

Indigenous women, houselessness, and gender-based violence in Canada

By Susie Taylor, Robert Sager and Enehikhare Osawaru

Key terms: homelessness and houselessness

In various Indigenous worldviews, the meaning of “homelessness” differs from the settler colonial definition, encompassing isolation from relationship to land, community, and language, and an inability to connect - culturally, spiritually, emotionally or physically - with Indigeneity. [Learn more here](#). In recognition of this, we instead use the narrower term “houselessness” to describe the absence of stable and appropriate housing.



Houselessness and Indigenous Canadians

First Nations, Inuit, and Métis people are significantly more likely to be unhoused, precariously housed (living in housing that is unaffordable, unsuitable, or unstable) or chronically unhoused (unhoused for six months or more) than non-Indigenous Canadians. A 2020-2022 point in time count of houseless Canadians found that:

- While 5% of Canadians identify as Indigenous, they are significantly over-represented in the houseless population: 24% identified as First Nations, 6% as Métis, and 2% as Inuit.
- The vast majority of Indigenous people experiencing houselessness were chronically unhoused: 75% of First Nations respondents, 73% of Métis respondents, and 80% of Inuit respondents.
- The majority of Indigenous respondents (55%) first experienced houselessness when they were children.

Houselessness and colonization

The disparity between Indigenous and non-Indigenous experiences of houselessness in Canada is a direct result of colonization. The separation of Indigenous children from their families, whether through residential schools, the Sixties Scoop, or child apprehension, is strongly associated with houselessness. The strongest predictor of being visibly unhoused in Canada is experience of the child welfare system; Indigenous children are approximately 4 times more likely than non-Indigenous child to be involved in this system. Indigenous children are also significantly more likely than non-Indigenous children to be unhoused and to experience violence, including child sexual abuse; this risk is higher for children whose parents or immediate family attended residential school. These adverse childhood events are strongly linked to adult experiences of poverty, unemployment, mental health diagnoses, substance use, and involvement with the justice system, all of which are risk factors for being unhoused.

Houselessness and Indigenous women

Indigenous women are significantly more likely to be unhoused than non-Indigenous women. They are also more likely to stay in unsheltered locations such as encampments, and to experience “hidden homelessness” (staying with friends, in cars, or in other forms of precarious housing). Many Indigenous women choose this over using shelters, because of concerns about safety and/or losing their children to the child welfare system. As such, “counts” of Indigenous women’s houselessness typically underestimate the extent to which they are affected by unsafe housing.

Discriminatory colonial laws and experiences of displacement through the reserve system and residential schooling diminished Indigenous women’s access to land and ability to use land, creating present-day housing instability and intergenerational poverty.

- The Indian Act excluded First Nations women and their children from obtaining status, treaty entitlements, and land rights if they married non-Indigenous partners.
- The Indian Act contained no provisions for marital real property until 2013, leaving First Nations women’s property rights unprotected in cases of spousal separation or death.
- Consistent underfunding of housing on reserves and in Inuit Nunangat has led to overcrowded, intergenerational, and/or unsafe housing. In 2021, 42% of First Nations women on reserves, 31% of Inuit women, and 19% of Metis women lived in houses that need major repairs: this compares of 16% of the general population.

The lack of appropriate housing on reserves and in Inuit Nunangat contributes to movement to urban centres; while this holds the promise of improved socio-economic conditions, for many Indigenous women this mobility actually increases poverty and risk of houselessness.



Houselessness and gender-based violence

Violence is the leading cause of houselessness for all Canadian women, and Indigenous women are disproportionately affected by violence (see [Gender-based and intimate partner violence, STBBIs, and public health](#)).

Indigenous women fleeing violence are at higher risk of trafficking; over 90% of traffickers in Canada are known to their victims, and groom them by providing shelter, food or substances. Precarious housing and hidden homelessness put women in situations where they are more vulnerable to survival sex, trafficking, and other forms of violence; experiences of violence can then lead to being unhoused, unsheltered or chronically houseless.

Approximately 25% of unhoused youth in Canada are 2SLGBTQI+, despite making up 5-10% of the population.

Homophobia and gender-based discrimination are part of Canada's colonial legacy, which suppressed Indigenous expressions of gender and sexual diversity through forced assimilation. Gender diverse Indigenous people are multiply disadvantaged: they are even more likely than non-Indigenous gender diverse people to be unhoused, and they are significantly more likely to experience violence. 86% of 2SLGBTQI+ Indigenous women have experienced intimate partner violence.



GBV and houselessness as drivers of illness

Gender-based violence and houselessness are both predictors of illness. Trauma amongst those who have experienced gender-based violence and/or child abuse is associated with mental health diagnoses, substance use, and high-risk sexual behaviours, all of which increase the likelihood of STBBI acquisition. Substance use disorders and mental health diagnoses can both cause, and be a consequence of, houselessness. Houselessness is associated with a range of medical conditions, including soft tissue infections, respiratory conditions, chronic diseases, sleep deprivation and injuries. Being unhoused can create barriers to diagnosis, treatment (particularly for illnesses that require ongoing treatment), and follow-up. Many unhoused people use emergency rooms rather than general practitioners due to the difficulty of obtaining a medical card without a fixed address, making an appointment without a telephone, and having the stability required to plan and attend an appointment. Stigma and discrimination in medical care - for being unhoused, using substances, and/or being Indigenous - further contribute to health inequities.



What does this mean for public health?

Stable and secure housing is only one aspect of a decolonizing approach that addresses health inequities for Indigenous people in Canada. From a public health perspective, it is important to recognize the interconnectedness of issues like colonial violence, gender-based violence, poverty, unsafe or unavailable housing, substance use and experiences of disease. Public health interventions that address housing or the health problems linked to houselessness should be Indigenous-led, trauma informed and strength based, involve peers and Elders when possible, and encompass culturally specific healing, harm reduction and psychosocial support for those who have experienced houselessness.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Infectious Diseases. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

This is NCCID Project number 890.