

**PERCEPTIONS OF CRIME AND NOTIONS OF
NEIGHBOURHOOD AND COMMUNITY AMONG ABORIGINAL
PERSONS IN THE DOWNTOWN EASTSIDE, VANCOUVER**

FINAL REPORT

Curt Taylor Griffiths, Ph.D.

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VANCOUVER URBAN ABORIGINAL COMMUNITY STUDY

PART I

THE NATIONAL COMMUNITY RESEARCH PROJECT AND THE VANCOUVER URBAN ABORIGINAL COMMUNITY STUDY

The National Community Research Project

The National Community Research Project (NCRP) is focused on the access and delivery of services to Aboriginal people who have suffered a criminal victimization, the social and community costs of criminal victimization for Aboriginal people, and the barriers that Aboriginal people face in seeking social, psychological, criminal justice, and health services due to a criminal victimization experience in both the urban and non-urban context.

For the purposes of this research project, victimization is defined in the broadest manner to include criminal events, health, and mental health experiences. As a result of this broad definition, the NCRP is examining not only the community patterns associated with typical forms of victimization, such as assault, sexual assault, and murder, but also other significant indicators related to suicide, alcoholism, drug use, depression, neglect, etcetera.

The National Community Research Project falls within the scope of the *Gathering Strength Initiative* of the federal government. The project utilizes a multi-disciplinary approach and addresses, in a holistic fashion, the key issues related to victimization and community life, and the development of effective community-based and externally delivered programs and services.

The primary goal of the NCRP is to provide information to Aboriginal communities, and relevant government and non-governmental organizations, that can be used to assist in the development of appropriate resources and strategies to help Aboriginal victims access the kinds of services that they feel will be most beneficial to them and to their communities. In order to understand the nature of victimization in the urban and rural contexts, and to identify Aboriginal peoples' patterns of service access, the NCRP conducts in-depth, one-on-one interviews with a wide range of Aboriginal

people in distinct contexts. This includes Aboriginal persons residing in urban centres and rural communities.

The NCRP also examines how victimization affects Aboriginal peoples' sense of community and neighborhood. In order to accomplish this goal, NCRP research focuses on the impact of "social cohesion" on patterns of victimizations within Aboriginal urban and rural contexts. Social cohesion research is important for understanding how community residents perceive the sources of danger in their community, and which individuals and/or programs they rely on to either respond to victimization or to avoid becoming victims. An understanding of social cohesion is also important in order to determine what types of community structures and policies are required to repair, maintain, and enhance a strong social fabric in both urban and rural Aboriginal communities. With this understanding, the NCRP identifies those community-based initiatives that most effectively respond to, and prevent, victimization.

Part of understanding the differences in how communities respond to victimization requires an examination of the roles of external interveners, such as the police, social services, other justice workers, mental health workers, housing personnel, and treatment-center workers. With the assistance of our partners, the NCRP has created a research instrument and protocol that assesses how Aboriginal victims and non-victims perceive the roles of external interveners and government programs that are designed to respond and prevent victimizations.

To this end, the NCRP has included several important measures into the research survey in order to address this issue. Specifically, the questionnaire has been designed to provide information about the type and nature of victimization that a person has suffered, understanding the relationship between the victim and the offender, whether or not that person was aware of the possibility of participating in a restorative justice program, why the victim would or would not participate in the program, and what conditions would increase their likelihood of participating in a restorative justice program. For those individuals who have participated in a restorative justice program, the survey collects information about how the victim became aware of restorative justice programs, the nature and structure of the program that they participated in, the outcome of the process,

and how the victim feels about their experiences with a restorative justice program, in other words, what made the program useful, or not useful, to them. This is just some of the data and information that is collected by the NCRP with respect to restorative justice.

The National Community Research Project is firmly committed to developing partnerships between Aboriginal communities and governmental and non-governmental agencies. A significant benefit of this partnership will be the ability to share information and experiences between communities, academics, service providers, and policy makers.

The NCRP has partnered with a number of federal, provincial, municipal agencies and organizations as well as with several not-for-profit organizations. These include the federal Department of Indian and Northern Affairs, the federal Department of Justice, the National Crime Prevention Centre, the Assembly of First Nations, the National Association of Friendship Centres, Statistics Canada, Canadian Mortgage and Housing Corporation, Solicitor General, the Federal Department of Human Resources and Development, the British Columbia Attorney-General's Department, the Vancouver Aboriginal Healing Foundation, the Vancouver Friendship Centre, the Vancouver Native Education Centre, the Vancouver Police Department, First United Church (the site of the present study), Simon Fraser University, the University of British Columbia, and the University of Winnipeg.

The primary data collection instrument for the NCRP is a survey questionnaire that is administered via an interview with Aboriginal respondents. The interview schedule is designed to cover many distinct facets of the interviewee's life and to facilitate the understanding of the perceptions of and experiences with victimization and its consequences. In order to achieve this goal, the interview focuses, in part, on the respondents' coping strategies, strategies of avoidance, and the psychological, physical, physiological, and economic impact of victimization. In addition, the interviews address issues of perceived sources of support in the community prior to and following victimization, as well as perceptions of the availability, relevance, and usefulness of externally-delivered sources of support and assistance, both prior to and following the victimization experience.

The Vancouver Urban Aboriginal Community Study

The Vancouver Urban Aboriginal Community Study is one component of the National Community Research Project (NCRP) and was designed to provide data from a population of Aboriginal people in Vancouver who reside in an area of the city commonly referred to as the 'Downtown Eastside' (DES). The intent of administering a survey instrument to this population was to explore the perceptions and experiences of a population that is situated in a highly troubled area of the city and one that is characterized by high visibility drug use, transience, unemployment, homelessness, and residents who experience high rates of mental and physical impairment, including drug addiction, tuberculosis, and mental disorder (Joseph, 1999). Of particular interest is the level of social cohesion in the area, as reflected in the responses of residents to a number of survey questions relating to their neighbourhood. Another primary focus is on the use of services and programs by this population.

The project was also designed to contribute to the emerging literature on Canada's urban Aboriginal peoples, c.f. Hanselmann, 2001, LaPrairie, 1995, and Richards, 2001 and to extend the research on social cohesion being undertaken by scholars such as Sampson, et al. (1985; 1988; 1997).

Urban Aboriginal Peoples

Aboriginal peoples residing in urban areas across Canada have received far less attention from policymakers, politicians, and researchers than their reserve-based counterparts. As Hanselmann (2001:1) notes:

Discussions about treaties, self-government, finances, housing, and other issues focus almost exclusively on First Nation communities and rural areas. This over-sight is problematic as it ignores the urban realities of Canada's Aboriginal population.

There has also been a dearth of policies developed to address the specific needs of urban Aboriginals. This is due, in part, to ongoing disagreements between the federal and provincial governments over responsibility for urban Aboriginal peoples. The view of the federal government has been that urban Aboriginals are a provincial responsibility, while

the provinces have maintained that the federal government should assume primary responsibility for all Aboriginal people. This ongoing dispute has had several consequences, including a dearth of federal or provincial policies that address urban Aboriginal people:

The lack of agreement over responsibility has been identified as leading to ‘inconclusive activity...and a ‘policy vacuum.’ Where policies do exist, they have evolved ‘ad hoc’ and are often seen as inadequate. In the absence of federal or provincial action, municipalities have often been left to create policies to provide for the needs of urban aboriginal people – and frequently lacked capacity to do so adequately (Hanselmann, 2001:10).

The current position of the federal government is that primary responsibility for urban Aboriginal peoples resides with the provinces. At the provincial level, there is considerable variation in the policies, programs and services that have been directed toward urban Aboriginal people. In addition, there are a variety of programs and services offered by not-for-profit NGOs and church-based programs and services that have developed to service this population, who have fallen through the “policy cracks.” These include Aboriginal-operated organizations as well as programs sponsored by churches and other religious-based organizations.

The consequences of the failure to examine the issues confronting urban Aboriginal peoples and to develop policies that address these issues are even more significant given that more Aboriginal people live in urban areas than on reserves and, in recent years, there has been a trend toward in-migration of Aboriginal peoples from rural and remote areas into urban centres.

Statistics also indicate that urban Aboriginal populations are “high risk, high need” populations, to wit:

- *Many Aboriginal children live in high-risk environments.* A large majority of whom reside in “one parent” families, have high rates of psychiatric disorders, are affected by a variety of social problems, and experience academic difficulties

- *The rates of domestic violence are higher in Aboriginal families than in non-Aboriginal families.* This, in turn, has significant implications for the need for services and programs, Hanselmann (2001:4) noting: “A higher incidence of domestic violence among urban Aboriginal people has potential impacts for western cities in such areas as increasing policing, corrections, health care, and other social costs, as well as having the potential to contribute to family breakdown and a lack of social cohesion within cities.”
- *Aboriginal people are more likely to have lower levels of formal education.* In a study of urban Aboriginal peoples in western urban centres, Hanselmann (2001) also found that Aboriginal families were most likely to be lone-parent families and that children of lone parent families were more likely to be afflicted by “psychiatric disorders, social problems, and academic difficulties.”
- *High rates of unemployment.* Statistics from six western Canadian cities indicate that the Aboriginal unemployment rate is double that for non-Aboriginals (Hanselmann, 2001:5).

A recent study conducted by the Vancouver-Richmond Health Board was designed to establish a health profile of the Aboriginal population the region and to examine existing health-related programs and services and the gaps in program and service availability and delivery. Among the findings of this study were:

- a high level of transience, with between one-third and one-half of the population moving in the previous twelve months, and this movement being both into and within the region
- a culturally-diverse population, with representation from one-third of the 600 bands in B.C.
- a high percentage (80%) of Aboriginal children living in poverty
- one-half of the Aboriginal families with children are headed by a lone female parent
- high rates of Aboriginal deaths from SIDS, alcohol, drugs, and of HIV/AIDS
- families living in a state of “unresolved grief” from frequent deaths in the family and/or neighbourhood

(Joseph, 1999: v-vi)

This study recommended a number of strategies for strengthening Aboriginal families, supporting Aboriginal youth, and building community capacity.

Despite these attributes, there are few studies that have solicited, first-hand, the views and experiences of Aboriginal persons who reside in urban centres. Little is known about the perceptions that Aboriginal people who live in inner city areas have of their community, their experiences with crime and victimization, the program and service needs of this population, the extent to which they access programs and services, and their views as to what types of programs and services would best address their needs. This project, in conjunction with a much larger study of a “stable” urban Aboriginal population in Vancouver, was designed to provide insights into a number of facets of urban Aboriginal life.

The one notable exception to this is the field study conducted by LaPrairie (1995) that involved interviews with a total of 621 Aboriginal persons in the urban centres of Edmonton, Regina, Toronto, and Montreal. Given that the LaPrairie (1995) study most closely approximates the current study in terms of method, the findings from that study will be discussed in conjunction with those of the current project, where applicable. It is noted that LaPrairie’s study was based solely on interviews, which precluded any statistical analysis to determine whether there were statistically significant differences on key variables such as gender, age, and length of residence in the city.

Another key attribute of the published literature on urban Aboriginal peoples is that the more negative aspects of neighbourhoods and residents have been featured, i.e. drug use, prostitution, homelessness, violence. In a careful examination of the dynamics of inner city neighbourhoods, Richards (2001) has demonstrated that the more negative attributes of inner city neighbourhoods have a profound effect on the residents, their families, and their life opportunities.

