who committed suicide in the previous 12 months were almost twice as likely to have thought about suicide themselves compared with those not similarly impacted (34% vs. 18%). Finally, Youth who had a parent that attended residential school were more likely to have thought about suicide (26% vs. 18%).

### Residential School Experience

About one of five of the adult RHS respondents attended residential school. Among those 18 to 29 years, the proportion is only 6% compared to 47% for those 50-59 and 60-69.

Nearly half (47%) of those who attended residential school reported that it had negatively affected their overall health and well-being;

A number of things were identified as contributing to the negative impacts:

- Isolation from family (81%)
- Verbal or emotional abuse (79%)
- Harsh discipline (79%)
- Loss of cultural identity (77%)
- Separation from First Nation community (74%)
- Loss of language (71%)
- Physical Abuse (69%)
- Bullying from other children (62%)
- Sexual Abuse (33%)

### Intergenerational Impacts

According to "Where are the Children? Healing the Legacy of the Residential Schools" website, the unresolved trauma of Aboriginal people who experienced or witnessed physical or sexual abuse in the residential school system is passed on from generation to generation. The ongoing cycle of intergenerational abuse in Aboriginal communities is the legacy of physical and sexual abuse in residential schools.

**"Intergenerational Impacts" refer to "the effects of physical and sexual abuse that were passed on to the children, grandchildren and great-grandchildren of Aboriginal people who attended the residential school system."**

Below is a list taken directly from the "Where are the Children? Healing the Legacy of the Residential Schools" website. It effectively demonstrates the impacts that intergenerational Survivors face on a day-to-day basis:

1. Alcohol and drug abuse;

2. Fetal alcohol syndrome (FAS) and fetal alcohol effect (FAE);
3. Sexual abuse (past and ongoing);
4. Physical abuse (past and ongoing; especially, but not exclusively, of women and children);
5. Psychological/emotional abuse;
6. Low self-esteem;
7. Dysfunctional families and interpersonal relationships;
8. Parenting issues such as emotional coldness, rigidity, neglect, poor communications and abandonment;
9. Suicide (and the threat of suicide);
10. Teen pregnancy;
11. Chronic, widespread depression;
12. Chronic, widespread rage and anger;
13. Eating disorders;
14. Sleeping disorders;
15. Chronic physical illness related to spiritual and emotional states;
16. Layer upon layer of unresolved grief and loss;
17. Fear of personal growth, transformation and healing;
18. Unconscious internalization of residential school behaviours such as false politeness, not speaking out, passive compliance, excessive neatness, obedience without thought, etc.;
19. Post-residential school community environment, seen in patterns of paternalistic authority linked to passive dependency; patterns of misuse of power to control others, and community social patterns that foster whispering in the dark, but refusing to support and stand with those who speak out or challenge the status quo;
20. The breakdown of the social glue that holds families and communities together, such as trust, common ground, shared purpose and direction, a vibrant ceremonial and civic life, co-operative networks and associations working for the common good, etc.;
21. Disunity and conflict between individuals, families and factions within the community;
22. Flashbacks and associative trauma; i.e., certain smells, foods, sounds, sights and people trigger flashbacks memories, anxiety attacks, physical symptoms or fear; e.g. the sight of a certain type of boat or vehicle (especially containing a social worker or RCMP), the sight of an old residential school building, etc.;
23. Educational blocks - aversions to formal learning programs that seem "too much like school," fear of failure, self-sabotage, psychologically-based learning disabilities;
24. Spiritual confusion; involving alienation from one's own spiritual life and growth process, as well as conflicts and confusion over religion;
25. Internalized sense of inferiority or aversion in relation to whites and especially whites in power;
26. Toxic communication - backbiting, gossip, criticism, put downs, personal attacks, sarcasm, secrets, etc.;

27. Becoming oppressors and abusers of others as a result of what was done to one in residential schools;
28. Dysfunctional family co-dependent behaviours replicated in the workplace;
29. Cultural identity issues - missionization and the loss of language and cultural foundations has led to denial (by some) of the validity of one's own cultural identity (assimilation), a resulting cultural confusion and dislocation;
30. Destruction of social support networks (the cultural safety net) that individuals and families in trouble could rely upon;
31. Disconnection from the natural world (i.e. the sea, the forest, the earth, living things) as an important dimension of daily life and hence spiritual dislocation;
32. Voicelessness - entailing a passive acceptance of powerlessness within community life and a loss of traditional governance processes that enabled individuals to have a significant influence in shaping community affairs (related to the psychological need of a sense of agency, i.e. of being able to influence and shape the world one lives in, as opposed to passively accepting whatever comes and feeling powerless to change it.

