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**Environments of Nurturing Safety II**  
**[ EONS II ]**  
**Indigenous Women in Canada**  
**A Five Year Strategy on HIV and AIDS,**  
**Hepatitis C and Blood Borne Infections**

2018-2023

**EONS II**



# The Canadian Aboriginal AIDS Network (CAAN)

## Acknowledgements

CAAN acknowledges all the Indigenous Women and representatives from CAAN member Aboriginal AIDS.

Services Organizations and allied community members who participated in the consultation process in the development of this strategic action plan.

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## Dedication

Laverne Monette was the founding Executive Director of OAHAS and a tireless advocate for Indigenous people living with HIV, but particularly women. Her formal education included a degree in Law and her life experience was certainly not boring! She used all of her education and smarts to advance the profile of women and HIV, in the movement and in the larger sphere of Indigenous issues.

Laverne was well known in the movement for her outspokenness and while she was a physically small human, her spirit was large indeed! She would stand up in a heartbeat to anyone who was trying to overlook the issues relevant to Indigenous women living with HIV.

She got things done in a way that often left others wondering how she did it. Her raucous laugh was often heard at conferences and gatherings – pulling people in to sit with the ‘cool kids’. She was welcoming and often generous but didn’t suffer fools easily.

As a boss and a mentor, she had mastered the balance of being supportive and also being able to ‘drop the hammer’ if you messed up. She worked tirelessly and partied just as hard as she worked.

She was not a perfect being, but gave her all to her work, her friends and her community. She was a proud Anishinaabe woman and those of us who had the privilege to call her boss, mentor, friend miss her physical presence daily. However, we know that she is still watching over us from the spirit world. Still miss that laugh though!





## Our History

Formally established in 1997 by Indigenous people, the Canadian Aboriginal AIDS Network (CAAN) evolved through the work of the National Aboriginal People Living with HIV/AIDS Network (NAPHAN). A joint project between the Canadian AIDS Society and stakeholders who would later become the first Board of Directors of CAAN created the foundation to register as an independent organization. CAAN is a national leader in addressing the impacts of HIV and AIDS in Indigenous communities. We have come to understand the connection between the high rates of HIV and the direct links to the social determinates of health such as: culture, poverty, stigma and discrimination, housing, colonization, residential school experiences, foster care and education.

CAAN is a National Aboriginal organization and as such is committed to addressing the issues of HIV within an Indigenous context. Although the beliefs of Indigenous people vary widely from region to region and from person to person, the agency has made a commitment to conduct its activities in a spirit of Indigenous wholeness and healing. This disease can only be overcome by respecting our differences and accentuating our unity of spirit and strength.

### Key Contributors to the Development of EONS II

EONS was developed in consultation with a diverse group of approximately 300 Indigenous women from communities and regions across Canada. The commitment and strong voices of the women that contributed to this process are woven within this document; each voice spoke strongly about the need for addressing the impacts of HIV and AIDS in the lives of Indigenous women. Each voice spoke about the immediate need to create a response that will change outcomes for Positive Aboriginal Women (PAW) and change the trend of Indigenous women being most vulnerable to becoming HIV positive. This strategy demands the creation of 'Environments of Nurturing Safety' for Indigenous women to continue and/or begin healing journeys.

We especially acknowledge the courage and strength of all Positive Aboriginal Women (PAW) in openly sharing their lived experiences and envisioning what must be achieved over the next five years in every region across Canada. A very special thanks is extended to our sister and long-term survivor Kecia Larkin for coining the PAW acronym – it imparts a dual meaning to being 'positive' and breaks down a first barrier in how our sisters wish to be portrayed by utilizing an assets model approach.

We gratefully acknowledge the contributions of CAAN VOW (Voices of Women) Standing Committee for their ongoing commitment and for their belief in a process of consulting other women, and their willingness to mentor and facilitate leadership for all PAW. In 2010 VOW expanded and achieved standing committee status at the 2010 CAAN AGM in Enoch Alberta. VOW now has an equal representation of PAW and AASO Service Providers and embraces a solidarity approach within this response which is inclusive of all Indigenous women.

We also acknowledge our Two-Spirit brothers who first faced these issues at the onset of this epidemic and built a foundation; creating a pathway that we can build upon for this targeted response. – There is much the women's community can learn from you as we continue this work.

VOW and other staff members were approached by members of our Transgender women and asked to join VOW. Doris Peltier and Monique Fong Howe decided that we wanted to perform a blanketing ceremony to welcome the Transgender women into our circle. It was beautiful and a special day!