Although the difficulties confronting urban Aboriginal peoples have been widely documented, there are positive dimensions of life in the inner city. The near total focus on social problems, crime, and violence has impeded an examination of the lives of individual residents, their friendship networks, and, as importantly, the perceptions that Aboriginal people in the inner city have of their neighbourhood, the programs and

services they access, and their sources of support and assistance. The “social problems” perspective has also resulted in a number of questionable assumptions being made about Aboriginal peoples who reside in the inner city, chief among them being that their lives are chronically unstable, characterized by a high degree of crime and violence and transiency, and addiction to alcohol and drugs. It is assumed, for example, that there is a high rate of transiency, with Aboriginal peoples constantly moving between their home reserves and communities in the more rural and remote areas of the province, to the downtown urban core.

The findings in the present project suggest, however, that there is a population of Aboriginal residents who are relatively stable in terms of their residence, have a daily routine centered on accessing programs and services, and who are not impaired by drug and/or alcohol addiction.

The materials gathered in interviews with Aboriginal men and women who reside in the Downtown Eastside area of Vancouver raise significant questions with respect to the way in which policies have been formulated and programs and services designed and implemented for Aboriginal residents of urban centres.

METHOD

Site Access

In the early Spring of 2001, discussions were held with a variety of parties to determine an appropriate site in the Downtown, Eastside (DES) Vancouver to conduct interviews with Aboriginal persons. Several venues were considered, including the Carnegie Centre, the Vancouver Native Health Clinic, and Triage. From these discussions, First United Church (FUC) on East Hastings Street emerged as the most desirable location.

There were several factors that contributed to First United Church being identified as the prime site for the study:

Location: FUC is situated in the heart of the Downtown Eastside.

Reputation: FUC and its staff have a very good reputation and are seen as non-political and focused on the needs of the people they serve.

Clientele: A large number of Aboriginal people access the programs and services of FUC.

Interest: The Director of FUC has a Ph.D. and is committed to the research enterprise, particularly as it will result in information that can be used to strengthen and extend the programs and services of FUC.

In March of 2001, a letter was sent to the Director of FUC, setting out the overall objectives of the National Community Research Project, discussing the objectives of the urban Aboriginal community portion of the project, and soliciting her interest in collaborating on the project by providing access to a sample of 200 Aboriginal persons at FUC.

A positive reply was received from the Director and a meeting was subsequently held in April of 2001. During this meeting, the overall structure, objectives, and components of the National Community Research Project were presented. The Aboriginal community sample component of the project was then discussed in detail and the role of FUC as a collaborator on the project was discussed. A number of specific issues were also addressed, including the size and composition of the research team, the categories of questions that would be asked of the client sample, and the time lines for the project. The amount of remuneration to be offered to each respondent was also discussed as were the challenges that the client group would present to the research team.

Organization and Training of the Research Team

Given the unique challenges that were likely to be posed by the sample, including the probability that a portion of the persons interviewed would be mentally disordered, it was decided that a team of interviewers would be assembled, consisting of M.A. and doctoral level students in the field of psychology, all of whom had extensive experience conducting interviews with high-risk populations. As the programs and services of FUC are provided primarily on a “drop in” basis, the decision was made to not attempt to pre-arrange interview times, but rather to interview persons on a first-come, first-served basis. A method was devised to ensure that respondents were only interviewed once. Respondents were paid \$20.00 upon completion of the interview.

A day-long training session was held with the project team. Among the topics covered in the session were the goals and objectives of the NCRP generally, the present study, the issues surrounding conducting interviews with high risk populations, an item-by-item review of the questions contained in the survey instrument, and the research protocols to be followed at First United Church. In addition, several mock interviews were conducted to provide research team members with the opportunity to become familiar with the survey questionnaire and to raise any questions about the meaning and intent of individual survey items.

Adaptation of the NCRP Survey Instrument for the Urban Aboriginal Community Sample

A major challenge confronting the researchers was to adapt the survey questionnaire previously administered to Aboriginal persons in other regions of the Lower Mainland. There were a number of concerns surrounding the factors that might undermine the ability of the research team to administer the survey questionnaire to the selected sample, including the length of the questionnaire and the ability/interest of respondents to participate in a one-two hour interview. A considerable amount of time was spent by the project team adapting the NCRP survey instrument, with a particular focus on reducing the length of the survey questionnaire, reducing the number of questions, and adding questions that were relevant to the targeted respondent group.

Pre-Test of the Survey Instrument

In early 2002, a pre-test was conducted at First United Church. The survey instrument was administered to eight Aboriginal respondents. The pre-test indicated that the respondents had no difficulty understanding the Consent Form for Participation or understanding the Information Sheet for Participants. There were, however, several individual questions on the survey instrument that were problematic for the respondents. To address these concerns, there were further refinements to the survey instrument based on the information gathered during the pre-tests, centered primarily on re-writing certain questions to ensure clarity and purpose of meaning and eliminating questions that were

redundant. The decision was also made to discard a psychological scale that had been included at the beginning of the survey.

The Vancouver Community Research Instrument

The survey questionnaire that was administered to the urban community sample contained a total of 193 questions, grouped into a number of general categories:

- *socio-biographical*, including community of origin, age, gender, experience with residential schools and identification with and involvement in Aboriginal cultural activities;
- *family-related information*, including upbringing, relations with parents, siblings and children, and the location of family members;
- *residence*, including type of residential dwelling, length of time in current residence, frequency of change of residences, frequency of visits to home community or reserve;
- *neighbourhood*, including daily routine, opinions on the quality of life in the neighbourhood, friendship networks, perceptions of personal safety, and activities with neighbours,
- *programs and services*, including types of programs and services accessed, reasons for participation, involvement in programs and services at First United Church, perceived usefulness of programs and services
- *physical and mental health*, including general health issues and problems, and access to and use of physicians and hospitals; and participation in treatment programs for substance abuse and addiction
- *alcohol and drug use*, including frequency and use/abuse of alcohol and various types of drugs, involvement in treatment programs, and extent of alcohol and drug use/abuse among family members.
- *information on victimization experiences*, including all experiences over the past year, the most serious victimization and its impact, medical or other intervention that was accessed (**NOTE:** These data are excluded from the present report)

The Research Site

The project was conducted at First United Church, which is strategically situated in the Downtown East Side. The Church offers a broad range of programs and services for persons in the area and has a regular clientele of up to 500 persons, a large majority of whom are Aboriginal. Among the more heavily accessed services are a hot meal program, coffee, and a clothing depot. Most programs and services are accessed on a drop-in basis.

To ensure confidentiality and quiet, interview stations were created on the second floor of the Church away from the primary traffic flow. The second floor of the church contains staff offices, although there is a room wherein donated clothing is sorted and stored. The noise levels in this second floor location are sufficiently low so as to allow interviews to be conducted.

Post-Interview Assessments

A critical issue for the study was whether residents in the area who could be contacted through First United Church would be willing, able, and/or amenable to participating in and completing a 1-2 hour interview. There were also concerns that respondents might be reluctant to discuss more intimate facets of their lives, including victimization experiences and drug and alcohol issues. These concerns proved to be largely unfounded as evidenced by the information recorded by project team members on an Interview Assessment Form completed at the conclusion of each interview.

This form contained the following items:

1. Did you complete the entire interview? (1) Yes: _____; No: _____
2. If No, Why did you not complete the interview?
3. What was your overall impression of the individual's interpersonal style?
4. What was your overall impression of the individual's emotion/affect?
5. If you have any other impressions, comments, or notes, please use this space.

A total of 187 Assessment Forms were completed by the research team. Information provided on these forms indicates that concerns that had originally been expressed about the ability/capacity/interest of respondents to sit for a 1-2 hour interview proved largely unfounded.

The field research team was uniformly impressed with the high level of interest shown by respondents in participating in the study and in the attempts that were made by respondents to answer all of the questions that were posed to them.

1. *Complete interviews with the respondents were obtained in all but one case.* In this single instance, the respondent did not wish to speak about her victimization experiences, which were quite recent.

2. *The overall impressions of the respondents' interpersonal styles and emotion/affect were generally positive.* This is reflected in the following selected quotations, taken from individual Assessment Forms:

- "strong, well spoken, good insight" (13008)

- "earnest and disclosive" (13004)

- "she was articulate; easy to talk to." (12016)

- "good interpersonal style; she was very comfortable; liked to talk; very expressive" (14016)

- "good, very helpful; wanted to complete everything." (15017)

- "he was cooperative and seemed very straightforward; attempted to answer truthfully." (77-005)

- "this individual was very open and quite friendly." (15175)

3. *Respondents displayed a range of emotions/affects, from being quiet and shy, to smiling and laughing, to distress and crying.* Speaking about victimization experiences was particularly difficult for many of the respondents, although there were only a few instances in which the respondent did not make every effort to answer the questions that were posed to them.

These are reflected in the following selected quotes from the Assessment Forms:

- "She was quite emotional during the interview and seemed to be on the verge of crying quite a bit, particularly when we got into the part about being the victim of crime." (88-0001)

- “He was polite and quiet and had a gentle disposition. He was stable, calm, and thoughtful about his answers.” (77-0001)

- “This man tried to hide his emotions but twice it looked like he was going to cry (when talking about abuse by his mom and when asked about his own victimization). He doesn’t seem at all like a happy man and expressed feelings of betrayal by his family and friends. He doesn’t seem to trust people in the long run that they won’t hurt him.” (88-0006)

There was a general absence of hostility expressed toward the interviewers. Even among those respondents whose interpersonal style was characterized in the Assessment Form as “slow,” “hesitant,” or “shy,” were also noted as being cooperative throughout the interview.

In several instances, the difficulties experienced by the respondent in answering the questions were due to suspected impairment from drugs and/or alcohol or to some type of mental impairment.

“She seemed a little slow and kind of nervous. Her eyes were very dark. I believe she may have been high. She was, however, very cooperative.”
(77-2001)

Initial concerns that this population would have difficulty completing a lengthy survey questionnaire interview and may not be fully responsive or cooperative proved to be unfounded. This provided an initial indication that the assumptions that are often made about Aboriginal persons who reside in the Downtown Eastside may be challenged by the responses to the interview survey. The analyses in this report indicates, that was, in fact, the case. Although the project was designed, in part, to explore the levels of transience among the sample, the information gathered from the respondents in the sample indicate that the majority of the respondents are long-term residents of the Downtown Eastside and have a relatively stable, routine life.

Sampling Procedures and the Rationale for the Sampling Procedure/Limitations of the Sampling Procedure

Although many of the residents in the Downtown Eastside have a daily routine for securing meals, a considerable portion of their day is unstructured. This necessitated the use of a snowball sampling technique. Once the interviewers were in place at FUC and the first several respondents had been approached and asked to participate in the study, the visibility of the project increased and there was a constant pool of respondents willing to be interviewed. Prior to beginning the interview, all respondents completed a standard Consent Form and were read a background statement about the project. Respondents were paid \$20.00 upon successful completion of the interview.

The project team is confident that the respondent sample represents a portion of the Aboriginal population that resides in the DES. There are, however, a number of limitations in the method used to obtain the sample. These include:

The use of First United Church as the sole interview location. There may be Aboriginal residents in the area who, for whatever reason, do not access the programs and services of FUC. This might include persons who are severely drug/alcohol addicted. In addition, there might also have been residents of the area who access FUC but who were unwilling to participate in an interview in which questions of a personal nature were asked. General suspiciousness of “outsiders” and/or shyness might also have prevented the participation of certain residents.

The use of a fixed choice survey questionnaire. The use of a survey questionnaire as the primary basis for conducting interviews with the respondents meant that it was generally not possible for the interviewer to probe certain responses and to develop a detailed life history of the respondent. This may have facilitated a greater understanding of the factors contributing to the experiences and perceptions offered by the respondents. For example, the data indicate that more than 50% of the respondents were raised by both of their biological parents. However, the dynamics of family life during the childhood and youth of the respondents, which may have contributed to their residing in the Downtown Eastside and living a high-risk lifestyle, are not explored, nor the specific events and decisions that resulted in each respondent becoming a resident in the DES.