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### Deviant Behaviour

The rate of incarceration of Aboriginal people in some Canadian provinces (especially Saskatchewan, Alberta and Manitoba) is significantly higher than their proportion of the population.<sup>17</sup> The *One-Day Snapshot of Aboriginal Youth in Custody*<sup>18</sup>, completed by the Department of Justice Canada, found that 47% of youth in custody had lived in families on social assistance and 40% of youth in custody were either in care or had an active child welfare file when sentenced. 57% of youth in custody had a confirmed substance abuse problem, and another 24% had a suspected addiction to drugs and/or alcohol.

### Fetal Alcohol Spectrum Disorder (FASD)

The collective term Fetal Alcohol Spectrum Disorders (FASD) refers to all alcohol related disorders from full FAS to pFAS (partial FAS) or ARND (Alcohol Related Neurological Disorders). Children with FASD may be hyperactive, have attention deficits, difficulty learning from consequences, student social development, poor judgement, inability to control impulses, are at risk for problems in school, employment and substance abuse are susceptible to physical and sexual abuse. Due to neurological impairment, they require a

<sup>16</sup> <http://www.wherearethechildren.ca/en/impacts.html> « Healing the Legacy of the Residential Schools »

<sup>17</sup> LaPrairie, Carol (1999). "Sentencing Aboriginal Offenders: Some Critical Issues" in Roberts and Cole, eds., 173.

<sup>18</sup> Department of Justice Canada. February, 2004.



stable, structured environment with consistent supervision and guidance throughout life.<sup>19</sup>

### First Nations Trauma: Deconstructing the Root Causes of Violence

The history of development is a history of trauma. Development that is not self-determined is predatory. Development that is not self-determined precipitates inter-generational trauma in individuals and communities. When this occurs people suffer loss and grieve over ways of life. Families divide and the rituals of celebration and healing lose meaning.

Development that does not occur as part of a nation's natural ebb and flow of creative change is traumatic. Development is traumatic when it is imposed by one group on another.

Development that is not in the control of the communities is a form of socially condoned violence and leads to genocide.<sup>20</sup>

#### Nation-Wide:

The sexual oppression of First Nations women has its exploitive roots embedded within colonization.<sup>21</sup> First Nations women and men have historically been subjugated as an inferior class of people, and women's ongoing exploitation is intersected by patriarchy, racism, poverty and capitalism.<sup>22</sup>

As a direct result of an ongoing process of colonization, First Nations children and youth are especially vulnerable to violence, neglect and/or abuse (both physical and sexual), an overwhelming degree of poverty and high-risk family dysfunction. Subsequently, because of the far-reaching impact of colonization into every aspect of life for First Nations children, mainstream preventative and protective measures intended to alleviate and reduce violence are not comprehensive enough to address the complexity of factors placing these children at risk.

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<sup>19</sup> "FAS Community Resource Center" Brochure. Tucson, Arizona

<sup>20</sup> Korn, L.E. (2002). *Community Trauma and Development*. Fourth World Journal, Vol.5, Number 1, Center for World Indigenous Studies.

<sup>21</sup> Colonization is often referred to in the context of an historical process that devastated the traditional livelihood of First Peoples and resulted in their oppressed state within present-day Canadian society. Colonization is perceived as a 'past event'. However, the process of colonization must be recognized by Canadian society as a contemporary actuality: "**Colonization is a process that includes geographic incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provision of low-level social services, and ultimately, the creation of ideological formulations around race and skin colour which position the colonizers at a higher evolutionary level than the colonizers.**" See Frideres, J. (1983). *Native People in Canada: Contemporary Conflicts*. Cited in M. Kelm, (1998). *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950*. Vancouver: UBC Press.

<sup>22</sup> Lynne, J. (1998). *Colonialism and the Sexual Exploitation of Canada's Women*. Paper presented at the American Psychological Association Convention, San Francisco, California, August 17, 1998.