## Introduction

### Canadian Aboriginal AIDS Network—Goals and objectives

- To provide accurate and up-to-date information about the prevalence of HIV, STIBBIs, TB, Mental Health and related co-morbidity issues; HCV related diseases and their various modes of transmission in Aboriginal communities;
- To offer leaders, advocates and individuals in the AIDS movement a chance to share their issues on a national level by building skills, education/awareness campaigns, and acting in support of harm reduction techniques;
- To facilitate the creation and development of community Aboriginal AIDS service agencies, through leadership, advocacy and support;
- To design materials which are Aboriginal-specific for education and awareness at a national level, and to lessen resource costs of underfunded, regional agencies by distributing and making available these materials wherever possible;
- To engage Aboriginal people living with HIV and AIDS (APHAs) by giving them forums in which to share their issues and to facilitate the development of healing and wholeness strategies;

**“It (EONS II) should reflect the voices of positive Aboriginal Women and their allies to create a path for all of us to follow. Give the many different ways that we do our work highlight key issues with some flexibility about how to address them would be great.”**

#### Consultation participant:

Indigenous Women and Leadership/Voices of Women:

#### Overarching goal to project:

Develop and implement an Indigenous Women’s Strategy: that supports the key activities for Indigenous Women within Canada to lower the trends of the HIV and AIDS, STBBI’s, Hepatitis C, Tuberculosis, HIV and Aging & Related Co-morbidities within this population.

#### Objective:

To implement the Environments of Nurturing Safety II and Support the Key Activities for Indigenous Women within Canada to lower the trends of the HIV and AIDS within this population.

### 15 (PAW) Positive Aboriginal Women Statements

For the creation of safe spaces where Positive Aboriginal Women can continue and/or begin healing journeys we need:

- ✘ To be vigilant in ensuring that increasing the network of PAW in safe spaces supported by other women will be a priority.
- ✘ To be portrayed in a positive manner, and not be further stigmatized in media and through all forms of reporting that currently focuses on the deficit model of who we are.
- ✘ To be included in the design of culturally appropriate service delivery models for PAW and be meaningfully engaged in all research that pertains to PAW.
- ✘ To be a priority when it comes to funding for services that will lessen our isolation and be assured that all funding for women will be supervised to ensure that it gets to women.
- ✘ To be respected and supported in our choices on fertility and reproductive rights.
- ✘ To be assured that our children are also included and supported and that we are given respect as nurturers of our children.
- ✘ To be key stakeholders in the education/training of health care providers and community about the unique vulnerabilities and health risks of Aboriginal women.
- ✘ To be assured that accurate up-to-date information specific to Aboriginal women and HIV and AIDS is readily available and accessible.
- ✘ To be encouraged and supported in developing a “PAW Sisterhood Network” that protects and respects our right to privacy.
- ✘ To be supported in the recognition of our fundamental human rights as PAW including rights to appropriate housing and income security and in particular for women in prisons, women who use drugs and sex trade workers.
- ✘ To be key informants in research into female infectivity, including woman to woman transmission and the recognition and support for lesbians living with HIV.
- ✘ To be involved in all decision making on all levels of policy and programming affecting us.
- ✘ To be encouraged and supported in developing economic strategies that will enable positive Aboriginal women to be self-sufficient and independent.
- ✘ To be able to access culturally appropriate care, treatment and support, free from stigma and discrimination.
- ✘ To be able to meaningfully participate at international, national and regional conferences where decisions regarding the issues of PAW are discussed that honors the alleviation of barriers.

### EONS Vision:

Our ideal future consists of accessible, relevant, effective and women-centered actions where Aboriginal Women will be safe to continue and/or begin their healing.

### EONS Mission Statement:

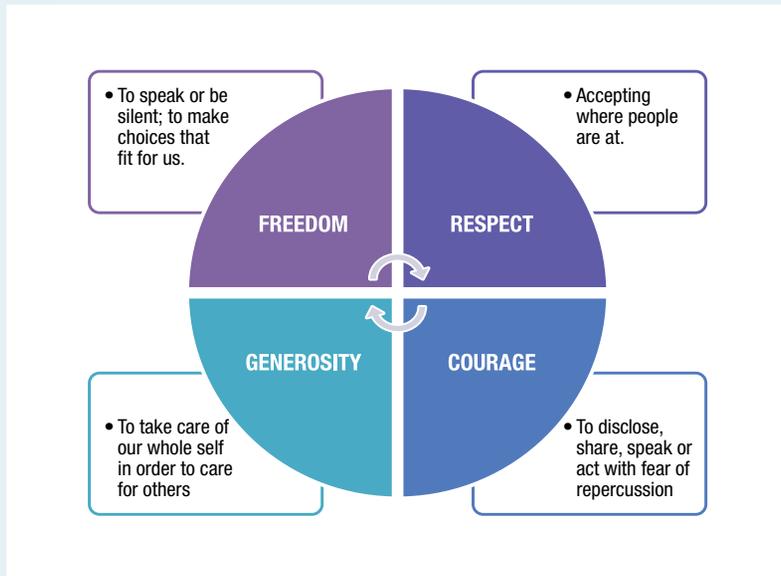
We exist to respond to HIV/AIDS women specific issues as equal partners in decisions that impact our health and the health of our children and families.