The age distribution of the sample. As noted below, the respondent sample was heavily weighted in the age range of 31-50 years of age (73% of the sample). The project was not successful in attracting younger residents of the area in the 18-25 year old category. It is not known what the age distribution is of residents in the area and whether the respondent sample is representative of the Downtown Eastside community. The age range of the majority of the respondents may also explain the relative stability of the population. It can be anticipated that younger persons may be much more transient and, perhaps, have a higher incidence of alcohol and drug addiction.

Interviewing only Aboriginal persons. The project was designed to elicit the perceptions and experiences of a sample of Aboriginal men and women who reside in the Downtown Eastside area of Vancouver. It is, therefore, not possible to determine whether the responses are specific to Aboriginal people or whether they are similar to those of non-Aboriginal persons who reside in the area.

The self-report nature of the survey questionnaire. The data and findings presented in this report are based solely on the responses of the Aboriginal men and women in the sample. The study design did not permit independent corroboration of the responses, i.e. it was not possible to confirm whether one-third of the respondents did, in fact, not have a criminal record. It should be noted, however, that the impressions recorded by the interviewers on the Post-Interview Assessment Forms indicated that the majority of the respondents *appeared* to be responding to the questions in a candid and truthful manner.

Despite these limitations, the project was successful in gathering extensive information from a large sample of residents in a number of important areas. The findings of this project are best viewed as exploratory and as providing a basis from which further, more in depth research can be undertaken.

PART II

DATA ANALYSIS AND FINDINGS

The data were formatted into SPSS and, for a number of the variables, gender and age were considered. Statistical tests of significance were applied to all of the variables and to the cross-tabulations with the variables of Age and Gender. The relatively small sample size precluded a more sophisticated statistical analysis of the data.

Many of the survey questions provided an opportunity for the respondents to offer multiple responses. For purposes of this report, the first item identified by the respondent has been selected for analysis. Also, in reporting the findings, percentages are generally rounded up.

Description of the Sample

A total of 195 survey questionnaires were completed with Aboriginal persons at First United Church during the time period of January through March 2002. Seventy-nine percent of those surveyed self-identified as Status Indians, 8.2% as non-Status, 10.8% as Metis, and 2.1% as Inuit. Eighty percent indicated that they belonged to a band or were associated with a First Nations community. Interestingly, 47% of the respondents indicated that the band or community they belonged to or were associated with was outside of British Columbia, while 53% indicated their band or community was in the province of British Columbia.

Socio-Biographical Profile

The sample (n=195) was composed of 117 (60%) males and 78 (40%) females. The age breakdown of the sample is as follows: 18-30 (9.3%); 31-40 (37%); 41-50 (36%); 51 and over (18.%). The sample is heavily weighted toward middle-age persons which, as noted above, may have influenced the findings of the study.

There is considerable diversity in the sample in terms of where the respondents in the sample were born: Prairie provinces (38%); British Columbia, outside the Lower Mainland (35%), province of Ontario ((9%), Lower Mainland (8%) and the remaining respondents from such locales as Nunavut, Quebec, the N.W.T., and the U.S. Of note is that the majority of the sample was born outside of the province of British Columbia. There is considerable in-migration from the Prairie Provinces to the Downtown Eastside.

In-Out Migration

Although there is considerable in-migration to the DES from outside the Lower Mainland and from other provinces (particularly from the Prairie provinces), once resident in the DES, few of the respondents travel between the DES and their home community or reserve. This is counter to the expectation that there is considerable movement between DES and home communities. In fact, the majority of the respondents considered the DES to be their “home community.”

This is similar to the findings reported by LaPrairie (1995:29) that one-third of the respondent sample who were originally from reserve communities did not return for visits and only one-fifth of the sample expressed a desire to live or work on reserves and that, “for some, the city was an escape from the reserve.” (30).

Current Employment Status and Sources of Income

Ninety percent of the respondent sample indicated they were unemployed at the time of the interview and, of those who were employed, 91% were employed on a part-time or seasonal basis. Ninety percent of the respondents indicated they were receiving financial support from social assistance. Other sources of income, often in addition to social assistance, were employment insurance (2.6%), disability pension (31%), criminal activity (11%), and other, including panhandling, prostitution, collecting cans and bottles, “scrounging the streets,” and monies from home reserve or band (14%). Seventy percent of the respondents estimated that they earned less than \$10,000 per year.

Family Background and Relationships

Fifty-three percent of the respondents were raised by their biological parents, 21% by one parent, and 26% by other persons. In this sample, then, more than one-half of the respondents were raised in a nuclear family, although the specific family dynamics of each respondent were not explored.

Eighty percent of the women in the sample and 60% of the men indicated that they had children. Women in the sample were much more likely to have two or more children as compared to the males (see Appendix A, Table 1).

Females were more likely to have contact with and to maintain a positive relationship with their children than the males in the sample. For example, 62% of the women described the relations with their children as “Good/Okay” or “Close/Very Close,” compared to 41% of the men. Overall, the majority of respondents indicated that they maintained some type of contact with their children and had some type of relationship with them. Only 7.5% of the sample indicated they had “No relationship/No contact” with their children.

Overall, 57% of the respondents indicated they had contact with members of their family. There were no significant differences between males and females in terms of whether or not they had contact or no contact with family members.

Religious Beliefs and Participation in Aboriginal Culture and Traditions

The most frequent responses to the question “What is your spiritual/religious belief?” were: Traditional Prayers and Ceremonies (36%); Catholic (30%); General Belief in a Creator (26%); and Protestant (8%).

A series of questions were asked in an attempt to determine the extent to which the respondents participated in Aboriginal culture and traditions. Forty-three percent of the respondents indicated that they were “Somewhat active” and 10% stated they were “Very Active” in traditional ceremonies. Thirty-five percent of the respondents indicated that they were currently participating in traditional Aboriginal activities. Among those listed were hunting, fishing and trapping, traditional healing systems, storytelling, traditional dancing, pow-wows, feast and potlatches, Native arts, and pipe ceremony.

Residential School and Foster Care Experiences

Nearly 33 percent of the respondents had been students in a federal residential school. The majority had been sent to schools in British Columbia or in the Prairie provinces. Twenty-three percent of the sample indicated they had been impacted, in some way, by the residential school experience. Among the more commonly noted impacts were Emotional/Mental/Physical Abuse, not having an opportunity to know their family, and indicating that the experience had made them either more angry or more shy and less trusting of people. Just over 17 percent of the respondents had Grandmothers or

Grandfathers who had been sent to residential schools; 38% had brothers sisters who had been in residential schools, 34% had mothers who had been in the schools, and 26% had fathers who had been in residential schools. The residential school experience was, therefore, quite widely distributed in the sample population and was experienced by a relatively similar numbers of males (33%) and females (31%) in the sample. The extent to which the residential school experience contributed to respondents becoming residents on the DES was not explored.

So too were there similar numbers of males (42%) and females (47%) who had been in foster care at some point in their childhood or youth.

Residence

Ninety-six percent of the respondents indicated that they lived in the area surrounding First United Church. Seventy-nine percent had the postal code of V6A or V6B, which designate the areas included in the Downtown Eastside. Eighty-seven percent of the respondents lived in housing, with only a small portion of the sample living “On the Streets” (2.6%), In a Shelter (5.1%), or with a Friend/Relative (7.2%). As to the type of housing, the most common was a hotel or motel (53%), apartment/flat/multiple dwelling (24%), and rooming house (6%). The majority of the respondents (71%) have their own place and 82% had lived in their present residents during the month prior the interview.

The respondents were also asked a series of questions designed to determine the frequency with which they moved between two homes. At the outset of the study, it was anticipated that there might be a certain number of Aboriginal residents in the Downtown Eastside who spent time both in the urban centre and in their home reserve or community. This proved not to be the case among the sample interviewed. Only 13% of the sample indicated that they had gone between two different homes in the past year. The most frequent reason cited by those who had done so was to visit family (33%).

Sixty percent of the sample had lived at their current address for at least one year, while 16% had resided at their current address for one-two years, and 24% for over two years. Forty-five percent of the respondents had not moved in the last year. There were no significant differences, by gender, in the residence and moving patterns within the

sample. This is further evidence that there may not be as much transiency among the residents of the Downtown East Side as is often assumed.

Daily Routine and Movements

Many of the Aboriginal persons who were interviewed had a daily routine that often centered on obtaining food and services at a variety of locations in the DES, including First United Church. When asked “When you are not spending time in your neighbourhood, where else do you go?”, the most frequent response, given by 12% of the sample was “Nowhere. I stay here.” Other responses can be categorized into “other areas in the city,” such as Stanley Park, and “other communities” in the Lower Mainland, such as Burnaby, and across the province, most often to visit children, family and friends.

Participation in Aboriginal Cultural Activities

Forty-five percent of the respondents had participated in programs that used traditional First Nations healing practices. There were no significant differences in the rates of participation by male and female respondents in the sample. Sweat lodges were the most commonly accessed traditional practice (23%; n=20), followed by Talking Circles (18%; n=16), Smudging (17%; n=15), and Circle Healing (8%; n=7). Other programs included Healing Circles at the Women’s Centre, and residential school healing programs.

SOCIAL COHESION AND NOTIONS OF COMMUNITY

The respondents were asked a variety of questions that were designed to solicit their perceptions of the neighbourhood in which they lived. For purposes of the study, “neighbourhood” was designed as the geographical area within a 15-minute walk of the respondent’s residence.

General Perceptions of the Neighbourhood

Respondents were evenly split in their opinions as to whether or not they liked their neighbourhood, with 31% indicating that they liked it, 29% indicating they disliked it, and 37% indicating there were both positive and negative features of the

neighbourhood. Among the more common responses as to why the respondents liked their neighbourhood was the fact that there was ready access to the women's centre and community centre, general access to services and programs, including First United Church and Carnegie Centre, and the fact that there were support groups and friends in the area and the respondent did not feel alone.

What is significant is the number of respondents who indicated that they liked their neighborhood or at least felt there were positive aspects of living in the area. A common reason given by those residents who indicated that they disliked the neighbourhood mentioned the prevalence of drugs and alcohol, while one of the more common reasons given by those who indicated that they liked the neighbourhood was that it was "quiet." This last attribute is not a characteristic of the DES that most residents who reside outside the area would ascribe to it.

Collapsing down the numerous reasons given for why residents felt the way they did about their neighbourhood, 68% mentioned Quality of Life Issues, 15% Interpersonal Issues, and 12% Service-related Issues. There were no significant differences between male and female respondents in the frequency with which these categories of reasons were given.

The general finding that the Aboriginal men and women expressed a considerable degree of comfort and feelings of safety in their neighbourhood are similar to those reported by LaPrairie (1995:37; 81):

"...people are relatively comfortable in cities even though their lives are not free of problems and most had difficulties in adjusting; there is an attrition from the reserves and people come to cities looking for a better life, or to escape a bad situation or to lose themselves in one. Most wanted to stay in the city to live and work...The majority of people in the sample had lived a long time in the city, are comfortable and settled, and prefer to remain in cities rather than return to reserves."

Perceptions of Safety in the Neighbourhood

The survey questionnaire included a number of questions designed to elicit the perceptions of the degree of personal safety in their neighbourhoods. Fully 72% of the

sample indicated that they felt safe in their neighbourhood. There were slight (although not statistically significant) differences between male and female perceptions of safety, as illustrated in Table 2 (see Appendix A).

There were also differences in perceptions across the different age categories, with those respondents who were aged 30 and under more likely to express concerns about their safety than persons in the sample (see Appendix A, Table 3).