Section 153 of the *Canadian Criminal Code* makes sexual exploitation an offence under the Code. Responding to any form of violence, however, does not mean only using tough, repressive or punitive measures. Developing a meaningful response to violence involves comprehensive efforts that involve combining long-term investments with widespread preventative measures; challenging attitudes that have, and continue to, condone violence; establishing reliable methods for data collection and monitoring; and ensuring full accountability at every level.<sup>23</sup>

*Individual and Community:*

The 2002 *World Report on Violence and Health*<sup>24</sup> completed by the World Health Organization (WHO) adopted an 'ecological model' to help understand the multi-level, multi-faceted nature of violence. The model recognizes that a wide and complex range of factors increases the risk of violence, and helps to perpetuate it. Alternatively, a range of factors may protect against it.

The WHO ecological model identifies personal history and characteristics of the victim or perpetrator, his or her family, the immediate social context (often referred to as community factors) and the characteristics of the larger society. In contrast to other simplistic explanations, the WHO model emphasizes that it is a *combination* of factors, acting at different levels, which influence the likelihood that violence will occur, recur, or cease. The various factors relevant to the different levels of the ecological model will also be affected by the context of the various settings that children interact with - in their home and family environment, at school, in institutions including alternative care arrangements and custodial terms, and workplaces. As well, children's interaction within their community and broader society as well are considered relevant. For example, economic development, social status, age and gender are among the many risk factors associated with fatal violence. WHO identifies that social and cultural patterns of behaviour, socio-economic factors including inequality and unemployment, and stereotyped gender-roles also play an important role. For example, although the rate of violence-related homicides is much higher in low-income countries as opposed to high-income countries around the world, there are also wide variations within countries - between urban and rural communities, rich and poor, and between different racial and ethnic groups.

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<sup>23</sup> *World Report on Violence Against Children* (2006).

<sup>24</sup> *World Report on Health and Violence* (2002). Geneva: World Health Organization.

## Sexual Exploitation: A Social and Public Health Crisis

Children forced into prostitution frequently describe their violent treatment by clients as if it were something they deserved.<sup>25</sup>

Most of the medical and social research written about prostitution fails to address the sexual violence and psychological harm that both precede and are intrinsic to prostitution.<sup>26</sup> Most research focuses on the medical consequences of prostitution, thereby characterizing prostitution as an 'unhealthy' lifestyle. However, most research fails to focus on prostitution within the context of the victims of sexual exploitation. For example, a high-risk for contracting sexually-transmitted diseases such as HIV/AIDS for both prostitutes and johns has been recognized, and should be considered, particularly for First Nations prostitutes, as a public health crisis:

- Although they represent only 3.3% of the Canadian population, Aboriginal persons comprised 5-8% of prevalent infections (persons currently living with HIV infection in Canada ) and 6-12% of new HIV infections in Canada in 2002;
- Before 1992, out of the 6,203 reported AIDS cases with information on ethnicity, 80 cases or 1.3% were Aboriginal. This proportion steadily increased until it reached a high of 9.7% in 1999. In 2000 and 2001, the proportion decreased to 7.2% and 5.5% respectively. However, an increase was seen in 2002, when Aboriginal peoples accounted for 12.9% of the total reported AIDS cases for which ethnicity was known;
- Aboriginal people are being infected with HIV at a younger age compared to non-Aboriginal persons;
- HIV/AIDS has a significant impact on Aboriginal women.

In addition to a much higher risk for HIV/AIDS and other health concerns, prostitution involves a lifelong continuum of sexual exploitation and violence that most often begins with sexual abuse and childhood prostitution. It is the social aspects of prostitution and sexual exploitation that is often normalized, and the harm that prostitution *ITSELF* causes to the women involved is rarely investigated nor discussed.

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<sup>25</sup> Save the Children Alliance (2005). *10 Essential Learning Points: Listen and Speak Out against Sexual Abuse of Girls and Boys*. Global Submission by the International Save the Children Alliance to the UN Secretary-General's Study on Violence against Children. Oslo: Save the Children Norway.

<sup>26</sup> Farley, M. & Kelly, V. (2000). *Prostitution: a critical review of the medical and social sciences literature*. *Women & Criminal Justice*, 2000, vol. 11 (4): pg. 29-64.