### EONS Guiding Principles:

- ✘ Indigenous women-centered guiding principles:
- ✘ Indigenous women are diverse but can demonstrate unity amongst each other to benefit their children, themselves, and the communities in which they live.
- ✘ Indigenous women are nurturers, healers, and keepers of women's knowledge and keepers of culture and must honor these gifts in how they work each other, their children, and their communities.
- ✘ Indigenous women are resourceful, flexible, and responsible for themselves, their children, and their communities and for these reasons are self-determined in their work for and with each other.

### EONS Values:

We have selected the following four core values to help guide the work.



## Strategic Directions

### Overarching GOAL:

Lower the incidence and prevalence of HIV and AIDS, HCV and other STBBIs with Indigenous Women.

### Strategic Objective #1: Implementation and dissemination of Environments of Nurturing Safety (EONS II) with stakeholders & partner organizations who offer services to Indigenous Women

- ✘ Partner with existing National/Regional/Territorial partners on EONS II
- ✘ Partner with existing National/Regional/Territorial partners to promote and disseminate EONS II
- ✘ Invite CAAN/CAAN VOW members to present and introduce EONS II to staff, board and membership of CAAN and National/Regional/Territorial partners
- ✘ Invite Women who are living with HIV and AIDS, Hepatitis C to participate in the promotion and dissemination of EONS II
- ✘ Increase collaborations and partnership with regional and national organizations to host series of capacity building sessions on their services through the development of an MOU regarding EONS II

**Strategic Objective #2: To increase knowledge and awareness of HIV and AIDS, Hepatitis C and STBBI's with organizations that provide services to Indigenous Women.**

- ✂ Compile referral list of local/regional of HIV and AIDS, Hepatitis C and STBBIs services
- ✂ The referral list will include language translation (if necessary), testing, treatment and hospital liaison services (if the client is from out of town or region)
- ✂ Invite local/regional Aboriginal AIDS Service organizations (AASO's) who can offer training on basic AIDS 101, Hep C 101, STBBI 101 with staff and board members of engaged agencies providing services to Indigenous Women living with HIV and AIDS, Hepatitis C and/or other STBBIs
- ✂ Review agency Policies and procedures and (if applicable) update to include Confidentiality policy related to HIV and AIDS, Hepatitis C and STBBI's

**Strategic Objective #3: To increase wellness capacity with Indigenous Women who are living with HIV, HCV or other STBBIs.**

- ✂ Host information sessions with Indigenous Women to identify what training is needed
- ✂ Create a committee that will help with capacity building events
- ✂ Identify cost sharing opportunities for capacity building events
- ✂ Work with local/regional/territorial AASO's to facilitate HIV and AIDS, Hepatitis C and STBBI training with Indigenous women who are members/clients/participants/service users of engaged organizations
- ✂ Partner with existing national partners like CATIE and CTAC and increase access to treatment information and knowledge transfer for Indigenous women living with HIV, HCV, and other STBBIs
- ✂ Create an on-site resource room of educational material for women and their families
- ✂ Utilize summer or practicum students to create a "Things to know" manual for Indigenous women who are living with HIV, HCV and STBBIs and for their families
- ✂ The manual may have information on testing, disclosure, treatment, family support, and list of informed traditional elders

**Strategic Objective #4: to assist in addressing Stigma and Discrimination among Indigenous Women**

- ✘ Enhance staff training with staff and board members which includes;
  - o Cultural Sensitivity/Cultural Safety
  - o Stigma & Discrimination/Anti-oppression
  - o HIV disclosure and Criminalization
  - o Trauma informed care and support
- ✘ Develop/clarify procedures, responsibilities and roles to address stigma within your agency
- ✘ Maximize staff readiness to address patient support and needs by offering bi-yearly staff training
- ✘ Develop culturally appropriate protocols for health care providers that can meet unique needs of Indigenous women living with HIV and their families
- ✘ Have referral lists of culturally appropriate and trauma informed agencies who can help with concerns with Health care, treatment, housing, sexual health that have been communicated with to ensure they are culturally safe for Indigenous women
- ✘ Make your agency a “Safe Space” that incorporates Trauma-informed Care

## Dissemination Plan

### Objectives

- I. To increase accessibility of CAAN Resources to Indigenous Women
- II. To improve communication with community/organizational members
- III. To increase capacity amongst Indigenous Women

Target Population	Dissemination Tools	Outcomes
<ul style="list-style-type: none"> <li>• Indigenous Women</li> <li>• Community Members</li> <li>• Organizations</li> <li>• Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Website</li> <li>• Mailouts</li> <li>• Facebook</li> <li>• Social Media</li> <li>• Presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Capacity</li> <li>• Policy Changes</li> <li>• Leadership Advocacy</li> </ul>

A dissemination plan will assist your organization when planning and sharing information to your members.





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