Those respondents who did not feel safe in their neighbourhood offered a variety of reasons for having these feelings, most often centered on concerns with crime and violence and the possibility of becoming a victim of a robbery or mugging. There were no significant differences between males and females in the sample, or between the various age categories, in the types of factors that were identified as causing them to be concerned about their safety.

Eighty-four percent of the persons interviewed indicated that there were specific places wherein they felt safe. Most frequently identified were “At home/own room,” the women’s centre, First United Church and other churches in the area, WISH, and with friends and family.

Friendship Networks and Levels of Trust

Respondents were queried as to the number of close friends they had in their neighbourhood. The following results were obtained: none (19%); one close friend (8%); two close friends (14%); three-five close friends (24%); and more than five (34%).

The majority of the respondents had more than three persons whom they considered close friends who lived in their neighbourhood. This is particularly interesting given the response to a question related to the issue of trust. Seventy-four percent of the respondents indicated that it was either Very Difficult (38%) or “Somewhat Difficult” (36%) to trust people in the neighbourhood. There were no significant differences between male and female respondents in the expressed levels of trust.

Interestingly, the majority of respondents (66%) also indicated they did not feel it was necessary to have close friends in the neighbourhood for protection or to feel safe. This suggests that, as a group, the respondents are very self-sufficient and have

developed the necessary “street smarts” and “survival skills” to live in the DES and to create a daily routine.

Sixty percent stated they had friends in the neighbourhood who had died, the most common reasons for death being alcoholism (33%), drugs and drug overdoses (21%), suicide (15%), old age (9%), and HIV/AIDS (5%).

Victimization

For the purposes of this analysis, the responses to two survey questions relating to the victimization experiences of the respondents were examined: “Have any of your close friends ever physically hurt you?” and “How did they hurt you?”

Nineteen percent of the sample indicated that they had been physically injured by a close friend. There were no significant differences between men and women with respect to the likelihood of having been physically injured by a friend. Of those who had been physically injured, the most commonly mentioned situation in which this had occurred was in general fights and assaults (22%), and in situations involving drinking and drug use (11%). In addition, 17% of the women indicated that the injury had occurred as a result of physical abuse.

Sources of Support and Assistance

An attempt was made to determine what the respondents in the sample identified as sources of support within the community. This question has particular relevance for the development of policies and programs to serve the Aboriginal population in the Downtown Eastside. The question was posed: “If you were in any kind of trouble, where/who would you go for help?” Specific attention was given to whether there were gender differences in the responses.

Female Aboriginal Respondents

The source of support/assistance in case of trouble mentioned by female respondents were the police (19%), immediate and extended family (19%); followed by the women’s centre (15%), friends (12%), and First United Church (6.4%). Other sources of assistance identified by women in the sample were Carnegie Centre (3%), and

neighbours (3%). Significantly, only one woman mentioned that she would seek assistance from DEYAS (Downtown Eastside Youth Assistance Society) if she was in trouble, and none mentioned Native Liaison, Native Courtworkers or any of the other agencies and organizations that provide services to Aboriginal peoples in the Downtown Eastside. Three percent of the women respondents indicated they would deal with the trouble they were experiencing on their own.

Male Aboriginal Respondents

A different pattern was evident in the responses of male Aboriginals in the sample as to where they would go for help if they were in trouble. The most frequently mentioned source of assistance was family and extended family (22%). Both the police and DEYAS were mentioned by 10% of the sample as sources of assistance, followed by friends (8%), the women's centre (5%), and a lawyer (5%). Nine percent of the male Aboriginal respondents indicated that they would deal with the trouble on their own and would not seek outside assistance. Three percent of the men mentioned the name of one specific individual as a source of support if they were in trouble.

PATTERNS OF ALCOHOL USE AND ABUSE

All of the respondents (n=195) indicated that they had, at one time, drank alcohol. There were differences (although not statistically significant) in the patterns of alcohol use and abuse of respondents of different ages.

Thirty-five percent of the sample reported current usage, 9% current abuse, and 25% long-term abuse. Thirty-one percent indicated past use or abuse of alcohol. The patterns of use and abuse were similar for men and women in the sample (see Table 4, Appendix A).

When the variable of Alcohol Use was examined in relation to the Age of the respondent, no significant differences emerged across the age groups. Despite this, the data indicate that current use of alcohol is more prevalent among those respondents aged 30 and under and this age group had a higher incidence of current alcohol abuse. Respondents in the 41-50 age category were more likely to report long-term abuse of

alcohol, while the men and women in the sample who were aged over 50 (n=30) were more likely to report past use and abuse of alcohol.

PATTERNS OF DRUG USE AND ABUSE

Eighty-four percent of the respondents stated that they had used drugs. In response to the questions “Where do you use drugs/alcohol?” 50% of those who use drugs and/or alcohol and who responded stated “at home.” “On the street” and “in bars” were the two other frequently mentioned locales for drug and/or alcohol use.

The most frequently mentioned sources of money used to purchase drugs were: obtained from friends, partners, and family (25%; n=49/156), collecting bottles and cans (10%; n=15/156), social assistance (9%; n=14/56); employment (9%; n=14/56); and panhandling/busking (6%; n=9/156). Other sources of income included prostitution, “collecting stuff to sell,” and criminal activity (i.e. break and enters, selling drugs, and staling/theft). Only eight percent (12/156) of the respondents indicated that they obtained money for drugs through crime. Five percent engaged in prostitution for drug money.

Marijuana

Thirty-three percent of the respondents indicated current use of marijuana making it the drug most frequently used by the respondents. Six percent indicated they currently abused marijuana, 13% reported long-term abuse, and 25% past use or abuse. There were no significant differences in marijuana use patterns between men and women in the sample (see Table 5, Appendix A).

When the age of the respondent is considered in relation to marijuana use, several interesting patterns emerge. Those respondents aged 30 and under were more likely than the other age groups to state that they had never used marijuana (24%), but to report past use and past abuse of marijuana. The highest rates of current marijuana usage were reported by the age groups 31-40 (35%) and 41-50 (37%).

Heroin

Sixty-six percent of the sample stated that they had never used heroin, while 10% indicated current use or abuse and 3% reported long-term abuse. A higher percentage (20%) indicated that they had used or abused heroin in the past. The majority of

respondents, then, had never used heroin. Moreover, there were no significant differences in the patterns of heroin use/abuse among men and women in the sample (see Table 6, Appendix A).

Male and female respondents in the age category of 30 and under were more likely to report current use/abuse (24%), compared to 7% in the age category of 31-40 and 4% among those respondents 51 years of age and older. Respondents 30 years of age and under were also had a higher rate of long-term abuse of heroin (12%), as compared to respondents in the age categories of 31-40 (1%), 41-50 (3%), and 51 and older (4%).

Cocaine

The patterns of cocaine use/abuse were somewhat different than those for heroin reported above. Forty-two percent of the sample indicated they had never used cocaine, while 25% reported current use or abuse of cocaine, and 9% reported long-term abuse of this drug. The rates of past use/abuse (24%) were higher as well for cocaine than for heroin. Again, there were no statistically significant differences between men and women in the sample in their use/abuse of cocaine (see Table 7, Appendix A).

Broken down by age category, the findings indicate that the percentage of respondents who have never used cocaine increases with age: 30 and under (35%); 31-40 (38%); 41-50 (40%); and 51 and older (64%). That said, current use of cocaine is more prevalent among respondents over the age of 30, and persons under 30 are more likely to report past use of cocaine.

Glue Sniffing

Glue sniffing was not a frequent occurrence in this sample of Aboriginal men and women. Eighty-eight percent indicated they had never sniffed glue and none of the respondents indicated that they were currently using/abusing glue. Eleven percent indicated past use/abuse of glue. As with the other drugs surveyed, there were no statistically significant differences between the men and women in their past use/abuse of glue. The absence of glue sniffing held across all age categories (see Table 8, Appendix A).

Sniffing of Aerosols/Gas

The use of aerosols and/or gas was even less frequent, with 93% of the sample indicating they had never used these substances. The remaining seven percent reported either past use or past abuse. There were no current users and no differences between men and women in the use patterns and no significant differences among those who did use by age category (see Table 9, Appendix A).

Prescription Pills

There was some evidence of current or past use/abuse of prescription pills among 25% of the respondent sample, with 12% indicating current use or abuse of pills, 1% reporting long-term abuse, and 12% reporting past use or abuse. There were no differences in the use/abuse of prescription pills with respect to the gender or age differences among respondents in the sample (see Table 10, Appendix A).

THE CONTEXTS OF ALCOHOL AND DRUG USE AND ABUSE

Doing Drugs/Drinking Alcohol

Respondents most commonly use drugs or drink alcohol with their friends (64%; n=124/195). Others typically did drugs or drank alcohol by themselves (35%; 69/126); with their boyfriend or girlfriend (26%; n=51/195); with their family (19%; n=37/195) and with strangers (8%; n=16/195).

LaPrairie (1995:30) also found that the majority of respondents in her study had a drinking problem and noted the unique role that alcohol played: “Their own or other’s experiences with alcohol were readily related as a major social activity and a major problem. It brings people together and it drives them apart. It causes trouble and cements friendships.” This “trouble” most likely involves many of the victimization incidents reported by the respondents in the present study.

Abuse of Alcohol and Drugs in the Family

Fifty-eight percent (112/193) of the respondents indicated that people in their family abused alcohol or drugs. Fathers were the most frequently identified substance abusers (26%; n=51/195), followed by brothers (41%; n=80/195); sisters (34%;

n=66/195) and aunt or uncle (28%; n=55/195); nieces and nephews (21%; n=41/195); and mothers (20%; n=39/195).

Drug Use and the Law

Thirty-six percent (70/195) of the men and women in the sample had been caught or arrested for drug use. This level of apprehension is quite high compared to other areas of the city, due primarily to the heavy police presence in the DES and the fact that bars and the street are locales where drug use occurs, increasing the visibility (and likelihood of detection) of the behaviour. In the absence of comparative data from other areas of the city, it is not possible to determine whether the levels of drug use are higher in the DES than in other areas. The data indicate that the most commonly used drug among those in the sample is marijuana, a drug that is pervasive at all levels of the community.

The Drug Court

Respondents were asked a series of questions to determine their level of knowledge about the soon-to-be-implemented Drug Court and their opinions about this innovative approach to sentencing drug-addicted persons who are convicted of offences.

Despite extensive coverage of the Drug Court initiative in the local media, only 15% (n=26/195) of the Aboriginal men and women in the sample had heard of the Drug Court. And, of these, 30% replied “not much” or “nothing” when asked “What do you know about it?” Other responses from the small number of persons who had heard about the Drug Court revealed considerable confusion about the concept, one respondent stating “it exports immigrants.” Others confused the Drug Court with safe injection sites.

Only 13% of the respondents replied to the question “What do you think about the idea of a drug court?” again illustrating the lack of familiarity with the initiative. And, only 22% responded to the question “Do you think that the drug court will help people in this area?”, with 10% of these stating in the affirmative.

In contrast to the lack of knowledge about the drug court, 84% (n=164/195) of the respondents knew about the needle exchange program and 85% of these persons had used the needle exchange at some point.

ACCESS TO AND USE OF PROGRAMS AND SERVICES

One objective of the project was to determine the extent to which Aboriginal residents in the DES utilize programs and services and their perceptions of the usefulness of the programs and services accessed.

When queried as to which social support organizations the respondents received any kind of assistance from, the most frequently mentioned categories were “Friends/Acquaintances/Family,” mentioned first by 50% of males and females (n=70) and Native Organizations/Associations, mentioned by 56% of male respondents and 44% of female respondents (n=48). Also mentioned (equally by men and women) were Mental Patients Association and HIV/AIDS Organizations.