## Challenges and Gaps:

There have been some recent initiatives that are noteworthy towards alleviating some of the core factors influencing the occurrence and recurrence of violence in the lives of First Nations children:

- ❖ The province of Saskatchewan developed a comprehensive strategy to protect children from sexual exploitation through the sex-trade in 1997. In November 2006, the province announced further enhancements to the strategy that include an expanded police force to deal with street-level sexual exploitation of children; increased legal support to identify and prosecute dangerous offenders; and, investments for public education. Several provincial legislative amendments, along with training for outreach workers dealing children and youth at risk for being sexually exploited or abused have also received investments.
- ❖ In British Columbia, a two-year Aboriginal Services Recruitment of mental health experts has begun. This is part of a multi-year phased implementation of the *Child and Youth Mental Health Plan for British Columbia* (the Plan). One of the Plan's primary goals has been to develop strategies for improving access to mental health services for Aboriginal children and youth, families and their communities. This initiative is also intended to ensure improved access to culturally relevant mental health services.
- ❖ In Quebec region, a sub-group has been formed to work jointly with the president of the Régie du cinéma on the issue of child exploitation and pornography, on the web, that may lead to sexual abuse. The goal of the sub-group is to prepare a reflection document to be presented to the Government of Quebec on the issue of sexual exploitation of children, and plan the next steps in terms of strategy.
- ❖ In Yukon region, one First Nation Health Department has had meetings with parents and staff on the issue of sexual exploitation prevention for a female FASD student going to and from the school alone. They are troubled by the fact that given her learning disability, individuals with poor intentions may take advantage of her. They are looking into perhaps a teacher's helper walking with her as a chaperone.
- ❖ The region of Alberta expressed concerns that are shared by all regions that **there are not sufficient resources** to deal with the issue of sexual abuse/exploitation. There are no specific tools or programs designed for First Nations that could help with these issues. Any projects that may be created are expected to be completed by an already over-worked community member. They noted that if these serious issues are to be given the attention they deserve, First Nations should be involved at the planning stage and not afterwards. There can no "band-aid" solutions.

Despite increased, piecemeal regional investments into improving protection, social, and health services to children at risk of being sexually exploited, there remains an alarming absence of any comprehensive federal strategy to alleviate the incidence of violence and sexual exploitation experienced by First Nations children, or to address the core factors placing children at risk for victimization.

In a social context, since 1997-98 there has been an arbitrary 2% cap on annual spending for social programming. As a result, there has been a \$112 million dollar gap in funding for on-reserve child welfare agencies compared to funding received by their provincial counterparts through the Canadian Health and Social Transfer (CHST). Funding for prevention and in-home family support for on-reserve child welfare is based on a per capita formula, with no consideration for the actual needs of children and families. Prevention services in child welfare and in-home support to First Nations children and their families must be funded as essential services mandated under provincial child protection legislation in every region.<sup>27</sup> There is no comprehensive prevention strategy to address family violence on-reserve. Despite recent investments of \$6 million for emergency shelters on-reserve, this funding does nothing to alleviate violence or address the long-term impacts that children suffer from experiencing or witnessing violence.

The Non-Insured Health Benefits program is fragmented and limited in programming that meets the unique needs of First Nations individuals and families. An arbitrary cap of 3% has been in place on all health funding since 1996-97. The cap represents less than one third of the 6.6% increase that other Canadians enjoy each year through the CHST. If annual health funding was in-line with population growth and inflation, First Nations would receive 45.5% more annually than they currently receive. There will be a \$2 billion shortfall in health funding over the next 5 years.

Both the *Royal Commission on Aboriginal Peoples* and the *Romanow Commission* pointed to the need for more targeted and consolidated funding to First Nations health. An increased transfer of dollars to First Nations communities to develop and maintain their own mental health services with strategic linkages to provincial/territorial jurisdictions, would be more aligned with recognition of the Nation-to-Nation relationship and First Nations jurisdiction in health. Health research has demonstrated a clear link between self-determination and cultural continuity and self-government of First Nations, and improved health outcomes.

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<sup>27</sup> See the Assembly of First Nations "Leadership Action Plan for Child Welfare", (2006). [www.afn.ca](http://www.afn.ca).