Participation in Programs and Services

Respondents in the sample were asked about their participation in programs in the area. Their responses revealed the following: drug and alcohol programs (19%); Aboriginal programs, including Native Health Clinic, VANDU, and Native Courtworkers (30%). There was little difference between men and women in terms of the types of programs they participated in. A wide variety of programs and services were listed, with the number of respondents accessing them rarely being more than three. This indicates that respondents seek out those programs and services that best meet their *individual* needs and, with the exception of alcohol and drug programs, Aboriginal programs, and Native Courtworker program, no one program had a lock on providing services.

The men and women in the sample were also asked *why* they decided to participate in the programs indicated. Following are the responses, categorized into Self Help, Community-related, or Subsistence:

- *Self-Improvement* (50%): This included seeking general help and support, to stay out of trouble, to quit using alcohol and/or drugs, i.e. “to get clean”; to improve relations with kids and family; “to have a better lifestyle,” and “to meet people.”

The desire for self-improvement by the women and men in the respondent sample was also found by LaPrairie (1995:38) in her study:

“Aspirations of inner-city respondents are similar to those of other Canadians. They aspire to a better life and want jobs and education for themselves and their families....The majority feel that they do not have a ‘voice’, or that any aboriginal organizations speak on their behalf.”

- *Subsistence*: (10%), including obtaining meals, clothing, medical attention.
- *Self-interest* (9%): Among the responses that reflected self-interest as a primary reason for participating in programs were “To get welfare off my back,” “to get compensation”; “to make money to pay debts,” and “I was forced to.”
- *Community-related*: (5%) included “talk about neighbourhood changes,” “bring community together,” getting involved in the neighbourhood,

When asked about their current status in the programs they had accessed, 91% indicated they were continuing in the program at the present time. The primary reasons given for why the respondents did not complete the programs they had accessed were “the negative aspects of the program” and “lack of will power.”

Seeking Help

The men and women in the sample were asked, “If you had a problem with drugs or alcohol, where would you go for help?” (*Note that respondents had the opportunity to identify more than one resource*). The most frequently mentioned source of assistance was Detox or a Treatment Centre (46%), followed by Native Healing Centre (28%), friends (24%), community resources (21%), relatives (21%), and elders (16%). Less frequently mentioned were school counselors, teachers, brothers or sisters, persons in the community centre and therapists. It appears that the respondents in the sample are aware of the various treatment services that are available for drug and alcohol abuse/addiction. The key issue revolves around the factors that influence whether or not these resources are, in fact, accessed when the person has an alcohol or drug abuse problem (see Table 11, Appendix A).

Program Impact

Ninety percent of the respondents indicated that the programs they had accessed were “helpful” although it was not possible to determine, nor assess, the impact of programs and services on individual respondents.

Program Needs

The male and female respondents offered a wide variety of suggestions when queried as to the programs they felt should be offered in the area. This is a further indication that the Aboriginal residents of the DES are not a homogenous group with similar needs; rather, their needs are individual and programs and services must be designed with sufficient flexibility to accommodate and address the needs of individual residents in the area.

The range of programs suggested included drug and alcohol programs, additional counseling services, programs that would provide protection for prostitutes and drug users, additional detox beds, more recreational activities, and programs and services for kids.

The findings of the present study are similar to those obtained by LaPrairie (1995:32) who reported that “The majority of the sample believed that there were enough opportunities in cities for native people. Those who believed opportunities insufficient wanted more employment, education and community development in the city.” In discussing the findings related to access to programs and services, LaPrairie (1995:33) reported that, in the view of the majority of residents, a major issue was the *plethora* of programs: “Fifty-six percent also believed there were enough services. One went so far as to say there were “too many services – it’s a scam. Native people just take advantage of them and don’t try to help themselves.”

Participation in Treatment Programs

Although the respondents in LaPrairie’s (1995) study reported no shortage of program opportunities, she did find that there was a differential ability among respondents to access the services that were available. In the present study, the Aboriginal men and women in the sample had accessed a number of substance abuse

treatment programs. The most frequently mentioned were Alcoholics Anonymous (54%), Narcotics Anonymous (19%), the Detox system (31%); recovery house (20%), and community counseling (12%). Some of the respondents had participated in more than one treatment program, while twenty-seven percent of the respondents had not participated in a substance abuse treatment program. The reasons why (i.e. did not have a substance abuse problem, or had a problem but did not participate) were not explored. Interestingly, when asked “Would you like to attend a program to stop drinking alcohol or using drugs?”, 51% indicated that they would not, 30% indicated that they would, eight percent indicated they were already in a program, and 10% indicated they were not currently using alcohol or drugs.

What Makes a Program Useful?

Respondents were asked “In general, what makes a program or service useful to you?” A wide range of responses was offered, many of which were mentioned by only one respondent. These included:

- “It improves your personal qualities.”
- “Programs that keep me connected with the Native community.”
- “Support for single mothers.”
- “Schooling.”
- “ Help me with housing.”

In the view of the respondents, the attributes that make a program useful can be generally categorized as follows.

- *Personal improvement and Improvement of Quality of Life: (39%; n= 60).*

“Keeps me energized.”

“Keep me out of trouble.”

“Someone to talk to/Someone to listen.”

“It educates me/I learn something new.”

“Help me get a hold of my life.”

“Programs that keep me connected with the Native community.”

- *The quality of the program and program staff:* (16%; n=24).

“Good rapport,” “Comfortable with staff,” “People involved to help me”;
 “Honesty”; “There for me”; “Advocate for me”; “Giving of individuals”;
 “Understand/related to you”.

- *Provision of services:* (17%; n=27): Among the desirable services that were mentioned by the respondents were laundry service; food/coffee; showers; phone/fax; transportation; and entertainment/movies.

- *Socializing/Activities:* (16%; n=27). Included in this category were responses such as meeting and socializing with people; television; cooking classes, and sewing classes.

- *The location and availability of the program:* (12%; n=22). This was the single program attribute was most frequently mentioned by the male and female respondents.

First United Church Programs

The men and women in the respondent sample were asked a series of specific questions about the extent of their participation in programs and services offered at First United Church.

- *Length of time attending First United Church:* The figures in Table 11 indicate that 55% of the respondents had been attending FUC for more than two years and that only 27% of the Aboriginal men and women interviewed had been attending FUC for one year or less (see Table 12, Appendix A).

- *Frequency of attendance:* Among the sample, 31% came to FUC on a daily basis, while 52% came at least once a week, and 17% attended FUC once every few weeks or even less often. Some interesting, although not statistically significant, findings are evident when the question as to frequency of attendance at FUC is broken down by gender (see Tables 13 and 14, Appendix A).

Seventy-eight percent of the males (n=92) had been attending FUC for more than one year, as compared to 64% of the women (n=49). Conversely, 35% of the women

(n=28) had been attending FUC for one year or less, compared to 21% (n=25) of the men in the sample.

- *Participation in First United Church programs*: Seventy-six percent of the respondent sample indicated that they participate in *none* of the programs offered by FUC (although only 2.1% indicated they had come to FUC only for purposes of being interviewed by the project team). The most popular programs for those who did participate were: arts/crafts (4%; n=8) and the life skills (3%; n=5). The majority of the respondent sample come to FUC for non-program related reasons, including meals, coffee, clothing, and a warm, dry, safe place to sleep or meet friends.

The following quote, taken from a post-interview Assessment Form, is illustrative of the positive comments made by many respondents about First United Church:

“She expressed several times how much she appreciates the people and free services First Church provides to people like herself. She seemed really grateful and said that it had made her life so much easier.” (88-0001)

Suggested Programs for First United Church

The respondents offered a variety of suggestions as to the types of programs that should be offered at First United Church. The majority of the responses (48/63) to this question can generally be grouped into Personal Improvement (58%; n=35) and Activities (26%; n=13). Among the suggestions for Personal Improvement programs were Job Assistance/Work Information, School Information, AA/NA Program, Drug and Alcohol meetings in the evenings, Job Training, and Drug and Alcohol Counseling. Activity programs that respondents felt should be offered at First United Church include weight lifting, computer access to check e-mails, a musical program, and drum-making. The suggestions for activity programs were most often made by single respondents, reflecting a wide range of interests among the respondent sample. In contrast, suggestions for Personal Improvement were often made by a number of respondents.

PHYSICAL AND MENTAL HEALTH OF THE RESPONDENT SAMPLE

The respondents were asked a series of questions relating to their physical health and the extent to which they have accessed the health care system. Sixty-four percent of the sample (124/194) indicated that they currently have health issues. The specific health issues represented a wide range of medical conditions. Among the more frequently mentioned were Arthritis (22%; n=27), Hepatitis C (11%; n=14); and HIV (4%; n=5). Interestingly, although the rates of Tuberculosis are extremely high in the DES, this was mentioned by only ten of the respondents.

The majority of respondents (76%) have had their particular medical condition for more than two years and 17% have had the condition for more than ten years. This would suggest that there is a need for programs and services that are designed to address the long-term health care needs of this population.

The Aboriginal men and women in the sample were asked “What have you done about these physical health problems?” Eighty-percent of those in the sample (124/195) who had indicated that they had a current health issue had taken some action to address their particular condition. This included taking medication (24%), visiting a doctor (15%), receiving shots or injections (4%), and going to physiotherapy (4%). Only 17% of the sample indicated that they had done nothing about their medical condition or did not know what to do about it. These responses indicate that the majority of men and women interviewed have taken the initiative to address their health problems. A number of the respondents had taken a number of different initiatives.

Hospital Usage

The responses of the men and women in the sample indicate that there is a high use of hospital resources by this population. Thirty-nine percent (n=72) had visited a hospital during 2001, and thirteen percent (n=24) had visited a hospital during the first two months of 2002. There were no significant differences in hospital usage by men and women in the respondent sample.

The reasons why respondents had occasion to go to the hospital covered a wide range of medical conditions and situations and included “getting stitches” (3%; n=6), to get Hepatitis A and C shots; broken noses and bones, ulcers, cuts, stab wounds (2%; n=3); having been beaten up or assaulted (3%; n=5); and cancer or a tumor. With the exception of the injuries that occurred as a result of fights and assaults, these injuries are similar to what might be expected in any population. However, as previously noted, this population has a high attendance rate at hospitals. The absence of the victimization data gathered from the sample precludes a determination of the number of hospital visits that were a direct consequence of a criminal act and those visits that were necessitated by non-criminal events.

Forty-nine percent of those who had been to a hospital had utilized St. Paul's, which is the closest medical facility to the DES. The other most-frequently accessed hospitals were BC Women's (9%), and Vancouver General (9%). Generally, eighty-five percent of the hospitals accessed were in the Lower Mainland. Others were throughout the province and in other provinces. Only one respondent had used the DES medical clinic as their most recent hospital visit.

Doctor's Care and Use of Medication

Forty-nine percent of the respondent sample (44% of the males and 55% of the females) was under the care of a physician at the time the interview was conducted in early 2002. The reasons for being under the care of a doctor were quite diverse; among the more frequently mentioned reasons were depression (11%; n=10); medication (10%; n=9); Hepatitis C (9%; n=8); Anemia (4%; n=4); and Cancer (4%; n=4).

Forty-four percent of the men in the sample (n=52/195) and 59% of the women (n=46/195) were taking medication at the time of the interview. Statistically, there is a very weak negative correlation ($\phi = -.142$) between gender and use of medication. The most commonly used medications were Dixarit, Tylenol, medication for arthritis, Tylenol 3, and anti-depressants (see Table 15, Appendix A).

Only 10% of the respondent sample are currently on a waiting list for medical treatment and the most common treatment being sought was alcohol/drug treatment.

Self-Harm

The majority of respondents of both genders had not, at any time in their life, intentionally attempted to harm themselves. Twenty-eight percent (n=55) of the respondent sample indicated that, at some point in their life, they had intentionally tried to harm themselves. For 75% of these persons, the intent had been to kill themselves. Thirty-five percent of these persons had made one attempt, while 20% had made two attempts, and 40% had made three or more attempts. Slashing and overdosing on drugs were the most common strategies of self-harm. Female Aboriginals in the sample evidenced a higher rate of self-harm that resulted in a weak positive statistical correlation ($\phi = .203$) (see Table 16, Appendix A).

The 55 respondents who indicated that, at some point in their lives, they had intentionally tried to harm themselves were asked at what age this first attempt occurred. The responses were as follows: pre-teen (ages 5-12): n=7, 14%; teenage (ages 13-17): n=25, 46%; young adult (ages 18-26): n=15, 30%; and adult (ages 33-56): n=8, 16%.

These findings are similar to those of other studies that have reported the highest rates of Aboriginal self-harm occur during the teenage and young adult years.

Mental Health Issues

Fourteen percent of the respondents (n=27) indicated they had been diagnosed with a mental disorder. The most frequent disorder was depression (n=12, 46%), followed by Borderline Personality Disorder (n=3, 12%), and Schizophrenia (n=3, 12%). Only 11% of the respondents had ever met with a First Nations Mental Health Liaison Officer.

Crime and Punishment

An attempt was made to determine the extent to which the men and women in the sample had been involved with the criminal justice system. The following responses were

obtained for the question “Have you been in jail”: Never (27%; n=53); in the past 8 months (2%; n=3); in the past 6 months (9%; n=17); in the past year (10%; n=19); in the past five years (21%; n=40); longer than five years (43%; n=84). These responses indicate that the majority of the sample had been in jail, but only a small percentage in recent times. This may be a reflection of the middle-age bias reflected in the sample. Thirty-seven percent had been in jail for a violent offence.

PART III

SUMMARY OF THE FINDINGS AND IMPLICATIONS FOR POLICY AND PROGRAMS

Taken together, the information gathered from the respondents in this study provide important insights into the experiences and opinions of Aboriginal men and women who reside in the DES, particularly those residents who are middle-aged. Collectively, the findings suggest that many of the assumptions made about the Aboriginal residents of the DES by politicians and policymakers may be at once simplistic and misdirected. For example, the majority of respondents feel comfortable in their neighbourhood, have a network of friends (even though they may not have high levels of trust), generally limit their travel to the urban area, and have no plans to leave the area or to return to their community or reserve of origin.

On a general level, the data support a key finding in the LaPrairie (1995:83) study that “Inner-city native people have the same aspirations for themselves and their children as other Canadians, but fewer hopes of achieving them.”

One factor that may hinder the effectiveness of addressing the needs of residents in the DES is that federal and provincial policies for urban Aboriginals have generally not been formulated with input from the residents themselves. As with federal policies toward reserves, there is a tendency to create “top-down”, generic policies that do not address the unique attributes of the various urban centres nor the needs of residents in these centres.

The findings in the present study have significant implications for the development of development of policies and the creation and operation of programs and services for Aboriginal persons in the DES. The key findings and their implications for policy making are presented below. A number of recommendations are also set out that could guide policy and program development for Aboriginal persons in the DES and other urban centres across the country.

Gender

Findings

A pronounced (and somewhat unexpected) finding in the study was the absence of any statistically significant differences between Aboriginal men and women in the

respondent sample on all of the key dimensions covered in the survey questionnaire. More specifically, although 17% of the women in the sample had been the victims of physical abuse, there were no differences in perceptions of safety, degree of identification with the neighbourhood, patterns of use/abuse of alcohol and drugs, the extent to which programs and services were accessed, and the use of hospital facilities.

There were non-statistically significant differences between men and women in the sample in terms of the sources of support/assistance. Female Aboriginals in the sample relied to a greater extent than men upon the police, family members, the women's centre, and First United Church for assistance in times of difficulty.

Implications for Policy

While there are specific areas and issues that are gender-specific, i.e. counseling programs and safe houses for abused women, programs for single mothers and their children, many of the challenges that confront Aboriginal persons in the DES are more a function of the attributes of the area and individual needs and requirements than of gender.

Recommendation: Although there were very few (and no statistically significant) differences between the responses and experiences of the male and female Aboriginal respondents in this study, focus groups could be utilized to explore further the experiences, perceptions, and needs of men and women.

Residence/In-Out Migration

Findings

A high percentage (70%) of the respondents have their own residence and only a small percentage of the sample (13%) had gone between two different homes in the past year. Changes in residence most often occurred *within* the DES. Nearly one-half of the men and women in the sample had maintained the same residence for the past year.

There was also very little movement of respondents between the DES and home communities and reserves. Travel was most often limited to the DES and to specific locales in Vancouver and the Lower Mainland and was generally for purposes of visiting children, family members and relatives. Significantly, then, there was very little

movement between the DES and home communities. In fact, the majority of the respondents had very little contact with their home community or reserve. A considerable number of the respondents have home communities that are outside the province and it is likely that a lack of financial resources is a major hindrance to travel.

Implications

It is inaccurate to refer to many of the Aboriginal residents in the DES as “transient”, a term that connotes a number of attributes that are not reflected in the experiences and residency patterns of the women and men interviewed for the study.

Recommendation: Further research should be conducted to explore the life paths of persons who reside in the DES, particularly with respect to the extent to which living in the area is a choice among many residential options, or a consequence of having limited or no choices.

Residential School Experience

One-third of the respondent sample had been in a residential school. The role that the residential school experience played in migration to and residence in the DES remains to be explored as does the impact of the residential school experience on the family dynamics and relationships of individual respondents.

Family Relations

Findings

Despite the life difficulties experienced by many of the respondents most have some form of contact and relationship with their children. The majority of the respondents were raised by their biological parents. Although the specific events in each of the respondent's lives that led them to reside on the DES remain unexplored, most of the men and women in the sample maintained some form of contact with their families. Most also maintained some type of contact with their children. Significantly, 80% of the women in the respondent sample had children and 60% indicated they had a good or

close relationship with their children. Only seven percent had no contact whatsoever with their children.

Implications

The image of Aboriginal people in the DES is most often one of young persons on the street engaging in high visibility/high risk behaviour associated with drug abuse and addiction. The findings of this study indicate that there are a number of different groups of Aboriginal persons who reside in the DES and these groups are dissimilar in many respects. While there most certainly are underage children and young adults who reside in the DES, so too are there mothers, fathers, children and families. To date, much of the policy and programs has been directed toward more high visibility persons and behaviours, such as on-street drug use and less attention has been given to Aboriginal families in the inner city.

Recommendation: Future research should explore the dynamics of urban Aboriginal families and the development of programs and services for Aboriginal families should be considered.

Alcohol and Drugs

Findings

The respondent sample for this project appeared to contain a large number of persons who were not severely impaired by alcohol and/or drug abuse/addiction. A drug-addicted person would have been able to successfully complete the interview. The post-interview assessment forms identified only a small number of persons who appeared to be impaired by drugs or alcohol; the majority gave clear, candid responses to the questions posed to them.

There were no statistically significant differences in the patterns of alcohol and drug use and abuse among men and women in the respondent sample. Information gathered from the respondents indicate that the majority of respondents who abuse alcohol or drugs want to stop.

There is a question as to whether drug use in the DES is, per capita, higher than in other areas of the city. The responses of the sample in this study suggest that, at least for

these residents, it may not be. The detrimental impact of substance abuse is heightened by the fact that many of the respondents have marginal skills and lower levels of education and have few resources to sustain a high quality of life with or without drug use. Future research should explore the relationship between drug use and life choices, in order to determine specific cause-and-effect patterns.

Implications

A considerable amount of drug use and drinking occurs in social situations involving friends. Any treatment interventions designed to address alcohol and substance abuse must consider the influence of friendship groups, as well as individual factors. In the absence of comparative data with non-Aboriginals in the DES and with residents in other areas of the city, it is not possible to determine whether these patterns of alcohol and drug use are unique or similar to other residents.

The most frequently mentioned drug in terms of current use was marijuana which is also widely available and used throughout the community.

Notions of Community

Findings

It is often assumed, and certainly much of the published literature on urban Aboriginal people would lead one to believe, that the more negative attributes of areas such as the DES preclude the development of functional neighbourhoods with some degree of social cohesion. Research conducted by Sampson et al. (1985; 1988; 1997) indicates, however, that even in areas that are afflicted with high rates of crime, drug abuse, poverty and other social problems, there are elements of social cohesion that can be enhanced and strengthened with appropriate policies and programs. There was among respondents in the present study, for example, a relatively high level of participation in various aspects of Aboriginal culture and traditions.

A common assumption, among policymakers and those involved in program and service delivery, is that persons who live in the DES are not there by choice and are seeking any means by which to leave the area. The materials gathered in this project

indicate that many of the respondents have lived in the area for a lengthy period of time and like their neighbourhood. Further, the majority of those interviewed feel safe in the area and have access to a variety of programs and services that are within walking distance of their residence. The eagerness of the respondents to participate in the project and the candidness displayed in answering the questions suggests that the degree of cohesion and the potential strengths of the community in this area have been underestimated. Few of the initial concerns about conducting a lengthy interview with Aboriginal residents of the area were realized.

Implications

The findings of this study indicate that, contrary to widely-held assumptions, there is a community in the Downtown Eastside and, within this community, there are neighbourhoods and friendship networks. Despite the negative attributes of the area such as high visibility drug dealing and drug use, the residents perceive there are positive attributes as well. There is a sense from these findings that there is a vast wealth of untapped human potential among the Aboriginal residents of the DES and that this potential has been largely overshadowed by the highly visible negative attributes of the neighbourhoods in which they reside. This has masked what can be accurately described from the data presented in this report as a viable and, for many residents, stable community.

One concern is that, in formulating policies and designing and implementing programs and services for Aboriginal residents in the DES, the dependency of the residents is increased, rather than creating policies and programs that empower residents, utilize and enhance their skills and abilities, and which provide an opportunity for residents to play a more proactive role in addressing the issues in their neighbourhoods.

One of the more significant findings in the LaPrairie (1995:89) study was that inner city aboriginal people in her study were "major users of street-level services, but were "serviced" without any fundamental change in their lives." To remedy this, LaPrairie (1995:92) argued that:

"There is a need to spend time talking to inner-city people about what is available for them; how they can get it, and providing support to them. Attention is most often focused on resources and not on individuals. It is not simply an issue of servicing people, but of enhancing their capacities

and encouraging them to participate in those very services they depend upon.”

There is, in the DES, a myriad of agencies and organizations, many of which compete with one another for both funding and in providing services to residents. This high concentration of programs and services is much greater than in any other neighbourhood in the province, or, perhaps, in Canada. Care must be taken to ensure that, in the well-intentioned effort to “do good,” these programs and services function only to increase the dependency of community residents rather than facilitating initiatives taken by the residents to address issues of concern.

There is the widespread perception that residents in the DES are dysfunctional and require massive intervention to ensure their survival. Although the responses of the Aboriginal men and women in the sample do indicate a desire for more programs and services, their suggestions can be most commonly grouped into “self improvement” (i.e. education, skills training, employment assistance).

A recent report identified a major challenge to be the need to create policies for urban Aboriginal peoples and argued that Aboriginal persons must assume an active role in policy discussions. However, the author (Hanselmann, 2001:20), argues that achieving this is difficult:

...whereas land-based Aboriginal governments have become players on the policy field, urban Aboriginal people may not have the capacity to do so as they lack a land base and have little organizational cohesion – there is really no such thing as an urban Aboriginal *community* [emphasis in original]. Nevertheless, ways must be found to engage Aboriginal people in policy-making that affect urban Aboriginal people.