## Principles for Action:

The *World Report on Violence Against Children* has identified a number of key principles which should be recognized in any strategic framework or action plan to address forms of violence experienced by children. These principles need to be interpreted and modeled into a framework for action that meets the unique needs of First Nations children, particularly girls:

- No violence against children is justifiable. Children should never receive less protection than adults. **First Nations children are tired of being told that 'they are the future' in the absence of meaningful action and investment to improve their life-chances and reduce violence;**
- All violence against children is preventable. States must invest in evidence-based policies and programs to address factors that give rise to violence against children. **For First Nations, this means self-determined, First Nation-designed family support programs where prevention is foundational;**
- States have the primary responsibility to uphold children's rights to protection and access to services, and to support families' capacity to provide children with care in a safe environment. **For First Nations, this means culturally-relevant policies and access to culturally-appropriate, quality programs that address a spectrum of core factors placing children at high-risk for experiencing violence;**
- States have the obligation to ensure accountability in every case of violence. **In a First Nations context this means recognition of the far-reaching impacts of an ongoing process of colonization that is placing children at very high-risk for sexual exploitation and abuse;**
- The vulnerability of children to violence is linked to their age and evolving capacity. Some children, because of gender, race, ethnic origin, disability or social status are particularly vulnerable. **First Nations children are vulnerable, and a framework for action must address the core factors that lead to their vulnerability. Girls and boys are at a different degree of risk for experiencing sexually-based violence, therefore, gender must be taken into account;**
- Children have the right to express their views and have them given due weight in the planning and implementation of policies and programs. **The issue of sexual exploitation and sexual abuse of children, and particularly First Nations children, should be a priority issue and one which Canada leads internationally.**

## The Way Forward

- I. *Government has a responsibility to build a solid legal framework to address all forms of violence experienced by First Nations children, including sexual exploitation and abuse.*

The framework must ensure that families, school and communities receive the support that they need to fulfill their respective roles in the lives of children. Developing a legal framework for reducing violence in the lives of First Nations children must be at the very least as multi-faceted and extensive as the range of factors that place First Nations children at higher risk for being victims of violence.

- II. *The legal framework cannot be unilateral, tough or repressive.*

The framework itself cannot violate the rights of any group of citizens or else it will not be effective. First Nations must guide the development of any framework to eliminate violence within their own families and communities. Recognizing colonization as an ongoing process, and the devastating impact of poverty on First Nations individuals, families and communities must be at the core of a legal framework.

- III. *Effective responses to violence involve comprehensive efforts, long-term investments into prevention, and reliable data collection with relevant indicators.*

There is a dire need to improve the efforts of all levels of government towards addressing violence experienced by First Nations children. The functioning and accountability of state institutions must be scrutinized and changes must be made where there is a recognized need.

- IV. *The Convention on the Rights of the Child was adopted in 1989, however, it has not been fully implemented in Canada. There is a need for rigorous monitoring of its implementation by both the federal and provincial governments.*

- First Nations children hold rights;
- First Nations children want those rights respected and supported at all levels;
- The long-term impact on the mental and physical health, and well-being endures an individual's entire life-span;
- Preventing the occurrence of violence in the lives of First Nations children requires cooperation amongst many partners.

### The Costs of Violence:

The evidence shows that, as a general rule, victims of domestic or sexual violence have more health problems, significantly higher health care costs and more frequent visits to hospital emergency departments throughout their lives than those without a history of abuse. The same is also true for victims of child abuse and neglect.

In calculating the costs of violence to a nation's economy, a wide range of factors need to be taken into consideration besides the direct costs of medical care and criminal justice. Indirect costs may include, for example:

- the provision of shelter or other places of safety and long-term care;
- lost productivity as a result of premature death, injury, absenteeism, long-term disability and lost potential;
- diminished quality of life and decreased ability to care for oneself or others;
- damage to public property and infrastructure leading to disruption of services such as health care, transport and food distribution;
- disruption of daily life as a result of fears for personal safety;
- disincentives to investment and tourism that hamper economic development.

The costs of violence are rarely evenly distributed. Those with the least options for protecting themselves against economic hardship will be most seriously affected.

- *World Health Organization*  
World Report on Violence and Health  
Geneva, 2002