In contrast to this perspective, the findings from this project suggest that, although lacking a land-base and the hierarchical political structure that tends to characterize reserve communities, urban Aboriginal peoples do constitute a community. The responses of the men and women in the study sample indicate that many of the residents in the area, even those who may be involved in alcohol and drug use/abuse, live relatively

stable, routine lives and have valuable opinions and suggestions that could be solicited as part of the policy-making process. Further, the responses indicate a relatively high degree of social cohesion. Statements such as those made by Hanselmann (2001) tend to focus almost exclusively on the Aboriginal political dimensions – that there is no organized political leadership among Aboriginal peoples in urban centres. More appropriate is a focus on the Aboriginal residents themselves, which is the strength of the current study.

To this end, it is essential that Aboriginal residents of the DES be considered, first and foremost, as *individuals* with specific needs and challenges, rather than as a homogenous population of Aboriginal persons with similar needs. Policies and programs must reflect the diversity of Aboriginal cultures, as well as the diverse needs of individual residents. In her study, LaPrairie (1995:39) cautioned against viewing Aboriginal peoples in the inner city as a homogenous group who were equally at risk of becoming involved in the criminal justice system.

In short, the attributes of the geographic area in which these Aboriginal men and women reside should not be the primary determinant of policies and programs. Rather, policies and programs should be constructed “from the ground up,” utilizing input from the residents themselves and focusing on the self-identified needs of the area residents.

The enthusiasm and candidness evidenced by the respondents was only one indicator that there is a vibrant and viable community in this area, despite the widely publicized difficulties with on-street drug dealing and drug use. Many of the residents interviewed for this project were not “on the street,” did not use or abuse drugs, and offered very constructive suggestions about how the quality of life of the neighbourhood, and their own quality of life, could be improved.

Given the diversity of Aboriginal cultures represented in the area, further thought and study should be given as to whether specific Aboriginal-for-Aboriginal programs are required, or whether general programming for all residents, that addresses the need areas identified by the respondents, should be the priority.

Hanselmann (2001:20) notes that one challenge confronting governments is whether policies for urban Aboriginals should be Aboriginal-specific:

Is there a *need* for policy differentiation? That is, are the conditions facing urban Aboriginal people so different from those of other *urban* people and/or other *Aboriginal* people to require policy responses that are different than those addressed to the needs of those larger populations?

Recall that the suggestions made for programs included job training, alcohol and drug counseling, and other initiatives to develop life skills. Although many of the respondents in the sample had either first-hand or family-related experience with residential schools, very few respondents identified a need for specific programs to address residential-school related issues. Rather, the suggestions for programs tended to be “forward-looking.”

The findings in this study also suggest that policies should be oriented toward the neighbourhoods of the DES and their residents, rather than being focused only on Aboriginal peoples. Hanselmann (2001:20) and others have argued that Aboriginal people have a special status recognized in law, and therefore must be active participants in the policy making process and in assuming responsibility for service delivery.

Regardless of the specific life events that led them to the DES, the majority of the Aboriginal men and women who were interviewed for this project had no intention of leaving the area. Furthermore, their responses indicate that the residents have definitive notions of community, as well as extensive friendship networks in the area. Ironically, residents in this area may rely upon one another much more than neighbours in outlying suburbia. The “shared experience” of residents in the DES, whether these experiences are defined by poverty, drug or alcohol use/abuse, family or friendship networks, may serve to create and support “networks of assistance” among DES residents. These networks are enhanced by the relative lack of mobility among DES residents, the majority of whom do not have private vehicles and thus spend most of their time in the area.

Although the majority of respondents did not feel they could trust others in their neighbourhoods and may have, on occasion, been victimized by other residents, this, in itself, does not preclude the development of networks of mutual assistance. This is illustrated by the responses to questions about social support: a majority of the sample

identified “friends/acquaintances/family” as frequently as Native organizations and associations.

In the absence of comparative data from other neighbourhoods in the city, it is not possible to determine whether the attitudes toward the neighbourhood expressed by the Aboriginal men and women in the respondent sample is similar to or different from the views of residents in other neighbourhoods in the city. It is likely, however, that most residents would identify both positive and negative features of their neighbourhoods, suggesting that the respondent sample may not have perceptions that are that dissimilar to other residents of the city.

In sum, there is clearly a “community” in the DES, one that could be mobilized to address many of the issues that confront the area. Traditionally, services and programs have been delivered to the residents “top-down” with little or no input from the neighbourhoods. The “neighbourhood” has not been a focal point of policies and programs. Rather, policy and programs have been developed for specific groups within the neighborhood, i.e. Aboriginal women, persons with HIV/AIDS, the drug-addicted. Such policies and programs do little to enhance facilitate community development which would, in turn, have a positive effect on individual residents.

Recommendation: There should be a re-examination of the assumptions that have provided the foundation for the policies and programs for Aboriginal people in the inner city. Concurrent with this should be an exploration of the ways in which urban Aboriginal peoples and the other, non-Aboriginal residents of the DES can be empowered to improve the programs and services, and quality of life, in their neighbourhoods.

Recommendation: Efforts should be made to develop mechanisms to ensure the ongoing participation of community residents in the development of policies and programs that affect the neighbourhoods.

Sources of Support and Assistance

Findings

Both men and women in the sample indicated they would rely on immediate or extended family to assist them if they were in trouble. However, female respondents would utilize the police, the women's centre, and First United Church more than their male counterparts, while the DEYAS program was mentioned by men as a source of assistance. Men were much more likely to take care of the problem on their own. Significantly, neither men nor women mentioned many of the programs and services in the Downtown Eastside that have been established to assist Aboriginal persons in the area.

Female Aboriginals in the respondent sample relied more heavily upon the police, family members, the women's centre, and First United Church for support and assistance in times of difficulty. Other organizations and agencies in the area, with a specific mandate to assist Aboriginal persons, were not utilized. The reasons why these services were not accessed was not examined.

Implications

There are some non-statistically significant differences between men and women respondents in the sources of support and assistance they would use when encountering difficulties. This suggests that there may be more of a need for programs focused on the community and on the neighbourhoods rather than being gender-based. There is still the requirement for gender-specific programs and services in the areas of health, child and family development, and abuse.

Programs and Services

Findings

The men and women in this sample seek out programs and services that meet their individual needs and requirements. The most frequently-mentioned reason for participating in programs and services was “self-improvement.” Those programs that assisted with personal improvement and improvement in quality of life were identified as being the most useful.

The respondent group as a whole did not experience any particular difficulties in accessing medical assistance. Only 10% of the sample were on a waiting list and medical services was not a frequently-mentioned area of concern.

Implications

The data gathered in the present study do not allow for a determination of the *impact* of program participation on the lives of Aboriginal women and men in the DES,

LaPrairie (1995) notes there are two different approaches to promoting and bettering services for Aboriginal people in urban centres: one that is based on community development and focuses on the creation of urban Aboriginal institutions that are designed to foster an urban Aboriginal community; and the other that emphasizes the individual needs of Aboriginal persons in the inner city. In reflecting on the findings in her study, LaPrairie (1995:91) states:

“The notion of ‘community’ ..is compelling, particularly for [those] whose lives are often splintered by services: they go to one place for breakfast, another for lunch, another to watch TV, a different place for dinner, and then to a shelter (or the streets) to sleep. ... However, simply creating another “structure” can have the same limitations as welfare, particularly if it is not something in which users can have a major role.”

Traditionally, programs and services have been developed within a “top-down” model. The shortcomings of this approach are noted by LaPrairie (1995:92):

“In many cases, inner-city agency personnel become the definers of both the problems and the solutions to the problems. Solutions often take the form of increasing resources to the agencies. While adequate resources

are necessary for agencies to supply essential services, it should be recognized that it is important to disempower existing networks to people themselves, where possible, can take over some of the activities and begin to develop their own economies. It is important that voices other than those projected by inner-city services and institutions, are heard.”

LaPrairie’s research on three different groups of urban Aboriginal people in five cities found that there was differential access to program opportunities. However, in her words (1995:97):

“ this is not always recognized by those who determine and distribute resources...Diffusing resources by maintaining a belief in the ‘equality of need’ to the broader aboriginal population may accommodate political agendas, but it reduces the chances of effecting any real change in the involvement of aboriginal people in the criminal justice system.”

Recommendation: An attempt should be made to rationalize and integrate, to the degree possible, the myriad of programs and services that are offered to the residents of the DES. There should be a delineation of the various populations that are in the DES: a stable Aboriginal and non-Aboriginal population that may be more interested in job counseling, skill development, and initiatives designed to improve the quality of life in the area; persons who are transient in the area and who have little or no affiliation with the neighbourhoods nor any intent to remain in the area for the long-term; and the drug/alcohol addicted who require specialized treatment interventions.

Recommendation: A template should be developed by which to evaluate the various programs and services that are offered to Aboriginal and non-Aboriginal people in the DES. To date, there have been few, if any, systematic evaluations of the programs and services offered to the residents of DES. In these evaluations, specific attention should be directed toward assessing the impact of policies and programs on the lives of Aboriginal residents of the DES. The factors that facilitate and hinder access to, participation in, and completion of programs should also be explored.

Recommendation: There appears to be a strong interest among Aboriginal peoples in the DES in traditional healing practices, despite the considerable diversity that is represented in the area. Consideration should be given to expanding these programs.

First United Church

Findings

There is a desire among the Aboriginal respondent sample for First United Church to offer a broader range of programs designed for Personal Improvement. There were no significant differences between men and women in the types of programs they would like to see offered at First United Church.

For the majority of respondents, First United Church is a place of comfort, security, and support. It is a safe, warm place where they can meet friends, rest, sleep and be treated with dignity by the staff. Accessing specific programs at First United Church is of secondary importance to Aboriginal men and women interviewed for the project.

Implications

First United Church has a core clientele, particularly among middle age male Aboriginals, who have been attending FUC for a lengthy period of time and who attend FUC on a weekly or daily basis. Through these usage patterns, it is clear that FUC has established itself as a core resource for Aboriginal residents in the DES.

The Drug Court

Findings

The large majority (86%) of the respondents in the sample had not heard about the Drug Court initiative. This indicates that there has been very little consultation with those persons who are most likely to be influenced by the Drug Court, many of whom may, at some point in the future, be clients of the drug court.

Implications

The failure to provide information to the residents of the area and to include them in the discussions about the Drug Court is illustrative of the approach that has been taken in formulating policies for the DES generally, and for Aboriginal persons in particular.

CONCLUDING REMARKS

This study was designed to solicit the experiences and opinions of a sample of Aboriginal men and women who reside in the area of Vancouver commonly known as the Downtown Eastside (DES). To achieve the objectives of the project, a survey questionnaire was administered to 200 Aboriginal persons who attended First United Church during the time period January-March, 2002. Snowball sampling was used to obtain the sample and 195 useable surveys were analyzed for this report.

The primary objective of the study was to gather information on the perceptions and experiences of one group of community residents. This information was gathered from a sample of Aboriginal men and women at First United Church on a number of topical areas: socio-biographical, family, residence, neighbourhood, programs and services accessed, physical health, and alcohol and drug use/abuse.

On a general level, the findings in this study suggest that policies should be oriented toward the neighbourhoods of the DES and individual residents, rather than being focused solely on Aboriginal people. The urban centre is not a reserve community; rather, it is comprised of a number of neighbourhoods in which Aboriginal people from a variety of cultural backgrounds live with non-Aboriginals from a variety of cultural backgrounds. The common experience, to the extent that it exists among the residents of the DES, is a function of the dynamics of the neighbourhood, rather than of being Aboriginal, non-Aboriginal, Anglo-Canadian, or a visible/cultural minority. The specific events that contributed to residents initially coming to the DES are diverse, even among Aboriginal persons. Given that the majority of respondents in this study, and in the study conducted by LaPrairie (1995), intend to continue to reside in the inner city, programs and services should be designed to address the present, rather than the past circumstances of residents. An exception to this are the specific needs of Aboriginals who are residential school survivors, although these programs as well could be one component of a community-focused approach.

APPENDIX A

Table 1

A Crosstabulation of the Effect of Gender on How Many Children The Respondent Has

			Gender		Total
			Male	Female	
Number of Children	0	Count	1		1
		Column Percent	1.4%		.8%
	1	Count	20	6	26
		Column Percent	29.0%	9.7%	19.8%
	2	Count	18	14	32
		Column Percent	26.1%	22.6%	24.4%
	3	Count	9	15	24
		Column Percent	13.0%	24.2%	18.3%
	4	Count	9	14	23
		Column Percent	13.0%	22.6%	17.6%
	5	Count	3	7	10
		Column Percent	4.3%	11.3%	7.6%
	6	Count	3	5	8
		Column Percent	4.3%	8.1%	6.1%
	7	Count	4		4
		Column Percent	5.8%		3.1%
	12	Count	1		1
		Column Percent	1.4%		.8%
	14	Count	1		1
		Column Percent	1.4%		.8%
	18	Count		1	1
		Column Percent		1.6%	.8%
Total		Count	69	62	131
		Column Percent	100.0%	100.0%	100.0%

Table 2**A Crosstabulation of the Effect of Gender on Whether or Not the Respondent Feels Safe in His/Her Neighborhood**

			Gender		Total
			Male	Female	
Do you feel safe in your neighborhood?	Yes	Count	89	52	141
		Column Percent	76.1%	66.7%	72.3%
	No	Count	26	24	50
		Column Percent	22.2%	30.8%	25.6%
	Do Not Know	Count	2	1	3
		Column Percent	1.7%	1.3%	1.5%
	Refused	Count		1	1
		Column Percent		1.3%	.5%
Total	Count	117	78	195	
	Column Percent	100.0%	100.0%	100.0%	

Table 3**A Crosstabulation of the Effect of Age on the Respondents' Perceptions of Safety in their Neighborhood**

			Age				Total
			Under 30	31 to 40 years old	41 to 50 years old	Over 50	
Do you feel safe in your neighborhood?	Yes	Count	10	49	53	28	140
		Column Percent	55.6%	67.1%	76.8%	82.4%	72.2%
	No	Count	7	23	14	6	50
		Column Percent	38.9%	31.5%	20.3%	17.6%	25.8%
	Do Not Know	Count	1	1	1		3
		Column Percent	5.6%	1.4%	1.4%		1.5%
	Refused	Count			1		1
		Column Percent			1.4%		.5%
	Total	Count	18	73	69	34	194
		Column Percent	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4

A Crosstabulation of the Effect of Gender on Alcohol Use and/or Abuse

			Gender		Total
			Male	Female	
Alcohol Use	Never	Count	1		1
		Column Percent	.9%		.5%
	Current Use	Count	34	31	65
		Column Percent	30.1%	41.9%	34.8%
	Current Abuse	Count	9	8	17
		Column Percent	8.0%	10.8%	9.1%
	Long-term Abuse	Count	32	14	46
		Column Percent	28.3%	18.9%	24.6%
	Past Use	Count	25	9	34
		Column Percent	22.1%	12.2%	18.2%
	Past Abuse	Count	12	12	24
		Column Percent	10.6%	16.2%	12.8%
	Total	Count	113	74	187
		Column Percent	100.0%	100.0%	100.0%

Table 5

A Crosstabulation of the Effect of Gender on Marijuana Use and/or Abuse

			Gender		Total
			Male	Female	
Marijuana Use	Never	Count	25	18	43
		Column Percent	22.5%	25.4%	23.6%
	Current Use	Count	37	23	60
		Column Percent	33.3%	32.4%	33.0%
	Current Abuse	Count	7	4	11
		Column Percent	6.3%	5.6%	6.0%
	Long-term Abuse	Count	19	5	24
		Column Percent	17.1%	7.0%	13.2%
	Past Use	Count	16	16	32
		Column Percent	14.4%	22.5%	17.6%
	Past Abuse	Count	7	5	12
		Column Percent	6.3%	7.0%	6.6%
	Total	Count	111	71	182
		Column Percent	100.0%	100.0%	100.0%

Table 6

A Crosstabulation of the Effect of Gender on Heroin Use

			Gender		Total
			Male	Female	
Heroin Use	Never	Count	73	48	121
		Column Percent	65.8%	66.7%	66.1%
	Current Use	Count	5	3	8
		Column Percent	4.5%	4.2%	4.4%
	Current Abuse	Count	1	4	5
		Column Percent	.9%	5.6%	2.7%
	Long-term Abuse	Count	4	2	6
		Column Percent	3.6%	2.8%	3.3%
	Past Use	Count	20	8	28
		Column Percent	18.0%	11.1%	15.3%
	Past Abuse	Count	4	5	9
		Column Percent	3.6%	6.9%	4.9%
	IV Use	Count	4	2	6
		Column Percent	3.6%	2.8%	3.3%
Total	Count	111	72	183	
	Column Percent	100.0%	100.0%	100.0%	

Table 7

A Crosstabulation of the Effect of Gender on Cocaine Use

			Gender		Total
			Male	Female	
Cocaine Use	Never	Count	45	32	77
		Column Percent	40.5%	44.4%	42.1%
	Current Use	Count	17	16	33
		Column Percent	15.3%	22.2%	18.0%
	Current Abuse	Count	6	6	12
		Column Percent	5.4%	8.3%	6.6%
	Long-term Abuse	Count	12	3	15
		Column Percent	10.8%	4.2%	8.2%
	Past Use	Count	22	11	33
		Column Percent	19.8%	15.3%	18.0%
	Past Abuse	Count	7	3	10
		Column Percent	6.3%	4.2%	5.5%
	IV Use	Count	2	1	3
		Column Percent	1.8%	1.4%	1.6%
Total	Count	111	72	183	
	Column Percent	100.0%	100.0%	100.0%	

Table 8**A Crosstabulation of the Effect of Gender on the Substance Abuse of Glue**

			Gender		Total
			Male	Female	
Glue Use	Never	Count	94	65	159
		Column Percent	86.2%	91.5%	88.3%
	Past Use	Count	11	6	17
		Column Percent	10.1%	8.5%	9.4%
	Past Abuse	Count	4		4
		Column Percent	3.7%		2.2%
Total	Count	109	71	180	
	Column Percent	100.0%	100.0%	100.0%	

Table 9**A Crosstabulation of the Effect of Gender on the Substance Abuse of Aerosols and/or Gasoline**

			Gender		Total
			Male	Female	
Use of Aerosols and/or Gasoline	Never	Count	100	70	170
		Column Percent	90.9%	97.2%	93.4%
	Past Use	Count	8	2	10
		Column Percent	7.3%	2.8%	5.5%
	Past Abuse	Count	2		2
		Column Percent	1.8%		1.1%
Total	Count	110	72	182	
	Column Percent	100.0%	100.0%	100.0%	

Table 10**A Crosstabulation of the Effect of Gender on the Use and/or Abuse of Prescription Pills**

			Gender		Total
			Male	Female	
Use and/or Abuse of Prescription Pills	Never	Count	55	51	106
		Column Percent	73.3%	77.3%	75.2%
	Current Use	Count	7	4	11
		Column Percent	9.3%	6.1%	7.8%
	Current Abuse	Count	4	1	5
		Column Percent	5.3%	1.5%	3.5%
	Long-term Abuse	Count		2	2
		Column Percent		3.0%	1.4%
	Past Use	Count	5	3	8
		Column Percent	6.7%	4.5%	5.7%
	Past Abuse	Count	4	5	9
		Column Percent	5.3%	7.6%	6.4%
Total	Count	75	66	141	
	Column Percent	100.0%	100.0%	100.0%	

Table 11

A Frequency Distribution Table of Where the Respondents Would Go For Help If They Had Problems with Drugs or Alcohol

Group	Frequency	Percentage
Friends	47/148	24.1
Parents	15/180	7.7
Brother(s) or Sister(s)	21/174	10.8
Relatives	41/154	21.0
Teacher	2/193	1.0
School Counselor	2/193	1.0
Person(s) at the Community Centre	22/173	11.3
Elder(s) in the Community	31/164	15.9
Community Resources	40/155	20.5
Therapist	20/175	10.3
Native Healing Centre	55/140	28.2
Detox or Treatment Centre	89/106	45.6
Other	21/174	10.8

Table 12**\ Frequency Distribution Table of How Long the Respondents Have Been Going to First United Church**

	Frequency	Percent	Valid Percent	Cumulative Percent
Length of Time				
0 to 6 months	32	16.4	16.5	16.5
7 months to 1 year	21	10.8	10.8	27.3
14 months to 2 years	35	17.9	18.0	45.4
More than 2 years	106	54.4	54.6	100.0
Total	194	99.5	100.0	
Missing	1	.5		
Total	195	100.0		

Table 13**A Crosstabulation of the Effect of Gender on How Often the Respondents Have Been Going to First United Church**

			Gender		Total
			Male	Female	
How often do you go to First United Church?	Everyday	Count	43	17	60
		Column Percent	37.1%	22.1%	31.1%
	At least once a week	Count	57	44	101
		Column Percent	49.1%	57.1%	52.3%
	Once every few weeks or even less often	Count	16	16	32
		Column Percent	13.8%	20.8%	16.6%
Total	Count	116	77	193	
	Column Percent	100.0%	100.0%	100.0%	

Table 14**A Crosstabulation of the Effect of Gender on How Long the Respondents Have Been Going to First United Church**

			Gender		Total
			Male	Female	
How long have you been going to First United?	0 to 6 months	Count	13	19	32
		Column Percent	11.1%	24.7%	16.5%
	7 months to 1 year	Count	12	9	21
		Column Percent	10.3%	11.7%	10.8%
	14 months to 2 years	Count	25	10	35
		Column Percent	21.4%	13.0%	18.0%
	More than 2 years	Count	67	39	106
		Column Percent	57.3%	50.6%	54.6%
Total	Count	117	77	194	
	Column Percent	100.0%	100.0%	100.0%	

Table 15**A Crosstabulation of the Effect of Gender on Whether or Not the Respondents Are Currently Taking Any Medication**

			Gender		Total
			Male	Female	
Are you currently taking any medication?	Yes	Count	52	46	98
		Column Percent	44.4%	59.0%	50.3%
	No	Count	65	32	97
		Column Percent	55.6%	41.0%	49.7%
Total	Count	117	78	195	
	Column Percent	100.0%	100.0%	100.0%	

Notes:

Alpha = 0.05

Chi-square = 3.952

Phi = -.142

Table 16

A Crosstabulation of the Effect of Gender on Whether or Not the Respondents Have Ever Intentionally Tried To Hurt Themselves

			Gender		Total
			Male	Female	
Have you ever tried to intentionally hurt yourself?	Yes	Count	24	30	54
		Column Percent	20.5%	38.5%	27.7%
	No	Count	92	48	140
		Column Percent	78.6%	61.5%	71.8%
	Refused	Count	1		1
		Column Percent	.9%		.5%
Total	Count	117	78	195	
	Column Percent	100.0%	100.0%	100.0%	

Notes:

Alpha = 0.05

Chi-square = 8.016

Phi = .203

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